

The background of the entire page is a vibrant, abstract Indigenous-style artwork. It features a complex interplay of teal, light blue, and black. The patterns include concentric circles, wavy lines, and organic shapes, reminiscent of traditional Aboriginal dot painting and Torres Strait Islander designs. The overall effect is a rich, textured visual field.

National Aboriginal & Torres Strait Islander Eye Health Conference

22 - 24 MAY 2024 | nipaluna country (Hobart, Tasmania)

Our Vision in Action

CONFERENCE PROGRAM

CONTENTS

WALK WITH US	1
WELCOME	2
TRADE TABLE DISPLAYS	3
SPONSORS	3
WELCOME RECEPTION	3
GALA DINNER AND AWARDS	4
KEYNOTE SPEAKERS	5 - 6
GOLD SPONSOR	7
BRONZE SPONSORS	8 - 9
PROGRAM QUICKVIEW	10
DAY 1 FULL AGENDA	11
DAY 2 FULL AGENDA	12
DAY 3 FULL AGENDA	13
ABSTRACTS	14 - 23

Acknowledgment of Country

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

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

Location

The venue for the 2024 National Aboriginal and Torres Strait Islander Eye Health Conference is:

Hotel Grand Chancellor Hobart
Ground Floor, 1 Davey Street
Hobart, TAS 7000

Disclaimer

Aboriginal and Torres Strait Islander people are advised that this program and other Conference resources may contain images and voices of deceased persons.

Artwork

Low Tide, from the Salt Water collection by Palawa woman Emma Robertson.
Emma Robertson Designs

Conference Co-Host



Conference Co-Convenor



Supported by our Major Sponsors:

Gold



Bronze



Walk with us as we work together to see our Vision in Action!



Lose Fonua
Interim CEO
First Nations Eye Health Alliance

On behalf of the First Nations Eye Health Alliance, I warmly welcome to you to the 8th National Aboriginal and Torres Strait Islander Eye Health Conference, on nipaluna country, Hobart, lutruwita/Tasmania! Thank you to the traditional people of nipaluna country for allowing us to gather on their beautiful country.

We are privileged to be here with you all as we embark on the next couple of days of sharing ideas, lessons learnt and working on collaborative strategies to drive equitable eye health and vision care activities for Aboriginal and Torres Strait Islander people.

We are at an exciting turning point in Aboriginal and Torres Strait Islander eye health and vision care where we, as a sector, are moving towards a future that is determined and endorsed by the amplified voices of Aboriginal and Torres Strait Islander people and leadership. We know that when Aboriginal and Torres Strait Islander people are actively involved in developing and determining eye health and vision care outcomes, we are building the necessary infrastructure where the highest attainable health and wellbeing is possible.

This conference would not have been possible without you. Thank you to our many speakers, presenters and people attending from across Australia to share ideas and innovations. Thank you also to our major sponsors The Fred Hollows Foundation, Optometry Australia, The Royal Australian and New Zealand College of Ophthalmologists, and The Department of Health Tasmania who along with other agencies have partnered with us financially to deliver this conference.

Thank you to Aboriginal and Torres Strait Islander Conference Leadership Group for investing your thoughts and time into shaping the planning and delivery of this conference. Finally, and by no means least, to the committed hardworking team at the Indigenous Eye Health Unit, thank you for carrying the operational elements of this conference.

I hope you enjoy NATSIEHC24, and you come away refreshed, inspired, and ready to build towards a collective vision in action.

A handwritten signature in black ink, appearing to be 'Lose Fonua'.

Lose Fonua (Wiradjuri)

Interim Chief Executive Officer, First Nations Eye Health Alliance



Welcome



Mitchell Anjou
Director
Indigenous Eye Health Unit

The Indigenous Eye Health Unit (IEHU) at The University of Melbourne, as Conference co-covenantors, is delighted to welcome all delegates to the 2024 National Aboriginal and Torres Strait Islander Eye Health Conference (NATSIEHC24).

The 2024 Conference is hosted by the First Nations Eye Health Alliance (the Alliance) and led by the Aboriginal and Torres Strait Islander Conference Leadership Group (CLG). IEHU have been working hard with the Alliance and CLG preparing to deliver what we hope will be a wonderful NATSIEHC24. We acknowledge and appreciate the time, commitment, effort and leadership of the Alliance and CLG.

Over 250 delegates from all states and territories of Australia have registered for NATSIEHC24. Registrants include people from local communities, Aboriginal Community Controlled Health Organisations, non-government organisations, professional bodies, and government departments and agencies. We acknowledge your time and effort in traveling to join us in nipaluna (Hobart) for NATSIEHC24.

The 2024 Conference is the eighth national gathering for the First Nations eye health sector – the first was in Melbourne in 2017. IEHU is proud to be part of these national meetings and looks forward to the future leadership of these events by the Alliance. A special thanks from me to IEHU staff for their considerable contributions to NATSIEHC24.

Thank you in anticipation to all our presenters – we appreciate your efforts and willingness to share your stories, learnings and wisdom. We encourage all delegates to take this special opportunity to meet some new people, create some new connections, ask some questions and share what you know – let us all celebrate ‘our vision in action’.

I would like to especially thank Conference gold sponsor The Fred Hollows Foundation and bronze sponsors The Royal Australian and New Zealand College of Ophthalmologists (RANZCO), Optometry Australia and the Tasmanian Government for their support of the Conference. The national Conference is being built to be an independent, community owned and controlled event and this sector support is critical. A number of other partner organisations (listed in this program) are supporting the event in other ways (bursary support and trade tables) and this involvement is also acknowledged and appreciated.

And so, welcome and thank you for joining us – please enjoy NATSIEHC24.

Best wishes

A handwritten signature in black ink, appearing to read 'Mitchell Anjou'.

A/Prof Mitchell Anjou AM

Director, Indigenous Eye Health Unit



Trade Table Sponsors



Bursary Sponsors



Other Supporters



Welcome Reception

The Welcome Reception will be held in the Parliamentary Gardens (Gladstone Street Quadrant), 10 minute walk and 700 metres from the Conference venue.

Wednesday 22 May, 12.00pm, Parliament Lawns, 1 Salamanca Place, Hobart

Pakana Kanaplila will perform at the Welcome Reception and provide a Welcome to Country.

Pakana Kanaplila

Pakana Kanaplila is a Tasmanian Aboriginal traditional and contemporary dance group that is growing dance within lutruwita Tasmania.

'On our salt-water island, lutruwita Tasmania, we are country, fire, wind, earth and ceremony, all life within sky country, salt and fresh waters that join/grow us through an all life journey. We hold tuylupa spark of fire elements, language story, song and kanaplila respectfully honours our Elders, and our Identity.

It is through the gum we carry in our hands, and the beats of our movements and clapsticks, that we cleanse the space and welcome the ancestors through our dance and song for we stand strong and proud, honouring our animals and traditions through movements that we pass on to future generations.'



Gala Dinner and Awards

The Conference Dinner will be held at the Hobart Function and Conference Centre on the evening of Thursday 23 May. This is an 8 minute walk from Conference venue to the Hobart Function and Conference Centre.

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

The 2024 National Aboriginal and Torres Strait Islander Eye Health Awards winners will be announced during the dinner, our MC for the evening is Sean Choolburra (Girramay, Kalkadoon, Pitta Pitta and Gugu Yalanji), with performances by acclaimed musician Dewayne Everttsmith (Gunai, Kurnai), and Tasmanian folk-pop artist Madelena.

Thursday 23 May, 6.00 - onwards, Hobart Function and Conference Centre, 1 Elizabeth Street Pier, Hobart

Canapés will be served from 6.00 - 6.30pm

Please be ready to be seated for dinner by 6.45pm

Pre dinner drinks will be available from 6.00pm and alcohol will be available for purchase with dinner from 7pm

Sean Choolburra

Sean is a proud Girramay, Kalkadoon, Pitta Pitta and Gugu Yalanji man who maintains and practices his cultural traditions and infuses his culture into his performances to make his shows unique and memorable.

Sean is a dancer who found his feet in stand-up comedy and has had a long 30+ year career in the entertainment industry, labelled the "Godfather" of Aboriginal comedy.

Seans recent work includes hosting his own TV series, Express Yourself on NITV, and special guest roles on ABC's Playschool and Bluey. More recent credits include roles in the comedy series Black Comedy on ABC, and the feature film The Furnace.

Born in Townsville QLD, coming from a family of twelve, Sean's comedy is created from a wide variety of life experiences, stories, and observations. Choosing not to use profanity built his craft around those early comic pioneers. Sean creates his unique brand of comedy which sets him apart and is suitable for audiences of all ages.



Dewayne Everttsmith

Dewayne is an Aboriginal man, descended from both the Aboriginal community of Cape Barren Island and the Gunai/Kurnai people of Victoria, but his music can't be neatly pigeonholed as Indigenous. It's been influenced by his heritage, then shaped by his tough early years and love of so many musical styles and great singers.

While he doesn't use his heritage to promote his musical career, Dewayne has been recognised with a Human Rights Week award- for bringing Tasmanian Aboriginal culture and language to the broader community, educating children and working to protect his Aboriginal heritage.

Dewayne's on stage presence, song writing and the beauty of his voice – has earning recognition as a rising star, a future great, of the Australian music industry.

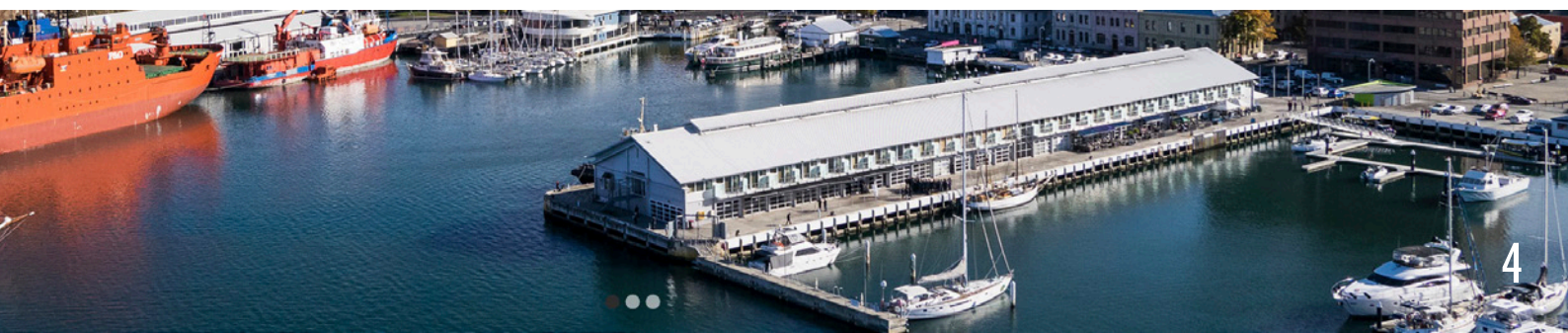
Madelena

Take yourself on a majestic journey with indie-pop artist, Madelena. Be enlightened by the harmonious melodies and natural talent of this gem from Hobart, Tasmania. Madelena is a thought provoking and tuneful songwriter, her voice a fusion of innocence and strength sprinkled with an Australian lilt.

Since launching her debut single "My Lightest Shade" in September 2016,- Madelena has played at a number of notable Tasmanian festivals including Falls Festival Marion Bay, Cygnet Folk Festival, Taste of Tasmania Nayri Niara Good Spirit Festival, Dark Mofa and Festival of Voices.



Hobart Function and Conference Centre, site of NATSIEHC24 Gala Dinner and Awards Night



Keynote Speakers



Emma Robertson, Health Manager, Integrated Team Karadi, Karadi Aboriginal Corporation

A proud Palawa woman, Emma is an artist, a cultural practitioner, and an Aboriginal Health Practitioner. It is Emma's passion to empower her community and improve the lives of those we work for each day by building the skills they need to be healthy and well. Currently, she works for Karadi Aboriginal Corporation where she has served for more than 11 years. A Health Manager, she oversees a team of outreach workers, allied health specialists, and integrated team coordinators. Emma is also a strong advocate for Aboriginal and Torres Strait Islander health rights and provides support and guidance to her colleagues. She is dedicated to making a difference in the lives of her community and aims to inspire others.

