

POSITION STATEMENT

Provision of sustainable eye care for Aboriginal and Torres Strait Islander Australians

(Note: These Guidelines should not be used as a substitute for statutory responsibilities.

Optometrists must ensure that they comply with any relevant state and federal laws and any contractual responsibilities they may have under the Visiting Optometrists Scheme where relevant).

This policy provides a guide to optometrists who intend to provide eye care to Aboriginal and Torres Strait Islander communities in Australia with the aim of providing culturally appropriate and sustainable eye care services. It is hoped that this Policy will assist optometrists to provide sustainable and culturally appropriate eye care to all Aboriginal and Torres Strait Islander communities in Australia and in doing so help close the gap in eye health outcomes between Aboriginal and Torres Strait Islander and non- Aboriginal and Torres Strait Islander Australians.

This policy was developed in consultation with the Association's Aboriginal and Torres Strait Islander Eye Health Working Group.

Introduction

Optometrists provide eye care services to Aboriginal and Torres Strait Islander Australians in urban as well as regional and remote settings. Aboriginal and Torres Strait Islander people live in all parts of Australia, from the large cities to small country towns and very remote communities. As measured by the 2006 Census, there are currently 455,028 Aboriginal and Torres Strait Islander Australians, representing 2.3% of the total Australian population.¹ Around one third of Aboriginal and Torres Strait Islander Australians live in major Australian cities (32%); 21% live in inner regional areas; 22% in outer regional areas; 10% in remote areas and 16% in very remote areas.² There are a large number of diverse languages and hundreds of distinct descent groups within Aboriginal and Torres Strait Islander communities. Many of Australia's Aboriginal and Torres Strait Islander people experience conditions of economic and social disadvantage when compared to other Australians. This often manifests itself in poorer health outcomes.

Aboriginal and Torres Strait Islander eye health is much poorer than for non- Aboriginal and Torres Strait Islander Australians. In the most recent survey of Aboriginal and Torres Strait Islander eye health, the National Indigenous Eye Health Survey, *Minum Barreng*³, it was found that blindness rates in Aboriginal and Torres Strait Islander adults are 6.2 times the rate in mainstream Australia. The last national data survey from 1976-1980 found that blindness rates were 10 times higher than in mainstream.⁴ The latest survey found that the major causes of blindness are cataract (32%), optic atrophy (14%) uncorrected refractive error (14%) diabetic eye disease (9%) and trachoma (9%).

¹ Australian Bureau of Statistics, 4713.0 - Population Characteristics, Aboriginal and Torres Strait Islander Australians, 2006.

² For non-Aboriginal and Torres Strait Islander Australians, there was a much higher concentration in major cities (69%) and less than 2% in remote and very remote Australia. ABS, 4713.0, 2006.

³ Professor Hugh Taylor AC et al, *National Indigenous Eye Health Survey*, September 2009.

⁴ The Royal Australian College of Ophthalmologists, *National Trachoma and Eye Health Program Report*, 1980 (available at University libraries ISBN: 0959478507) National Trachoma and Eye Health Program 1976-1980.



OPTOMETRISTS
ASSOCIATION AUSTRALIA

Optometry services are delivered through many different clinical settings including mainstream optometry practices, Aboriginal and Torres Strait Islander specific eye clinics, such as West End in Brisbane and Fitzroy Eye Clinic in Melbourne; Redfern Eye Clinic in Sydney and Danila Dilba Health Service in Darwin as well as visiting optometry services.

Optometry services to more remote Aboriginal and Torres Strait Islander communities are usually provided as visiting services, often sponsored through the Visiting Optometrists Scheme (VOS). Full time optometry services in very remote Australian locations are scarce given the population numbers in very remote areas are not high enough to sustain a financially viable full time optometry practice.

VOS was established in 1975 with the aim of providing monetary support to optometrists to deliver optometry services to rural and regional Australia. In the last five years, the VOS has been focusing on the delivery of optometry services to remote Aboriginal and Torres Strait Islander communities with the greatest need for optometry services. In February 2009, the Australian Government announced additional funding of \$6.5 million over the 4 years to increase services to remote Aboriginal and Torres Strait Islander communities in order to close the gap between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander eye health.

Guiding Principles for culturally appropriate, sustainable eye care to Aboriginal and Torres Strait Islander communities

Optometrists Association Australia recommends that for the provision of sustainable and culturally appropriate eye care for Aboriginal and Torres Strait Islander Australians, optometrists need to consider the following guiding principles:

1. The eye health services need to be delivered in a culturally appropriate manner regardless of the clinical setting in which they are delivered.
2. Where possible, an optometrist intending to provide optometry care to Aboriginal and Torres Strait Islander communities should link in with existing optometrists or organisations already undertaking eye care in these communities to ensure knowledge and experience is shared and there is minimal overlap of the provision of optometry services.⁵
3. Outside already established clinical settings, the delivery of eye care services should be with the assistance and cooperation of the local health infrastructure already in place. This might include the local Aboriginal community Aboriginal Medical Service (AMS) or Aboriginal Community Controlled Health Service (ACCHS) or a state owned clinic or hospital. Where possible, services should be coordinated by the Eye Health Coordinators and other eye health workers.⁶
4. Ideally optometry services should be delivered with some form of continuity where an optometrist regularly visits a community over period of years.
5. Spectacles required should be affordable, payment methods appropriate and the spectacles delivered through sustainable methods, such as through the Regional Eye Health Coordinator.
6. An optometrist should develop sustainable referral methods to additional health care services such as ophthalmologists and GPs when other ocular and/or medical problems are observed.
 - a. optometry services coordinated with visiting ophthalmology services provide optimal patient care.
7. When providing optometry services through AMS/ACCHS or state owned clinics or hospitals and there is time, the provision of continuing education to the local eye health workforce is recommended to maximise the impact of visiting optometry services.

⁵ Some overlap may be