Jilpa Nappaljari Jones Memorial Oration

Emma is presenting the Jilpa Nappaljari Jones Memorial Oration at NATSIEHC24. The Oration celebrates the contributions of Aboriginal and Torres Strait Islander women to eye care and acknowledges the significant contributions Jilpa Nappaljari Jones AM, Walmajarri woman, made to eye health and her inspiration for a whole generation of amazing women leaders in eye health. The inaugural Oration was made by Jaki Adams in 2022 and in 2023 Lauren Hutchinson presented the Oration.

Thursday | Time: 11:30 - 12:00 | Location: Federation Ballroom



Clinton Schultz, Director First Nations Strategy and Partnerships, Black Dog Institute

Clinton Schultz, a Gamilaraay man and recognised as a 'cultural innovator,' was honored with a PhD from Griffith University in 2019 for his thesis on the holistic well-being of the Aboriginal health and community workforce, receiving high academic accolades including the Chancellors medal. Dr Schultz has written and presented extensively on the concept of social and emotional wellbeing from an Aboriginal perspective. As a relentless entrepreneur and advocate for positive community impact, he consults on cultural responsiveness and supports Aboriginal and Torres Strait Islander communities through his various roles.

A practicing psychologist and the Director of First Nations Strategy and Partnerships at the Blackdog Institute, Clinton previously taught as an Assistant Professor at Bond University and founded Marumali Consultations to bridge the gap in culturally responsive mental health services. His entrepreneurial spirit also led to the creation of Sobah, a non-alcoholic craft beer brand, showcasing his versatility and commitment to social ventures alongside family life.

Clinton has contributed significantly to professional bodies, including the Australian Indigenous Psychologists Association and the Indigenous Allied Health Association, reflecting his deep commitment to First Nation's well-being, cultural heritage, and environmental health.

Thursday | Time: 1.00-1.30 | Location: Federation Ballroom

Lauren Hutchinson presenting the 2023 Jilpa Nappaljari Jones Memorial Oration, Dharug Country, NSW, 2023





Dr Peter Malouf, Associate Professor/Director of Indigenous Health Education, UNSW

Dr Malouf is a proud Wakka Wakka and Wuli Wuli descendant and serves as an Associate Professor and the Director of Indigenous Health Education at the University of New South Wales. His career began at the Townsville Hospital as a pathology assistant, which led him to follow in his mother's footsteps as an Aboriginal Health Worker. His academic journey includes completing undergraduate and postgraduate studies in public health, including a PhD that examined cultural variations in alcohol-related harms among university students.

With a wealth of experience in curriculum design for Indigenous Health Education, Dr Malouf has contributed to programs at three universities, meeting the Australian Medical Council's Primary Medical School Standards. His collaborative efforts with Aboriginal and Torres Strait Islander communities resulted in co-designed educational frameworks emphasising cultural safety and competency. His work also includes the decolonisation of medical curricula and the promotion of asset-based learning to enhance inclusivity.

Dr Malouf's 30 years in the health sector encompass policy development, health system design, and the establishment of new care models, particularly in mental health, suicide prevention, and Aboriginal and Torres Strait Islander Health. His leadership has been instrumental in guiding an Aboriginal Health organisation through significant change management and strategic growth.

Dr Malouf has contributed to public health, particularly through his research on alcohol and alcohol-related harm, Indigenous research methodologies, suicide prevention, and mental health. His research has provided valuable insights and guided public health interventions and policy-making, particularly concerning Indigenous communities and young adults.

He also holds an adjunct professorial position at James Cook University with the College of Public Health, Veterinary and Medical Sciences. Dr Malouf has been appointed as a board member at the Cancer Institute of NSW.

Thursday | Time: 3:30 - 4:00 | Location: Federation Ballroom



Dewayne Everettsmith, Cultural Trainer and Educator, mina nina

Dewayne Everettsmith is a palawa man descendant from both the community of Cape Barren Island Tasmania and Gunai / Kurnai people of Victoria.

Dewayne graduated with his Cert III in Aboriginal Primary Health Care (Aboriginal Health Worker) in 2007 and has since played many roles within his community. Dewayne was recognised with a Human Rights Week Award for bringing Tasmanian Aboriginal culture and language to the broader community, educating children, and working to protect his Aboriginal heritage.

Dewayne is passionate about the revival and continuation of language (palawa kani), especially in the area of songs for ceremony and dance. He is a renowned performer having released his debut album Surrender in 2014. The album includes the song Melaythina, the first commercially available song sung in palawa kani.

Dewayne continues his role with his community working with the Tasmanian Aboriginal Centre and has recently established his own business, mina nina, to provide Tasmanian Aboriginal cultural education and training.

Friday | Time: 1:00 - 1:30 | Location: Federation Ballroom

NATSIEHC23 Conference attendees. Dharug Country, NSW, 2023



THE FRED HOLLOWES FOUNDATION

The Fred Hollows Foundation works to uphold Aboriginal and Torres Strait Islander People's right to sight, free, prior and informed consent, and self-determination." This is why we partner with community-controlled organisations to enable self-determination and locally led delivery of eye health to their communities.

OUR INDIGENOUS AUSTRALIA PROGRAM (IAP)

The Indigenous Australia Program is guided by our principles to ensure we uphold our commitment to self-determination and work with integrity:

- Self-determination – free, prior and informed consent.
- Aboriginal and Torres Strait Islander Leadership
- Equity
- Respect
- Working Together
- Support
- Transparency and accountability
- Patient-centred care



HOW WE WORK & OUR PARTNERS

To ensure we work alongside the community-controlled sector and utilise our strong presence in the eye health sector to uphold these values, the IAP does not work where we are not invited to ensure community organisations and leaders are calling the shots and we do not accept Government funding to ensure we are not competing with the Aboriginal and Torres Strait Islander health sector for resources.

The Foundation has aligned with incredible partners to collaborate and strive for the same collective objectives. Our partners include: CheckUP, IUIH, Outback Eye Service, NSW Rural Doctors Network, Lions Outback Vision, Optometry Council of Australia, Victorian Aboriginal Health Service, Brien Holden Foundation, Deadly Enterprises, Nganampa Health Council, Central Australia Health Service (Alice Springs Hospital), Central Australia Aboriginal Congress & Anyinginyi Health Aboriginal Corporation

At Fred Hollows, we pride ourselves on using our platform to amplify the voices of Indigenous leaders and organisations, advocating at sub-national and national levels for Aboriginal and Torres Strait Islander inclusion in decision-making and agenda setting for Aboriginal and Torres Strait Islander eye health.

Our dedicated Advocacy and Engagement team work to firmly uphold our positions:

- The Fred Hollows Foundation works to uphold Aboriginal and Torres Strait Islander People's right to sight, free, prior and informed consent, and self-determination.
- Aboriginal and Torres Strait Islander community-controlled organisations are best positioned to develop and deliver eye health services to their communities.
- Aboriginal and Torres Strait Islander representation and leadership is vital to creating and implementing successful, culturally appropriate care.
- The National Aboriginal and Torres Strait Islander eye health plan should be fully funded by the Government, with implementation led by Aboriginal and Torres Strait Islander peoples



Map of where The Foundation works around Australia

THROUGH OUR LENS

IN AUSTRALIA, THE FRED HOLLOWES FOUNDATION IS FOCUSED ON ENSURING NO ABORIGINAL OR TORRES STRAIT ISLANDER PERSON IS NEEDLESSLY BLIND OR VISION IMPAIRED.

WE WORK TIRELESSLY TO ENSURE THAT ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES CAN ALWAYS EXERCISE THEIR RIGHTS TO SIGHT, GOOD HEALTH, AND SELF-DETERMINATION.

WE WORK IN COLLABORATION WITH OUR PARTNERS TO CLOSE THE GAP IN EYE HEALTH OUTCOMES BETWEEN ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES AND OTHER AUSTRALIANS AND ENSURE WORLD CLASS EYE HEALTH AND VISION CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES.

WE ARE COMMITTED TO ENSURING SOCIAL JUSTICE REFORM IS ACCELERATED AND TO ENSURING THE RIGHTS, NEEDS AND ASPIRATIONS OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES ARE RESPECTED AND UPHELD



About the Royal Australian and New Zealand College of Ophthalmologists



The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) is the medical college responsible for the training and professional development of ophthalmologists in Australia and New Zealand. This includes facilitating the highest quality practice of ophthalmology through evidence-based education and accreditation. As leaders in the eyecare sector, RANZCO sets and improves standards by providing lifelong learning, promoting research and innovation, and advocating on behalf of patients, their communities, and our membership.

Our commitment to reconciliation

RANZCO affirms its commitment to strive for equitable, accessible and affordable eye care for all Australians by working to improve health outcomes for First Nations peoples, as identified in our [Vision 2030 and beyond strategy](#). In particular:

- ▶ RANZCO has [endorsed](#) the Uluru Statement from the Heart and supports the process of agreement-making between governments and First Nations and truth-telling about Australia's history. In doing so, we acknowledge that health outcomes for Aboriginal and Torres Strait Islander Peoples are inextricably linked to self-determination and that there is strong evidence to support improvement in health outcomes when Aboriginal and Torres Strait Islander peoples take greater control over their health.
- ▶ RANZCO is committed to reconciliation. Our [Reconciliation Action Plan](#) (RAP) framework commits RANZCO to activities that seek to achieve equity in access and health outcomes for Aboriginal and Torres Strait Islander peoples; continue to build collaborative partnerships with Aboriginal and Torres Strait Islander peoples and the health sector; build on our existing commitment to increasing the number of Aboriginal and Torres Strait Islander ophthalmologists in Australia; and will improve and enhance our organisation's First Nations cultural awareness and cultural safety practices.

Artwork - 'Seeing Country' created by Riki Salam of We Are 27 Creative



The Department of Health of lutruwita / Tasmania is the fundholder for various Australian Government funded outreach programs which are aimed at improving health outcomes for people living in rural, remote, regional and some urban locations. These programs are administered through the TAZREACH office.

TAZREACH is pleased to provide a sponsorship for the National Aboriginal and Torres Strait Islander Eye Health Conference in order to support the ongoing collective work being undertaken to improve the eye health of First Nations people across Australia.

We would like to acknowledge that this sponsorship is supported by funding made available from the Australian Government under the Coordination of Indigenous Eye Health program.



Optometry Australia

The peak professional body for optometrists

As the profession's peak body, we represent the largest community of optometrists in Australia.

Because we are 100% owned by our members, no other organisation understands optometry like us or has a more influential voice.

Since 1918, we have united, led, engaged and promoted optometry, optometrists and community eye health and vision care.

Go to optometry.org.au to find out more.



FNEHA - Membership



**FIRST NATIONS
EYE HEALTH ALLIANCE**

Become a member of the First Nations Eye Health Alliance!

We are an Aboriginal and Torres Strait Islander community-controlled organisation focused on building our vision our way. We lead from Aboriginal and Torres Strait Islander deep knowledge and lived experience to influence and engage our collective obligations across the health community. Working nationally, we partner with the sector to build equitable changes to eye health and vision care nationally for Aboriginal and Torres Strait Islander people.

FNEHA provides Aboriginal and Torres Strait Islander people working in the eye care and vision sector along with their allies, a space to connect, learn and be supported. By becoming a member of FNEHA, you can help to strengthen First Nations leadership and voice within the eye health and vision care sector.

To find out more about the First Nations Eye Health Alliance, please go to www.fneha.com.au

To become a member please scan the QR code



Quickview | Conference Program

The Conference Program is provided in overview, below, and more detail in the following pages.

All abstracts submitted for presentation are included after the detailed program. The program can also be viewed on the IEHU website.

Day 1 - Wednesday 22 May 2024 First Nations Delegates Only

8.20 - 8.50	Conference Registration		
9.00 - 11.30	First Nations Cultural Tour		
12.00 - 1.00	Welcome Reception (all delegates)		
1.00 - 2.00	Lunch (all delegates)		
2.00 - 3.30	First Nations Workshop	2.00 - 3.30	Non-First Nations Workshop
3.30 - 4.00	Afternoon Tea (all delegates)		
4.00 - 5.00	First Nations Workshop continued	4.00 - 5.00	Non-First Nations Workshop continued

Day 1 - Wednesday 22 May 2024 Non-First Nations Delegates

11.00 - 11.45 Conference Registration

Day 2 - Thursday 23 May 2024

8.30 - 9.00	Conference Registration
9.00 - 10.00	Conference Opening Day 2
10.00 - 10.30	Morning Tea
10.30 - 11.30	Plenary Session
11.30 - 12.00	Keynote Presentation
12.00 - 1.00	Lunch
1.00 - 1.30	Keynote Presentation
1.30 - 3.00	Tabletop Presentations
3.00 - 3.30	Afternoon Tea
3.30 - 4.00	Keynote Presentation
4.00 - 5.00	Concurrent Oral Presentations
6.00 - 10.30	Conference Dinner and Awards

Day 3 - Friday 24 May 2024

8.45 - 9.00	Conference Registration
9.00 - 9.45	Conference Opening Day 3
9.45 - 10.00	Group Photo
10.00 - 10.30	Morning Tea
10.30 - 12.00	Workshops
12.00 - 1.00	Lunch
1.00 - 1.30	Keynote Presentation
1.30 - 2.30	Concurrent Oral Presentations
2.30 - 3.00	Afternoon Tea
3.00 - 4.00	Plenary and Closing Session

NATSIEHC23 delegates enjoying the Welcome Reception. Dharug Country, NSW, 2023



Agenda | Day One, Wednesday 22 May

Day 1 – Wednesday 22 May 2024 First Nations Delegates Only

8.20 - 8.50 First Nations Registration: Mezzanine Foyer

9.00 - 11.30 First Nations Cultural Tour
Buses will be departing at 9.10

Day 1 – Wednesday 22 May 2024 Non-First Nations Delegates

11.00 - 11.45 Registration Location: Mezzanine Foyer

12.00 - 1.00 Welcome Reception (for all Delegates) | Parliament Lawns, 1 Salamanca Place (10min walk from venue)

Parliament Lawns Welcome to Country, Smoking Ceremony and Cultural Performance

1.00 - 2.00 Lunch (for all Delegates) | Location: Mezzanine Foyer

2.00 - 3.30 Workshop First Nations delegates only
Ballroom 1

2.00 - 3.30 Workshop Non-First Nations delegates
Federation Ballroom
Putting Allyship into Action

3.30 - 4.00 Afternoon Tea (for all Delegates) | Location: Mezzanine Foyer

4.00 - 5.00 Workshop (continued) First Nations delegates only
Ballroom 1

4.00 - 5.00 Workshop (continued) Non-First Nations delegates
Federation Ballroom
Putting Allyship into Action

Agenda | Day Two, Thursday 23 May

8.30 - 9.30 Conference Registration Location: Mezzanine Foyer

9.00 - 10.00
Federation Ballroom **Opening Session**
Conference Opening - Shaun Tatipata, Emma Robertson
Acknowledgement of Country
Video message - Senator the Hon Malarndirri McCarthy
NACCHO - Monica Barolits-McCabe
First Nations Eye Health Alliance (FNEHA) Strategy - Lose Fonua

10.00 - 10.30 Morning Tea | Trade Table Displays Location: Mezzanine Foyer

10.30 - 11.30
Federation Ballroom **Plenary Session**
1. **Is Australia on track to eliminate trachoma as a public health problem by 2025? An analysis of latest prevalence data** Carleigh Cowling, Alison Jaworski
2. **Taking eye health services to community** Kerry Woods
3. **'A Place For Mob and a Place For Me In Optometry'** Kylie Clarke, Kat Cox, Shahnaz Rind, Sara Carrison, Shaun Tatipata

11.30 - 12.00
Federation Ballroom **Keynote Presentation** Jilpia Nappaljari Jones Memorial Oration. Emma Robertson

12.00 - 1.00 Lunch | Trade Table Displays Location: Mezzanine Foyer

1.00 - 1.30
Federation Ballroom **Keynote Presentation** Clinton Schultz

1.30 - 3.00
Federation Ballroom **Tabletop Presentations - full details pages 17-19**

1. AHCWA Eye Health Program
2. Importance of local health workers in improving attendance
3. The advocacy initiatives of the Aboriginal Eye Health Advisory Group
4. Integration of low vision services into primary eye care settings
5. My journey -from work experience to becoming a qualified optical dispenser
6. Knowledge sharing and storytelling: a First Nations approach to evaluating the impact of OCANZ work
7. Breaking language barriers: Culturally tailored informed consent videos for remote Indigenous Australians with diabetic eye disease
8. Ways of knowing: Teaching cultural safety practice and collaborative practice to first year health students
9. Improving the health journey of Indigenous patients attending Sydney/Sydney Eye Hospital Emergency Department (SSEH ED)
10. Developing culturally safe eye clinics and services, VAHS, ACO and RVEEH - A collaboration
11. A study of ophthalmological services for Indigenous Australians in rural and metropolitan NSW
12. Engaging stakeholders and patient success story
13. Coverage of diabetic eye care in the Kimberley region
14. Embedding eyecare at Central Australian Aboriginal Congress
15. Seeing the big picture for eye health in very remote communities
16. Indigenous eye health promotion activities in Anangu Pitjantjatjara Yankunytjatjara (APY) Lands

3.00 - 3.30 Afternoon Tea | Trade Table Displays Location: Mezzanine Foyer

3.30 - 4.00
Federation Ballroom **Keynote Presentation** Associate Professor Peter Malouf

4.00 - 5.00
Federation Ballroom **Concurrent Oral Presentations**

Action in Trachoma
1. Environmental health matters
2. Trachoma, Living Conditions and Environment: A Case Study of a housing maintenance program in Central Australia
3. How to sustain progress for the elimination of trachoma in Australia: A report of the first National Trachoma Stakeholders Workshop

Ballroom 1 **Action in Eye Disease**
1. Don't blink or you'll miss it: Exploring barriers to diabetic retinopathy screening in primary care
2. Collaborative Care Models for Aboriginal and Torres Strait Islander Communities
3. The Pilbara challenge: On country diabetic retinopathy screening incorporating artificial intelligence with multidisciplinary specialist management

Ballroom 2 **Action in Eye Services**
1. Te hauora karu o te iwi Maori: A comprehensive review of Maori eye health in Aotearoa/New Zealand
2. Supporting Aboriginal-led models of eye care
3. All eyes on Walgett (Overview of Walgett Eye Health Program) CANCELLED

Ballroom 3 **Action in Eye Systems**
1. Western NSW Eye Health Partnership: The great beginnings of a 'Strategic Outcomes Roadmap'
2. Where to from here? Allyship as a non-Indigenous eye health organisation
3. Matauranga Maorii: Developing an Optometry Maori Health Curriculum Framework to support trans-Tasman cultural responsiveness

6.00 - 10.30 Conference Gala Dinner and Awards | Location: Hobart Function and Conference Centre, 1 Elizabeth Street Pier 6.00 - 10.30 Canapés, Dinner and Entertainment

Agenda | Day Three, Friday 24 May

8.45 - 9.00 Conference Registration Location: Mezzanine Foyer

9.00 - 9.45 Federation Ballroom **Opening Session**
Our Vision in Action in Lutruwita Shaun Tatipata, Lose Fonua
Panel members: Kellie Jarmin, Natasha Hutton, Kristin Bell, Rebecca Youd, John Wright, Tessa Atto, Shannon Scown

9.45 - 10.00 Group Photo

10.00 - 10.30 Morning Tea | Trade Table Displays Location: Mezzanine Foyer

10.30 - 12.00 Federation Ballroom **Workshops**
Cultural Responsiveness: Action Leading to Transformational Change Donna Murray, Kylie Stothers
Ballroom 1 **Engaging with Mob** Doseena Fergie, Shaun Tatipata, Lesley Martin, Walter Bathern
Ballroom 2 **Advancing access to spectacles, contact lenses and visual aids among Aboriginal and Torres Strait Islander communities** Sarah Davies, Jose Estevez, Nilmini John, Luke Higgins
Ballroom 3 **Primary eye care checks** Colina Waddell, Georgia Bennett, Dakota Paterson, Ann Maree Thomas

12.00 - 1.00 Lunch | Trade Table Displays Location: Mezzanine Foyer

1.00 - 1.30 Federation Ballroom **Keynote Presentation** Dewayne Everettsmith

1.30 - 2.30 Federation Ballroom **Concurrent Oral Presentations**

Federation Ballroom **Action in Trachoma**
1. The Elimination of Trachoma in Australia amongst our Aboriginal and Torres Strait Islander people residing in Australia Remote Regions. Past, present and future
2. Employing local Aboriginal workers is the key to the sustainable elimination of trachoma and building the capacity of community and professional workers
3. Health promoting schools are essential in eliminating trachoma in Australia

Ballroom 1 **Action in Eye Disease**
1. Inherited Refinal Diseases in Indigenous Australians: Mapping the Gap
2. Managing Serious Eye Conditions within the ACCHO: Principles and Case Studies
3. Applying research evidence to inform practice: An Aboriginal Health Practitioner's perspective on holistic diabetes care CANCELLED

Ballroom 2 **Action in Eye Services**
1. Permanent Optometry Services in an ACCHO
2. Case study: Exploring a locally-determined, locally-led model of eye care for First Nations peoples
3. Growth in eye health services to Cherbourg and surrounding communities, Queensland

Ballroom 3 **Action in Eye Systems**
1. Voice, Treaty, Truth – a First Nations Perspective of organisational change within an accreditation organisation
2. Empowering Communities: A 14-year Journey in Eye Health Promotion Campaigns
3. Ngaa mata o te Ariki: developing an Indigenous eye health framework for Maaori in Aotearoa

2.30 - 3.00 Afternoon Tea | Trade Table Displays Location: Mezzanine Foyer

3.00 - 3.40 Federation Ballroom **Plenary Session**
1. **Aboriginal and Torres Strait Islander Paediatric Ophthalmology Clinic Development in Melbourne** Susan Carden, Natalie Tieri
2. **Taking Action: prioritising prevention approaches in Aboriginal and Torres Strait Islander Eye Health** Lose (Rose) Fonua, Shaun Tatipata, Nick Wilson

3.40 - 4.00 Federation Ballroom **Conference Closing** Shaun Tatipata, Emma Robertson
Reflections Delegates

Abstracts | Day Two, Thursday 23 May

Plenary Presentations

Thursday 23 May | Time: 10.30 - 11:30 | Location: Federation Ballroom

1. Is Australia on track to eliminate trachoma as a public health problem by 2025? An analysis of latest prevalence data

Authors: (presenters in bold) **Carleigh Cowling, Alison Jaworski**, Absar Noorul, Sergio Sandler, Susanna Nery, John Kaldor

Abstract: Australia is the only high-income country with endemic trachoma, the world's leading infectious cause of preventable blindness. In 2022 trachoma prevalence fell below 5% in each formerly endemic state/territory. Australia must maintain overall trachoma and trichiasis prevalence below endemicity levels for two years before applying for World Health Organization (WHO) validation of elimination as a public health problem. Methods: WHO grading criteria was used to diagnose trachoma in Aboriginal children aged 5–9 years in at-risk communities in the Northern Territory, South Australia and Western Australia. Trichiasis surveillance data is combined from public health surveillance, visiting optometry services, and Medicare Benefit Schedule information. Results: 88 communities were considered at-risk of trachoma in 2023, 67 of which were screened. Overall trachoma prevalence was 2.5% in the Northern Territory, 1.8% in Western Australia and 0.0% in South Australia. Several communities still report hyper-endemic trachoma. Trichiasis prevalence in screened persons aged 15+ years was 0.07%. Conclusion: As Australia moves towards the elimination of trachoma as a public health problem, efforts are needed to redesign post-elimination surveillance to early identify potential recrudescence, sustainably address known environmental risk-factors, and maintain trichiasis surgery pathways. Community-led and cross-sectorial action will be essential to sustain elimination status.

2. Taking eye health services to community

Authors: (presenters in bold) **Kerry Woods**

Abstract: Lions Outback Vision is a dedicated team of professionals committed to addressing the critical gap in Indigenous eye health care services which can be challenging for individuals in rural, remote and urban settings, highlighting the necessity for innovative solutions. Lions Outback Vision would like to highlight the work undertaken on the Vision Van in a rural and remote setting to treat patients and to raise awareness of the importance of regular eye checks. A new innovative collaboration with Lions Outback Vision and Moorditj Djena (mobile podiatry clinic) who have joined forces to enhance healthcare accessibility in an urban setting, with a specific focus on diabetic retinopathy (DR) screening. By pooling resources and expertise, these initiatives aim to identify and address the eye health needs of diabetic patients through shared mobile clinics and coordinated outreach efforts.

3. A Place For Mob and a Place For Me In Optometry

Authors: (presenters in bold) **Kylie Clarke, Kat Cox**, Jesse Aldridge, **Shahnaz Rind, Sara Carrison, Shaun Tatipata**

Abstract: Our vision is to see more Aboriginal and Torres Strait Islander people in eye care roles and to create a sense of: 'A Place for Mob and a Place for Me in Optometry'. Few resources however, appear to be readily available and accessible to Aboriginal and Torres Strait Islander people seeking a career in optometry, and while mob who have walked this journey are acknowledged and commended, spaces to connect, share story and collaborate as students; is limited or absent. This yarning session highlights a desire to strengthen pathways and possibilities, drawing upon the lived experiences and perspectives of Aboriginal and Torres Strait Islander people and aspiring optometrists. This is 'Our Vision in Action'.

Table Top Presentations

Thursday 23 May | Time: 1.30 - 3:00 | Location: Federation Ballroom

1. AHCWA Eye Health Program

Authors: (presenters in bold) **Jessica Curnuck**

Abstract: Many of the leading cause of vision impairment and loss are avoidable and reversible. Aboriginal people, especially in rural and remote Australia, are particularly susceptible to vision loss due to lack of services, environmental factors and missed opportunities due to inadequate assessments. In a report released by the Australian Institute of Health and Welfare (AIHW), 1/3 of Indigenous people reported having sight problems. Of these, 61% were caused by refractory error, a condition easily treated with glasses, contact lenses or surgery. Other causes of vision impairment included cataract, diabetic retinopathy, glaucoma and age-related macular degeneration. Early diagnosis and treatment can reduce and/or correct vision impairment, which increases quality of life overall. The aim of the AHCWA eye program is to provide training to multi-disciplinary teams to ensure adequate assessments are being carried out, vision changes are identified and correct referrals are being made. Promoting culturally safe environments for patients to attend eye assessments will ensure genuine engagement and best outcomes for Aboriginal people. Components of the training also include environmental health factors and culturally safe and appropriate health promotion.

2. Importance of local health workers in improving attendance

Authors: (presenters in bold) **Lachlan Smith**, Nicole Byrne, Melissa Nathan

Abstract: The table top presentation will review the importance of Indigenous health workers in improving overall health outcomes. Our data shows the importance of health workers in increasing patient attendance and also in engaging in hard to contact patients. Often without health workers we have significant issues in generating traction in communicating with patients especially the kids and this table top will highlight this.

3. The Advocacy Initiatives of the Aboriginal Eye Health Advisory Group

Authors: (presenters in bold) **Fareeya Sakur**

Abstract: The Aboriginal Eye Health Advisory Group is committed to enhancing access to primary eye care and improving eye health outcomes for Aboriginal and Torres Strait Islander people. Their advocacy initiatives focus on development of an advocacy plan to improve eye health care service coordination and accessibility for Aboriginal and Torres Strait Islander people in NSW and ACT. The plan advocates to Government to increase bulkbilled ophthalmology clinics and IV injections for all Aboriginal and Torres Strait Islander patients. This includes appropriate access to bulk billed diabetic retinopathy treatment and public cataract surgery, especially in areas with limited ophthalmology and vision correction services such as the ACT. The advocacy plan will outline strategies to improve eye health service coordination and accessibility. The RDN eye health coordinator has been involved in developing the plan and will support and coordinate the activities outlined in the advocacy plan with Advisory Group members. This table top presentation will discuss the disparities in eye health and the importance of advocacy in improving eye health outcomes. I will demonstrate how an advocacy plan is developed and the importance of collaborations among stakeholders in the eye health field.

4. Integration of Low Vision Services Into Primary Eye Care Settings

Authors: (presenters in bold) **Renee Rich**, Angus Turner, Janet Richardson

Abstract: This table-top presentation showcases the collaborative efforts between Vision Australia and Lions Outback Vision in improving access to eye health services to communities in the Kimberley region. Recognising the higher prevalence of vision loss in Indigenous Australians; up to 4x the rate of non-Indigenous Australians; Lions Outback Vision approached Vision Australia to work in partnership. The collaboration emphasises the integration of primary eye health services with additional supportive measures, such as low vision support. Through a combination of community outreach, culturally sensitive approaches, and innovative service delivery models, the partnership aims to increase access to quality eye care, reduce disparities in eye health outcomes, and empower individuals with low vision to lead independent and fulfilling lives. Key strategies, flexible service delivery models, and early results from the collaboration will be highlighted, promoting discussion on the importance of cross-sector partnerships to improve eye care access and outcomes for Aboriginal and Torres Strait Islander people.

5. My journey - from work experience to becoming a qualified Optical Dispenser

Authors: (presenters in bold) **Griffin Banfield**, **Joe Waterman**, Nilmini John

Abstract: Before becoming an optical dispenser, I was interested in healthcare as a career but I was worried about the workload and the study. I believed that I needed to be a doctor to have a good career and to have a future in health. The Australian College of Optometry (ACO) offered me the opportunity to do work experience in 2020. Work experience at the ACO gave me an overview of what optometrists do as well as other pathways in optics like being an optical technician. That is when I became interested in optical dispensing and applied for the course. The ACO provided the traineeship and mentorship. I really enjoyed it and after one and a half years, I completed the course. I've been at the Australian College of optometry since 2021 and I am planning on doing further studies in the optical industry in the near future.

6. Knowledge sharing and storytelling: a First Nations approach to evaluating the impact of OCANZ work

Authors: (presenters in bold) **Nichola Anstice**, **Donna Murray**, **Kelley Baldwin**, Mitchell Anjou, Susan Kelly

Abstract: The Indigenous Strategy Taskforce aims to assess the impact of accreditation functions by the Optometry Council of Australia and New Zealand (OCANZ) towards improving health outcomes for Aboriginal, Torres Strait Islander and Māori Peoples. The proposed evaluation approach will be grounded in First Nations methodologies, emphasising storytelling and case studies to capture Aboriginal, Torres Strait Islander and Māori voices. These narratives will assess the impact that OCANZ projects has had on empowering Aboriginal, Torres Strait Islander and Māori Peoples' priorities and aspirations, and engaging broader stakeholders. The Indigenous Strategy Taskforce has developed an evaluation framework that is based on deep listening and yarning as methods of knowledge sharing. The framework incorporates a reflective cycle that ensures the evaluation approach, processes and outcomes are flexible, adaptive and responsive to Indigenous culture. OCANZ recognizes that Aboriginal, Torres Strait Islander and Māori Peoples are the knowledge holders, knowledge creators and knowledge users who have the right to self-determination, leadership and to establish the evaluation agenda. To enable this process the Indigenous Strategy Taskforce would like to share and seek feedback from participants attending the National Aboriginal and Torres Strait Islander Eye Health Conference on their proposed evaluation framework.

7. Breaking Language Barriers: Culturally Tailored Informed Consent Videos for Remote Indigenous Australians with Diabetic Eye Disease

Authors: (presenters in bold) **Alex Sherrington**

Abstract: Diabetic eye disease and its complications have higher prevalence in remote Indigenous Australian populations and often requires procedural treatment to avoid preventable blindness. Language barriers have been identified as a significant contributing factor in Indigenous diabetic eye care. Providing informed consent for procedures such as intravitreal injection can be difficult in the setting of remote Indigenous Australian communities where local dialects are often the primary language spoken by many patients. Outreach ophthalmology services in Western Australia have partnered with Lyfe Languages (a Pilbara based translation project connecting indigenous patients with health professionals) to create culturally safe patient information and consent video templates for translation into multiple local Indigenous dialects. This will enable patients to receive culturally sensitive education surrounding their condition and treatment options irrespective of their background and language, empowering them make informed decisions surrounding their healthcare. Demonstration and discussion of this approach to end avoidable vision loss will enable NATSIEH attendees to contribute valuable feedback and insight into the process of creating culturally safe and interculturally collaborative patient care resources.

8. Ways of Knowing: Teaching cultural safety practice and collaborative practice to first year health students

Authors: (presenters in bold) Ngaree Blow, Joanne Bolton, **Sarah Large**, **Anthea Cochrane**

Abstract: Over the past three years, a team of First Nations (Indigenous) and non-Indigenous health professions educators have worked collaboratively to develop and implement an interprofessional 'Ways of Knowing' curriculum program. Cultural safety practice and collaborative practice are the two key foundations of the program and the pedagogical design draws upon a 'river model' of learning that 'ebbs and flows' "like the process of life-long learning" (Glatthorn and Jailall 2000 cited in Many Ways Learning, Andrews, 2017, p7). The program consists of 4 nested activities (9 hours) and includes a cultural walk, self-guided e-modules, interprofessional case study tutorial and a panel webinar. In 2022, the collaborative leadership team of the "Ways of Knowing" program were awarded a University Teaching Excellence Award. Optometry students and staff have been involved in this program since 2020, which has been of great benefit for both groups to grow cultural safety knowledges. Engagement in the program has influenced other curriculum beyond the program, and sustainable and authentic new partnerships with First Nations (Indigenous) people through the co-design and co-teaching model within the program. The interprofessional nature has allowed optometry students to learn with, from and about other health disciplines, and to share widely optometry's role in the healthcare system, especially in how they can assist patients who identify as Aboriginal or Torres Strait Islander.

9. Improving the Health Journey of Indigenous Patients attending Sydney/Sydney Eye Hospital Emergency Department (SSEH ED)

Authors: (presenters in bold) **Natasha Goh**, Samarasinghe Iromi

Abstract: Purpose: Indigenous patients face greater barriers and challenges in obtaining healthcare than non-Indigenous patients. At SSEH ED, Indigenous patients represent an important but vulnerable group. A project was carried out with the intention of improving the health journey of Indigenous patients at SSEH ED. Method: A retrospective 6-month audit was carried out on the presentations to SSEH ED, with the rates of Did Not Waits (DNWs) and re-presentations selected as surrogate markers to quantify health outcomes. In-service sessions were held for ED staff to increase awareness of health inequalities Indigenous patients may face, and to implement measures to improve their health journey. A further audit was repeated post education. Results: The initial analysis identified that the rates of DNWs and re-presentations of Indigenous patients in SSEH ED were 13% and 12.6% respectively. This is significantly higher than previously published rates of DNWs and re-presentations at 8.6% and 4.9% respectively. Preliminary figures post intervention estimate that rates of DNWs and re-presentations have dropped to <1%. Conclusion: The role of education is effective in reducing rates of DNWs and re-presentations amongst Indigenous patients at SSEH ED. This could improve their health journey through the department, and uptake of health services in general.

10. Developing culturally safe eye clinics and services, VAHS, ACO and RVEEH - A Collaboration

Authors: (presenters in bold) **Kylie Robinson, Kelli McGuinness, Nilmini John**, Rosie Dawkins

Abstract: Eye care for Aboriginal and Torres Strait Islander people in Australia comes in many forms, with many different funding models. In this presentation we will outline a model that engages with professionals in different eye care roles and demonstrate that this can provide excellence in the patient experience with high quality clinical outcomes. The Victorian Aboriginal Health Service (VAHS) has existed in Fitzroy, Melbourne for 51 years. It is the product of members of the local Aboriginal community's hard work and activism. The backbone of the delivery of health care services at VAHS are Aboriginal Health Workers (AHWs), strongly supported by General Practitioners (GPs). Primary eye care has been further developed by the Australian College of Optometry (ACO) delivering on site eye care over the past 21 years. The optometrists work closely with AHWs, GPs, and other allied health practitioners to deliver eye care. Over the past seven years comprehensive ophthalmology services have been able to be delivered on site at VAHS, with the provision of all services up to incisional surgery. That is, LASERs are installed at VAHS, along with all important diagnostic equipment. Ophthalmologists and Orthoptists run these clinics and are ably supported by all the other professionals involved in patient care at VAHS, including AHWs and GPs. VAHS has a streamlined system such that all the professions share medical records, optical dispensing, pharmacy and care planning. It is our contention that this collaboration and provision of care across the eye care professions, and indeed across other medical and allied health professions including Aboriginal Health Workers, is a successful model. We will outline how it works from start to finish, and hope that ultimately the audience also agrees.

11. A study of Ophthalmological services for Indigenous Australians in Rural and Metropolitan NSW

Authors: (presenters in bold) **India Kinsey**, Jenny Hepschke, Ashish Agar

Abstract: Purpose: 90% of blindness and visual impairment among Indigenous Australians is preventable or treatable. NSW is home to Australia's highest percentage of Indigenous people, mostly metropolitan. Reviewing the impact of services delivered to Indigenous populations can help us work towards improving their eye health. Method: A retrospective study, auditing Indigenous patients who accessed Prince of Wales Hospital Ophthalmology and NSW Outback Eye Services in one calendar year. Details of patient demographics and eye diseases were collated, measured and compared with service provision standards. Results: In total, 378 Indigenous patients accessed these specialist services; 236 from rural and 142 from metropolitan residence. 32.5% of rural patients were visually impaired, compared to 14.2% of metropolitan ones. Main causes were diabetic retinopathy (DR) and cataract. The prevalence of cataracts requiring surgery in rural communities was more than double compared to the metropolitan region. The guidelines for annual diabetic eye review were met 38.2% of the time for rural patients compared to 63% in metropolitan areas. Conclusion: The needs of the Indigenous population in metropolitan and rural NSW locations are different, and thus service provision in different geographical areas needs to be modified to satisfy the demands of the specific population served.

12. Engaging stakeholders and patient success story

Authors: (presenters in bold) **Chris Edmonds, Caroline Atkinson**

Abstract: This presentation delves into the journey of South Eastern Melbourne's Eye Health Stakeholder group and the obstacles and successes of engagement and collaboration with a range of service providers, community organisations, NGOs and Aboriginal community advocates. The presentation will look at strategies to improve culturally competent and accessible services, issues around identification of Aboriginal and Torres Strait Islander patients and improving referral pathways. In addition it will reflect on barriers to working in partnership and sharing data. The presentation will draw on best practices and a case study that highlights successful models of stakeholder engagement that have effectively bridged gaps, fostered trust and delivered a positive outcome to an Aboriginal community member.

13. Coverage of Diabetic Retinopathy in the Kimberley Region

Authors: (presenters in bold) **Ross Layden, Nihanth Devarapalli**, Kierra O'Grady, Jocelyn Drinkwater, Angus Turner

Abstract: Purpose: Diabetic retinopathy (DR) is a leading cause of preventable blindness globally, which disproportionately affects Aboriginal people. [i] [ii] [iii]. This study retrospectively audited patients receiving eye care from Lions Outback Vision (LOV) before and after the introduction of the LOV Kimberley Hub in 2021. Method: A retrospective audit was performed for all diabetic Aboriginal patients screened in the Kimberley using LOV's electronic medical record system for each service stream (Optometry, Ophthalmology, and Primary Care). By estimating the percentage of diabetics in the region, we calculated the percentage engaging in screening before and after the hub's creation. Results: 964 Aboriginal patients with a diagnosis of diabetes were seen by one of the three eye care streams. This corresponds to a coverage of 61% (964/1587) of all Aboriginal patients within the Kimberley. The coverage rates for Aboriginal patients increased significantly after the establishment of the Hub to 85% (1354/1587) in the 12-month following the establishment of the Hub. Conclusion: The number of diabetic patients in the region engaging with some form of screening improved with the creation of a service hub. There may be several factors impacting this including an increase in awareness about the importance of engaging with eye care.

14. Embedding eyecare at Central Australian Aboriginal Congress

Authors: (presenters in bold) **Neville Turner, Heather Wilson**, Andrew Jolly

Abstract: Central Australian Aboriginal Congress (Congress) is the largest community-controlled health organisation in the Northern Territory, and provides comprehensive and culturally responsive primary health care to people living in Mparntwe (Alice Springs) and eight remote communities. Congress optometry services are funded through the Visiting Optometry Scheme, providing 75 days of service annually. Acknowledging the significant incidence of diabetes and associated eye health complications in Central Australia, there is an identified need for increased availability of optometry services. In 2023, a project funded by The Fred Hollows Foundation, with recruitment support through The Brien Holden Foundation, a consultant optometrist was integrated within Congress for three months. In addition to optometry services (three days per week at an urban clinic), the project allowed comprehensive situational analysis of optometry service delivery at Congress. The project identified opportunities that would support Congress, as an Aboriginal organisation, to provide expanded optometry services integrated within multidisciplinary primary health care. The project also funded the inclusions of an Aboriginal Allied Health Assistant – Eye Health. A vision for expanded optometry services within Congress will be described, sharing knowledge about the need for culturally responsive eye health care in the Central Australian context, including the opportunities and barriers identified.

15. Seeing the big picture for eye health in very remote communities

Authors: (presenters in bold) **Auror Dutoit, Elfreda Richards**, Fiona Lange

Abstract: Clinicians generally work in islands rather than collaborating with teams, services, and communities for a holistic approach. Nurses treat patients and provide education, then people often return to overcrowded and non-functioning houses with blocked drains, no water, power, fridge or washing machine. It's here that infectious illnesses are transmitted, leading to trachoma, gastro, skin, ear, respiratory, kidney and heart conditions. Auror is a new Trachoma Nurse in the Ngaanyatjarra Lands the size of the UK, where 1800 Yarnangu live in eleven communities. For real success, working alongside Aboriginal Community Workers, Health Workers and Teachers is essential. Language is a significant barrier to health programs as most Yarnangu speak several languages, with English 3rd or 4th. Health messages must be clear and consistent to eliminate trachoma and having a Malpa (friend to come alongside on the journey) is more than a local translator. They are cultural safety helpers and literally the local eyes, ears, and advisors for health programs. Elfreda was Auror's Malpa on an intersectoral collaboration for trachoma, home repairs and environmental/health referrals. Being inside people's homes shows the difficult reality in remote living. Elfreda made yarning with local adults and children respectful, comfortable, and safe.

16. Indigenous eye health promotion activities in Anangu Pitjantjatjara Yankunytjatjara (APY) Lands

Authors: (presenters in bold) **Cathy Starr**

Abstract: The two main eye health promotion activities implemented in the APY Lands last year were “Happy Faces” to inspire children to clean their faces and painted car bonnets to encourage people with diabetes to have their eyes checked. In 2023 trachoma screening report, Nganampa reported 85% of children aged 5-9 yrs had clean faces, a 10% increase on the previous year. Currently in the APY Lands 50% of people over 40 years have a diagnosis of diabetes and 20% of all people living on the APY Lands. Of those people with diabetes who have taken part in diabetic retinopathy screening with the retinal camera, 32% have a degree of diabetic retinopathy. The community led projects were funded by Fred Hollows Foundation. Ernabella artists independently designed and painted health messages on 6 car bonnets which were set up around Ernabella and Umuwa communities. The health messages included reminding people that sugar is no good for your eyes, go to the clinic and get your eyes checked and wash your face. Posters made with local children washing their faces were made up from each community. Each community had a “Happy Face” day where pancakes made with happy faces were given to the children as they had their eyes checked for trachoma. Through community engagement and local children on posters, clean faces have increased by 10% and 68% of all people with diabetes have had retinal screening.

Concurrent Oral Presentations

Thursday 23 May | Time: 4.00 - 5.00 | Location: Federation Ballroom

Action in Trachoma

1. Environmental Health Matters

Authors: (presenters in bold) **Phil Graham, Jacinda Amos, Sam Nash**

Abstract: Current status: Community engagement events, providing education prevention around Trachoma, RHD, No Germs on Me, TB, Syphilis, visiting local school and yarning with children. The following organisations participating: Department of Health & Well Being, Flinders & Upper North Local Health Network, Pika Wiya Health Service Aboriginal Corporation and Aboriginal Health Council SA. Background: The Aboriginal Environmental Health Program was developed due to a gap in ongoing environmental health service provision to improve everyday living conditions and through that, health, and wellbeing in rural and remote Aboriginal communities. Similar to their legislated responsibilities under the Health Care Act, 2008 to provide an effective and appropriate health care system, the Minister for Health and SA Health also carry legislated responsibilities to ensure proper standards of public health are maintained in all communities under the South Australian Public Health Act, 2011. The AEH program is a key way of contributing to meeting this responsibility for the communities included in the existing. The reason why AEH programs are successful is that they target the everyday living conditions (particularly housing and the community environment) essential for leading a healthy life and preventing the transmission of disease. These living conditions were summarised in the 1987 Uwankara Palyanku Kanyintjaku Report¹ and involve employing and training local Aboriginal people to ensure: Safe wastewater (sewage) management and the provision of safe drinking water; Safe management of waste; The prevention of pest and vermin problems; Effective dog health and management; Advocacy for community members dealing with current health issues; Targeted and culturally relevant hygiene programs (e.g., ‘No Germs on Me’); Food safety; Environmental conditions such as hazards, dust control and temperature are managed; The maintenance of health hardware (e.g. ensuring bathroom taps, toilets and washing machines are accessible and operating to keep people clean). The AEH program provides the essential “environment” component by educating and reinforcing this message in a culturally effective manner at ‘ground level’ and ensuring that home environments support the health behaviours (such as having functioning taps and safe water for face washing) that are essential for successfully treating the condition and reducing the risk of reinfection or further disease transmission. The benefits of these programs have been demonstrated across Australia; including a reduction in hospital separations (e.g., 40% reduction for infectious diseases for communities provided these services). Similarly, an extensive external review of Aboriginal Health programs in Western Australia in 2014 showed that AEH programs represent good to outstanding value for money in terms of an Aboriginal health service investment. Our current program is developing more positive links between other relevant partners from Trachoma, Rheumatic Heart, Country Health, Regional Councils, NGO’s in regional SA Housing SA, Aboriginal health Services to ensure parties working together and not duplicating each other’s programs delivery. Building partnerships regionally and remote to allow us to be aware of issues and to be able to support and do our jobs better.

Action in Trachoma

2. Trachoma, Living Conditions and Environment: A Case Study of a housing maintenance program in Central Australia

Authors: (presenters in bold) **Ghazal Torkfar, Michelle McMasters, John Boffa, Abdolvahab Baghbanian**

Abstract: Although there have been improvements Trachoma remains prevalent In Central Australia, with living and housing conditions playing a significant role. This presentation explores the relationship between these conditions, other environmental factors, and the impact of a housing maintenance program in remote communities, using a Central Australian case study to inform action. Methods: A narrative literature review identified studies examining the relationship between living conditions, environmental factors, and trachoma in remote communities. A case study in Central Australia involved observational methods to document housing conditions, community infrastructure, environmental factors, and the impact of a housing maintenance program on address the conditions that are causing trachoma. Data were thematically analysed and triangulated with the literature review. Findings: Early findings confirm that overcrowding, inadequate sanitation, poor ventilation, exposure to dust, allergens and pollutants contribute to increased risk of trachoma and skin disorders in remote communities and that a housing maintenance program is positively addressing the housing maintenance issues that impact on these conditions. Discussion: The findings underscore the need for comprehensive, culturally responsive interventions addressing housing and environmental determinants of health in remote communities. Collaborative efforts involving community members, healthcare providers, policymakers and researchers are essential for designing and implementing effective strategies to improve trachoma outcomes and help to achieve the vision of ending avoidable vision loss and blindness for Aboriginal and Torres Strait Islander people. Conclusion: This presentation highlights the complex interplay between living conditions, environmental factors, Trachoma and eye health in remote communities, informing action on housing maintenance to promote trachoma, eye health and well-being in these under-served populations.

Action in Trachoma

3. How to sustain progress for the elimination of trachoma in Australia: A report of the first National Trachoma Stakeholders Workshop

Authors: (presenters in bold) **Anne-Marie Banfield, Mark Mitchell, Carleigh Cowling**, Alison Jaworski, Susanna Nery, John Kaldor, Vanessa Garwood, Liz Duggan

Abstract: Current trends indicate that Australia will be able to apply to the World Health Organization for validation of elimination of trachoma as a public health problem in 2025. However, endemic levels of trachoma persist in some First Nation communities and require cross-sectoral action to address underlying contributors. Approach: A two-day workshop was convened in November 2023 bringing together representatives from First Nations organisations, federal and state/territory housing departments, environmental health and trachoma control programs. The workshop aimed to create opportunities to build understanding between key cross-sectoral stakeholders. As an inaugural gathering, efforts concentrated on creating a culturally safe space to explore common issues. Results: Improving collaboration requires a spectrum of initiatives ranging from formal and informal networking events, combined service delivery, cross-sector policies, and long-term structural and funding reforms. Further community-led research is needed on the acceptability, feasibility and performance of potential future surveillance and control strategies. Conclusion: Community control and leadership is vital to developing effective post-elimination responses. Sustainably improving First Nations communities' health will also involve transitioning from a single disease focus to greater prioritisation of the social determinants of health. Similar events will be planned to continue building relationships with housing and environmental health.

Action in Eye Disease

1. Don't Blink or You'll Miss It: Exploring Barriers to Diabetic Retinopathy Screening in Primary Care

Authors: (presenters in bold) **Helen Zhang**, Jessie Huang-Lung, Stephanie Hyams, Andrew White

Abstract: To evaluate current perspectives of Australian General Practitioners (GPs) on barriers and solutions to diabetic retinopathy (DR) screening in primary care. Methods: Survey-based study of Australian GPs and GP registrars with a focus on New South Wales (NSW). Results: 180 survey responses received, with 86.1% from NSW. Referrals to local optometrists is the most common screening practice (86.1%), followed by referral to ophthalmologists (39.4%). Only 1 (0.06%) GP performed retinal photography, with 80.6% of GPs not aware of current Medicare Benefits Schedule (MBS) items for retinal photography. Approximately half (55.5%) of GPs received reports from optometrists or ophthalmologists once a year. Lack of access to screening equipment is perceived as the greatest barrier to DR screening (70.6%), followed by low confidence in detecting DR signs (58.3%). Increased education is the most preferred solution (80.3%). Several respondents commented on the impracticalities of GPs performing DR screening when effective optometry screening services already exist. One GP suggested integrating DR screening in First Nations diabetes clinics to streamline diabetes care. Conclusions: Most GPs currently refer patients to optometrists for DR screening, as multiple barriers exist prevent them from performing DR screening themselves. They voice a strong for more education as a solution.

Action in Eye Disease

2. Collaborative Care Models for Aboriginal and Torres Strait Islander Communities

Authors: (presenters in bold) **Kristin Bell, Kerry Woods**

Abstract: One of the key priorities for RANZCO's Vision 2030 and beyond plan is to document and develop a range of evidence-based models for collaborative care for cataracts, glaucoma, age-related macular disease, diabetic eye disease, etc. Collaborative care is defined as an integrated approach, where ophthalmologists work not only together with optometrists and orthoptists in a traditional manner, but also other health care providers such as non-ophthalmic physicians, general practitioners, nurse specialists and Aboriginal Medical Services, to provide safe and effective eye care. Collaborative care models will particularly help to improve access to health care in poorly serviced rural and remote areas, and for Aboriginal and Torres Strait Islander communities. RANZCO would like to present a number of existing collaborative care models and referral pathways, e.g. the model used in Lions Outback Vision (LOV) that helps improve access to eye care for Aboriginal and Torres Strait Islander communities. Aboriginal and Torres Strait Islander health workers play an essential role in those collaborative care models to achieve better health outcomes for Aboriginal and Torres Strait Islander peoples and communities. RANZCO would also like to discuss seek input from the delegates to identify systemic issues and barriers which impact the implementation of the collaborative care models, and to discuss potential solutions to address those issues. The discussion will inform RANZCO's negotiations with government to advocate for support for various collaborative care models.

Action in Eye Disease

3. The Pilbara Challenge: On Country Diabetic Retinopathy Screening Incorporating Artificial Intelligence with Multidisciplinary Specialist Management

Authors: (presenters in bold) **Li Qiang**, Kerry Woods, Marcel Nejetian, Alex Sherrington, Emma Douglas, Jocelyn Drinkwater, Angus Turner

Abstract: Diabetic Retinopathy (DR) is a common complication of diabetes and the leading cause of blindness in working-age adults. Aboriginal and Torres Strait Islander peoples are disproportionately affected and underscreened – only an estimated 34% had DR screening in 2019-2020 in the Pilbara region. Yearly DR screening allows early detection and thus timely treatment, which is crucial to preventing visual loss. Lions Outback Vision has deployed an innovative digital solution as part of The Challenge which brings care to more remote locations and is increasing engagement and collaboration with patients and primary carers. A Sprinter Van is equipped with a retinal camera and OCT with AI integration for point of care validated diagnostic support - an Australian-first in routine practice. Remote viewing access via starlink enables a telehealth doctor to provide 'on the spot' consultation for previously inaccessible locations. Implementation of point-of-care blood testing as well as access to full primary care records to opportunistically identify non-ophthalmic comorbidities allows the potential for follow-up multidisciplinary engagement (including retinal laser, renal, cardiology, endocrinology), and ultimately a more comprehensive and streamlined service for chronic disease care.

Action in Eye Services

1. Te hauora karu o te iwi Māori: A comprehensive review of Māori eye health in Aotearoa/New Zealand

Authors: (presenters in bold) **Micah Rapata**, Matire Harwood, Will Cunningham, Rachael Niederer

Abstract: This presentation will provide a summary of available data on Māori ocular health, highlighting significant disparities between Māori and non-Māori populations. Māori are more likely to develop diabetes, sight-threatening retinopathy and keratoconus, and present for cataract surgery earlier with more advanced disease. Limited data exists for macular degeneration and glaucoma, but there is some suggestion that Māori may have lower prevalence rates. The article emphasises the urgent need for robust national data on Māori ocular health to enable targeted interventions and funding allocation to help address significant inequities in ocular health outcomes. Achieving equity for Māori in all aspects of health, including ocular health, will require concerted efforts from all stakeholders.

Action in Eye Services

2. Supporting Aboriginal-led models of eye care

Authors: (presenters in bold) **Khyber Alam, Shaun Tatipata**

Abstract: Organisations increasingly value collaborative endeavours for shared goals. Strategic partnerships, particularly those emphasising shared values, play a pivotal role in advancing health outcomes for Aboriginal communities and nurturing mutually beneficial relationships. UWA actively embraces this collaborative approach, leveraging it to craft unique learning experiences for its Doctor of Optometry students and supporting Aboriginal-led eye care models, enhancing accessibility. Building on the collaboration with the Deadly Vision Centre and GRAMS, UWA will establish an optometry service in partnership with the South West Aboriginal Medical Service (SWAMS) enriching eye care for Aboriginal communities in the South-West region of WA. Integrating the 'Aboriginal Health Practitioner and Optometry Collaborative Care' model within SWAMS will fortify their ability to address eye care needs across the region. This innovative model, inspired by insights from the Deadly Vision Centre and GRAMS, will be adapted to the local SWAMS context. This partnership mirrors key elements of the collaboration with GRAMS, and features Aboriginal-led vision care, a full-time UWA academic based within SWAMS, interdisciplinary and tertiary care, and student learning opportunities within an ACCHO. This presentation will share UWA's approach and contributions to improving Aboriginal eye health outcomes and highlight its commitment to this paradigm which extends beyond collaboration to shaping and transforming the educational and healthcare landscape within Aboriginal communities.

Action in Eye Services

3. All eyes on Walgett (An overview of Walgett Eye Health Program) CANCELLED

Authors: (presenters in bold) **Jenny Hunt**

Abstract: Yaama, A bit of background around the Eye health program at Walgett Aboriginal Medical Service. The first ever Brien Holden Foundation clinic in Walgett was held in December 1999, since then WAMS and BHF have continued to work in partnership to deliver eye care, the Eye Health Program footprint covers areas as far as Goodooga, Pilliga, WeeWaa, Narrabri, as well as the local shire council of Walgett which includes the towns of L/Ridge and Collarenebri, WAMS is fortunate to have a visiting Optometrist that visits monthly who flies from Sydney to Walgett to provide a service and surrounding communities. The Eye Health team at WAMS provide Health promotions Awareness transport for those who require eye surgery and Ophthalmology care (which is usually 3-4 hours away), we also provide follow up care for clients with chronic eye conditions for those requiring ongoing treatment and Management. The eye health team works in conjunction with other programs to deliver eye health screening, eye health awareness and education to local and surrounding schools. I would like to make an acknowledgement to the BHF especially Colina and her team Liz and Jo for their continuing support throughout the years and years to come.

Action in Eye Systems

1. Western NSW Eye Health Partnership: The great beginnings of a 'Strategic Outcomes Roadmap'.

Authors: (presenters in bold) **Jessica Rae, Khyber Alam, Jingyi Chen, Tori Whiley**

Abstract: The Western NSW (WNSW) Eye Health Partnership was initially created to advocate for increased public ophthalmology in WNSW but has since evolved into a collaborative partnership with the goal of increasing eye care access and improving vision outcomes for Aboriginal people in the region in a proactive and culturally responsive way. The partners include ACCHSs, government and private not-for-profit organisations. A Regional Implementation Project Officer (RIPO) role exists to facilitate conversations and collaboration between partners and to plan, co-ordinate and monitor project initiatives. The RIPO and partners acknowledged the need for a long term plan for the partnership. They envisioned an Aboriginal-led project, to eventually create a 'Roadmap' developed in close consultation with partners and derived from the existing seven priorities of the partnership and community. Aimed at improving long term Aboriginal eye health outcomes. This presentation will discuss the rationale for a Strategic Outcomes Roadmap for the Western NSW Eye Health Partnership, learnings so far in creating an Aboriginal co-designed project as well as thoughts, feelings and purpose from the voice of a partnership member who is an Aboriginal Health Practitioner from Condobolin, NSW.

Action in Eye Systems

2. Where to from here? Allyship as a non-Indigenous Eye Health Organisation

Authors: (presenters in bold) **Holly Edwards, Telaine Cowdrey**

Abstract: The Fred Hollows Foundation recognises that eye health equity sits within the context of broader social and economic inequity that Aboriginal and Torres Strait Islander Peoples face. As a non-Indigenous organisation working in Australia, we are committed to championing health and social justice reform according to the vision of Aboriginal and Torres Strait Islander Peoples and communities. As guided by Aboriginal and Torres Strait Islander health and justice leaders, The Foundation has been a strong and vocal supporter of the Uluru Statement from the Heart since it's issuing in 2017 and took an active role in championing the Voice to Parliament campaign in 2023. Following the referendum, we continue to hold ourselves accountable to true allyship principles and forge paths to elevating Aboriginal and Torres Strait Islander voices in the eye health and broader health sector. This presentation will outline The Foundation's journey in supporting the vision of Aboriginal and Torres Strait Islander leaders in improving health equity, social justice and self-determination, and how we can demonstrate true allyship in action to support this vision moving forward.

Action in Eye Systems

3. Mātauranga Māori: Developing an Optometry Māori Health Curriculum Framework to support trans-Tasman cultural responsiveness

Authors: (presenters in bold) **Renata Watene, Nicola Anstice, Kelley Baldwin, Susan Kelly**

Abstract: The Optometry Council of Australia and New Zealand (OCANZ) accredits optometry programmes in Australia and Aotearoa (New Zealand) to improve eye health by assuring quality optometric education. In 2019, OCANZ introduced the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework to ensure that higher education providers met the accreditation and registration requirements for Aboriginal and/or Torres Strait Islander eye health and cultural safety. OCANZ also recognised the need to develop a sister document to address the significant inequities Māori face in eye health care. This presentation will share the development of the Optometry Māori Health Curriculum Framework, a novel foundational document developed using Kaupapa Māori principles of consultation, co-design, and collaboration. It has been led and informed by Māori academics, clinicians, and Indigenous and non-Indigenous experts, and aims to close the gap for vision inequities experienced by Māori whanau (families) through curriculum transformation. The framework provides learning outcomes, recommended assessment styles, and allocation of learning levels from Novice through to Entry-to-Practice level, to enhance educational institutions' and practitioners' cultural awareness and responsiveness in Aotearoa and Australia. This presentation will explore the challenges and plans for implementing the Optometry Māori Health Framework in both Aotearoa and Australia.

Abstracts | Day Three, Friday 24 May

Workshops

Friday 24 May | Time: 10.30 - 12:00

Location: Federation Ballroom

1. Cultural Responsiveness: Action Leading to Transformational Change

Facilitators: **Donna Murray, Kylie Stothers**

Cultural responsiveness is critical to building cultural safety. This interactive workshop will look at key capabilities that can enable real change in addressing racism in health and improving health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples including consideration of the workforce.

This workshop will explore:

Self and relationships

Racism

Positive actions leading to transformational change

Location: Ballroom 1

2. Engaging with Mob

Facilitators: **Doseena Fergie, Shaun Tatipata, Lesley Martin, Walter Bathern**

Join us for a workshop focused on connecting with First Nations communities. Learn practical skills through real-life examples and group discussions. Explore how to engage at a clinical level, promote community-wide health, appropriately contribute to health improvement and partner effectively with Aboriginal and Torres Strait Islander organisations. Share insights and receive invaluable tips and tricks to enhance your approach. This workshop is for anyone interested in improving their engagement and relationship skills with Aboriginal and Torres Strait Islander communities, including health care professionals, educators, policymakers, and those involved in community outreach.

Location: Ballroom 2

3. Advancing access to spectacles, contact lenses and visual aids among Aboriginal and Torres Strait Islander communities

Facilitators: **Sarah Davies, Jose Estevez, Nilmini John, Luke Higgins**

Government-funded spectacle schemes help people access glasses at lower cost. But there are differences in who can get them, how much help they get, what kinds of glasses are covered, and how it all works across all states and territories in Australia.

In 2018, Optometry Australia and the National Aboriginal Community Controlled Health Organisation (NACCHO) developed a set of principles and recommended standards to guide the provision of subsidised spectacle schemes for Aboriginal and Torres Strait Islander Peoples.

Now, we want your ideas to reinvigorate advocacy at a state and territory level for amendments to the jurisdictionally run schemes to make things better in your state and territory.

But why stick to the old ways? Let's think of new ideas together in this workshop. We want to find better ways for Indigenous communities to get glasses, contact lenses, and visual aids. This workshop is of interest to Aboriginal and Torres Strait Islander community leaders and advocates, Indigenous health professionals, optometrists and other eye care professionals, government representatives responsible for eye health policies and funding, as well as researchers and academics in Indigenous eye health. Join us in shaping a brighter future for eye care in Indigenous communities.

Location: Ballroom 3

4. Primary eye care checks

Facilitators: **Colina Waddell, Georgia Bennett, Dakota Paterson, Ann Maree Thomas**

Are you interested in learning more about eye care in primary health care? Join us for a workshop that will provide you with an overview of primary eye care checks and enhance your skills and knowledge in retinal screening for people with diabetes. You will have a chance to measure visual acuity, take retinal photographs and experience simulated vision loss faced by people with uncorrected refractive error, cataract, and diabetic retinopathy. These are some of the main eye conditions contributing to vision loss and blindness in Aboriginal and Torres Strait Islander communities. Early detection through a basic eye check and understanding the referral pathways for further assessment can help towards closing the gap for unnecessary vision loss.

The workshop is for individuals interested in learning more about eye care, with a particular focus on addressing the needs of Aboriginal and Torres Strait Islander communities. This may include Aboriginal Health Workers/Practitioners, nurses, general practitioners, program coordinators, community workers, educators and other health professionals.

Concurrent Oral Presentations

Friday 24 May | Time: 1.30 - 2.30 | Location: Federation Ballroom

Action in Trachoma

1. The Elimination of Trachoma in Australia amongst our Aboriginal and Torres Strait Islander people residing in Australia Remote Regions. Past, present and future

Authors: (presenters in bold) **Harry Huran, Trevor Buzzacott**

Abstract: Trachoma Background in South Australia Regional and Remote Regions: I alongside many valuable and committed people, have been engaged with the On – Going Trachoma Survey/Screening in Australia’s Remote and Outback Trachoma Surveys since May 1976. The very first Trachoma Screening was conducted at Port Augusta in South Australia. This National Survey continued for 2 years of meticulous screening every remote locain May 1976 and then continued screening where Aboriginal people were residing on Homelands in South Australia, Northern Territory, Western Australia, Western Queensland. Throughout the many challenges, our Traditional Elders guidance over the early two years resulted in strong cultural and emotional engagements coming together and we were able to achieve early days targets. This reinforced the many humane aspects where today we can continue our work for the elimination of trachoma here in Australia, one of very few nations where trachoma exists today. We now are able to travel Australia wide and work alongside our Custodians to rid one of Trachoma amongst our people. We reside on the best continent world wide, our natural resources is plentiful, the partnership within Australia’s people is sound, is honest and we have the obligations to provide the best life opportunity for the next generation. Tomorrow is awaiting us to rid of trachoma in Australia as being one of very few existing Nations world wide where trachoma exists amongst our Aboriginal and Torres Strait Islander people. There has been many very special people who somewhere along the line contributed towards where we stand today. We will continue our time to eliminate trachoma here in Australia amongst our Aboriginal and Torres Strait Islander people.

Action in Trachoma

2. Employing local Aboriginal workers is the key to the sustainable elimination of trachoma and building the capacity of community and professional workers

Authors: (presenters in bold) **Lesley Martin, Maxine Johns**, Emma Baunach, Mel Stoneham, Nick Wilson, Walter Bathern, Fiona Lange

Abstract: Antibiotics reduce trachoma infections and surgery treats painful in-turned eyelashes that lead to blindness. But it is the provision of more remote housing, setting up systems for living in healthy homes and teaching staff and families how to take action to avoid infections that will lead to the sustainable elimination of trachoma. This approach will also reduce the burden of other preventable infectious diseases. Katherine West Health Board NT, Ending Trachoma Curtin University WA and Indigenous Eye Health Unit work together to promote healthy homes with two specific strategies. 1) A KWHB Healthy Homes Officer conducts healthy home audits and provides education and support for householders in the West Katherine Region. 2) The WA Ending Trachoma Healthy Home Workshop was adapted for a NT audience to increase knowledge and capacity of regional family support workers, nurses, health promotion and housing officers to prevent transmission of infections in homes. This presentation will illustrate how local Aboriginal workers are the key to: * encourage householders to get involved in making homes healthy for strong, well families; * train community and other professional staff about preventing infections, how to easily yarn about germs and some tips to influence change.

Action in Trachoma

3. Health promoting schools are essential in eliminating trachoma in Australia

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

Abstract: When Australia declares elimination of trachoma it will be due to many strong partnerships and intersectoral collaborations. The Education sector has provided significant assistance to the Health sector by supporting trachoma screening, treatment, and ongoing health promotion activities since 2010. Globally, and in Australia the sustainable elimination of trachoma relies on schools, clinics, communities, and families working together to teach and reinforce new knowledge, skills, and hygiene practices. Students attend school for up to 40 weeks a year, making it an ideal environment to increase health literacy and promote hygiene /health. This, in turn enables children to be fresh, alert, and ready to learn in class, and to be agents of change in their families and communities. The NT Education Department helped develop curriculum-aligned teaching materials in the Trachoma Story Kit, an assessment tool for schools to identify face washing infrastructure needs with guide for improvements. They participated in a wide consultation with Aboriginal services and remote communities to develop “Six Steps to Stop Germs” now used in health and education settings to help prevent many infections. The NT Families as First Teachers program is currently helping develop culturally strong Parent Guides for mums and 0-4 year olds to keep little ones strong from the very start.

Action in Eye Disease

1. Inherited Retinal Diseases in Indigenous Australians: Mapping the Gap

Authors: (presenters in bold) **Emma Tovey Crutchfield**, Andrea Vincent, Livia Carvalho, Shaun Tatipata, Mitchell Anjou, Hugh Taylor, Lauren Ayton, Alexis Ceecee Britten-Jones

Abstract: Inherited Retinal Diseases (IRDs) are a leading cause of blindness in working-age adults. Emerging gene therapies for IRDs require a genetic diagnosis; yet little is known about IRDs in global Indigenous groups. To understand the current research, we undertook a scoping review synthesising clinical studies evaluating IRDs among Indigenous Peoples worldwide. We identified 85 reports of Indigenous Peoples with IRDs from 26 countries. Between 1969 and 2023, there were 20 published cases of IRDs in Aboriginal and/or Torres Strait Islander Peoples. Only two of the ten reports conducted genetic testing; both reported novel variants in IRD genes in the affected Indigenous participants. Particularly in Australia, where progress is being made in addressing the gap in some preventable eye diseases, more research is required to understand the prevalence and diagnosis of IRDs in Indigenous Australians. The Indigenous eye health agenda must focus on raising awareness, increasing culturally safe access to genomic services, and supporting community-led, intercultural initiatives, such as the efforts by the National Centre for Indigenous Genomics to establish a national Indigenous biorepository. Although IRDs are uncommon diseases, our study underscores the importance of recognising their presentation in Indigenous Peoples to ensure equitable access to diagnostic care and emerging treatments.

Action in Eye Disease

2. Managing Serious Eye Conditions within the ACCHO: Principles and Case Studies

Authors: (presenters in bold) **Rosie Dawkins, Gavin Brown, Nilmini John**

Abstract: The Victorian Aboriginal Health Service is an Aboriginal Community Controlled Health Organisation that sits in the heart of Fitzroy in inner city Melbourne. For many years now a successful partnership has evolved with the Australian College of Optometry and the Royal Victorian Eye and Ear Hospital. Comprehensive eye care services are offered within VAHS as part of "business as usual". It is our contention that due to these strong partnerships, services offered at VAHS can be of the same or higher quality as those that are offered at the home institutions, and that Aboriginal people can be cared for with minimal attendance at mainstream institutions. In particular, that by engaging with, and leveraging the skills of, the Aboriginal Health Workers and GPs at VAHS, as well as employees of partner institutions, patients can largely be treated without resort to emergency departments, even with serious and urgent conditions. This presentation will explore the underlying approach and philosophy that allows this care to take place. It will also present some examples of urgent and non-urgent cases where patients were able to access tertiary quality care with minimal or no attendance at hospital, but rather receiving the bulk of their care within the ACCHO.

Action in Eye Disease

3. Applying research evidence to inform practice: An Aboriginal Health Practitioner's perspective on holistic diabetes care CANCELLED

Authors: (presenters in bold) **Eldine Likouresis**, Katherine Zamero-Alejo

Abstract: Aboriginal and Torres Strait Islander people are three times as likely to have diabetes compared to non-Indigenous Australians. Microvascular complications of diabetes are well known and affect almost every part of the body. Research involving diabetes complications are often conducted per body part, with aims of decreasing blindness (eyes), amputations (feet), and renal transplants (kidney) to name a few. This presentation will provide the perspective of an Aboriginal Health Practitioner who is involved in diabetes-related complication research projects. All projects are modelled on and continually reflect the South Australian (SA) Aboriginal Health Research ACCORD- a set of nine principles developed in consultation with Aboriginal Elders, community members and organisations in SA to provide guidance around culturally appropriate ways to conduct Aboriginal health research. Research-practice partnerships lead the way in translating research knowledge into practical actions for SA Aboriginal primary health care services. Insights and learnings from diabetes-related research will be discussed, including ways to improve the gaps and barriers of eye care in metropolitan, regional and remote communities. It will also highlight the importance of having a holistic approach to a person living with diabetes and not just screen for potential complications based on a particular body part.

Action in Eye Services

1. Permanent Optometry Services in an ACCHO

Authors: (presenters in bold) **Eric Dalgety, Sophia Gerritsma**

Abstract: Our initiative is a collaboration between the University of Western Australia (UWA) School of Optometry, WA Centre for Rural Health (WACRH) and the Geraldton Regional Aboriginal Medical Service (GRAMS). A first in Australia, we have set up a permanent Optometry service within an Aboriginal Community Controlled Health Organisation (GRAMS), and hope to set this as a new national example. This is in response to the fact that Australia wide, on-site ACCHO eye care services tend to be only monthly or quarterly, which can be insufficient to meet the eye care needs of the communities they serve. With the support of the Fred Hollows Foundation, a permanent Vision Clinic was established within GRAMS (Geraldton) in 2023. The Vision Clinic is fully equipped with two slit-lamps (and slit lamp camera), chair and stand, portable visual field analyser, autorefractor, DRS camera, Advanti OCT, and equipment to provide ophthalmic dispensing services. Alongside the fantastic Eye Health Coordinator at GRAMS, a WACRH and UWA Optometry Academic based in Geraldton provides Optometry services to patients, with 24 weeks of the year involving UWA Optometry Student placements. The service teaches culturally safe eyecare to Optometry Students, providing experience in an ACCHO setting. The timing, triaging and subsequent intervention for a substantial population of patients within GRAMS has enabled the rural community to access critical vision-saving services. Due to the success, we hope to expand eye clinics into GRAMS' satellite clinics of Mt Magnet and Carnarvon.

Action in Eye Services

2. Case study: Exploring a locally-determined, locally-led model of eye care for First Nations peoples

Authors: (presenters in bold) **Luke Higgins, Bobby-Ray Milne, Teena Norman, Tim Grey, Gretchen Scinta**

Abstract: Locally-determined models of eye care are fundamental to delivery of eye health services for First Nations peoples living in remote communities of South Australia. This case study profiles the comprehensive eye health services that have been designed to meet the needs of First Nations people in Ceduna. Yadu Health Aboriginal Corporation has been working in partnership with RDWA, the Outreach fundholder in SA, and the eye health professionals who visit Ceduna, to tailor the delivery of eye care for their community. The Yadu experience is presented as a panel discussion with the key partners and demonstrates how local health services and visiting services can be integrated to ensure culturally appropriate and clearly defined referral pathways and services. The panel discussion explores strategies that ensure cultural safety across all levels of service and Yadu's lead care coordination role throughout the patient journey. Practical approaches will be shared about how the scope of practice for Aboriginal Health Workers, Aboriginal Health Practitioners, Optometrists and Ophthalmologists can be applied in a best practice model that makes use of the available workforce and local capability. Panellists will describe how patients are supported along the referral pathway to access locally delivered ophthalmic procedures and surgical services.

Action in Eye Services

3. Growth in eye health services to Cherbourg and surrounding communities, Queensland

Authors: (presenters in bold) **Shelley Hopkins, Deb Duthie**

Abstract: The aim of this presentation is to share the variety and growth in eye health services delivered to Cherbourg and surrounding communities at the community-controlled health service as well as at alternative locations as determined and requested by community. Over the years, because of a strong longstanding partnership between CRAICCHS and QUT's outreach optometry team, a number of opportunities have been identified and actioned that have resulted in the provision of eye health services to more community members. The eye health team has been able to mobilise the optometry service and conduct vision assessments at the Youth Hub, primary school, TAFE/call centre and aged-care facility. Importantly, the eye examinations provided at these additional locations are full scope optometry (when indicated). The presentation will discuss some of the early challenges with mobilising the optometry service, and how these were overcome. A key to the success of the clinics at alternative sites has been the strength of the partnerships developed between the optometry team, the community-controlled health service staff and the staff at each site. The eye health team will share lessons learnt in developing partnerships and responding to community requests that have resulted in tangible outcomes for a rural Aboriginal community.

Action in Eye Systems

1. Voice, Treaty, Truth – a First Nations Perspective of organisational change within an accreditation organisation

Authors: (presenters in bold) **Shannon Peckham**, Mitchell Anjou, Kelley Baldwin, Susan Kelly

Abstract: The Optometry Council of Australia and New Zealand (OCANZ) accredits optometry programs in Australia and Aotearoa (New Zealand) to improve eye health by assuring quality optometric education. A central component of this work is to ensure that optometrists entering the workforce, from university or overseas, are clinically and culturally safe to practice with the ultimate intention to ensure optometry services are free of racism and inequity. As an organisation OCANZ is committed to and recognises the value and importance of ensuring our 'ways of doing business' are culturally responsive and led by Aboriginal, Torres Strait Islander and Māori Peoples. Guided by the formation of the Indigenous Strategy Taskforce in 2018, OCANZ initiated a journey of internal reflection, commitment to change, creation of safety and growth that has been transformational in organisational decision making and leadership, led by Aboriginal and Torres Strait Islander and Māori Peoples and supported by allies in eye health. Part of this change included strengthening internal policies and governance structures to elevate Aboriginal Torres Strait Islander and Māori decision making and self-determination (tino rangatiratanga) in a culturally responsive and appropriately resourced way. This presentation will reflect on some of the approaches OCANZ has used to facilitate this process, and share lived experiences and our key learnings along the way.

Action in Eye Systems

2. Empowering Communities: A 14-year Journey in Eye Health Promotion Campaigns

Authors: (presenters in bold) **Carol Wynne, Nick Wilson**

Abstract: For over a decade, the Indigenous Eye Health Unit (IEHU) at The University of Melbourne has been dedicated to addressing the eye health needs of First Nations Australians. With over one-third of First Nations people reporting eye or vision problems, we have focussed our attention on preventable and treatable conditions such as refractive error, cataract, diabetic retinopathy, and trachoma.

Guided by the Roadmap to Close the Gap for Vision (2012), our approach has been grounded in evidence-based strategies aimed at eliminating inequities in eye health outcomes. Since 2010, IEHU has developed culturally appropriate health promotion campaigns and resources tailored to the unique cultural needs and practices of First Nations communities. From trachoma and diabetes eye care to cataract and refractive error, the campaigns and health promotion resources have utilised flexible and adaptable designs, incorporating elements of music, art, and storytelling to effectively raise awareness and engage First Nations people.

At the heart of our approach lies a commitment to community engagement and support for local community control. By empowering communities and amplifying community action, we have increasingly moved towards First Nations-led initiatives retaining the shared goal of eliminating avoidable blindness and vision loss. This presentation will share reflections and learnings from this 14-year journey.

Action in Eye Systems

3. Ngaa mata o te Ariki: developing an Indigenous eye health framework for Maaori in Aotearoa

Authors: (presenters in bold) **Isaac Samuels**

Abstract: Indigenous health frameworks have become commonplace in healthcare, policy, and education as an approach to reducing inequity. Our research sought to acknowledge the equity issues faced by the Indigenous Maaori of Aotearoa when seeking eye care; and to begin addressing these by creating a framework to enhance clinician-patient engagement within eye health setting. The framework created is embedded within Kaupapa Maaori (Maaori world-view-centric) ideology. It is based on traditional puuraakau (stories), which act as the scaffold for the framework 'Ngaa mata o te Ariki.' The framework development was validated by an expert Maaori academic interviews that used qualitative research and reflective thematic analysis to inform the final nine core principles. The principles are 1) whakawhitiwhiti korero (high-quality communication), 2) mana tangata (/authority of all people), 3) manaakitanga (caring for/valuing others), 4) mana taurite (equity), 5) mana whakahaere (power/self-determination), 6) aahuru moowai (cultural responsiveness), 7) taha wairua (spiritual health), 8) ka whai waahi (access) and 9) whanau ora (family health). Overall, this framework seeks to provide clinicians with a tool to enhance their engagement with Maaori patients seeking eye care throughout Aotearoa by introducing important Maaori health beliefs, with the goal of making eye health outcomes more equitable for Maaori.

Plenary Presentations

Friday 24 May | Time: 3.00 - 4.00 | Location: Federation Ballroom

1. Aboriginal and Torres Strait Islander Paediatric Ophthalmology Clinic Development in Melbourne

Authors: (presenters in bold) **Susan Carden, Natalie Tieri**, Kelli McGuinness, Kylie Robinson, Melissa Tchea

Abstract: The Victorian Aboriginal Health Service, in partnership with the Royal Victorian Eye and Ear Hospital, has developed a paediatric ophthalmology clinic embedded within the initial framework of the ophthalmology service. The aims of the paediatric clinic have been: to provide care in a culturally safe environment; to provide timely and improved access to ophthalmology services; to provide an option ie an alternative place for ophthalmic care; to provide collaborative care and; to provide continuity of care. The first VAHS paediatric ophthalmology clinic was held in November 2018 and continues once per month. Paediatric ophthalmology patients often require on-going management for years due to critical eye-growth periods. Paediatric Ophthalmology at VAHS is gradually developing stronger connections with the Royal Children's Hospital, Australian College of Optometry, RVEEH clinics, VAHS paediatricians, VAHS GPs and ACCHOs so that vulnerable children can be cared for appropriately in a timely fashion.

2. Taking Action: prioritising prevention approaches in Aboriginal and Torres Strait Islander Eye Health

Authors: (presenters in bold) **Lose (Rose) Fonua, Shaun Tatipata, Nick Wilson**, Guy Gillor

Abstract: On the 26th of May, meeting on the land of the Dharug people, over eighty (80) Aboriginal and Torres Strait Islander eye health professionals met together to discuss what a prevention focussed, whole of life course view of eye health could look like for Aboriginal and Torres Strait Islander communities. Working in round tables, teams discussed and collated thinking about the answers to key questions asked focussed on developing an understanding of key actions and strategies needed to progress work in this space, as well as mapping what steps are needed first with development of key actions from the perspective of First Nations members working in this area. The presentation will provide a summary of the recorded findings from this meeting that will detail prevention in the context of eye health, the individual elements that could make this approach successful and then why it was important to take a preventative health approach to the way eye health service delivery for Aboriginal and Torres Strait Islander communities. The presentation will also touch on key actions and potential outcomes needed to advance outcomes in First Nations eye health led by the First Nations Eye Health Alliance.

Notes



For more information:

First Nations Eye Health Alliance

Email: heyoubmob@fneha.com.au

Website: www.fneha.com.au



For more information:

Indigenous Eye Health Unit

Onemda: Aboriginal and Torres Strait Islander Health and Wellbeing

Melbourne School of Population and Global Health

The University of Melbourne, Level 5, 207 Bouverie Street, Carlton VIC 3010

Email: Indigenous-EyeHealth@unimelb.edu.au

Website: IEHU.unimelb.edu.au

Artwork Low Tide, from the Salt Water collection by Palawa woman Emma Robertson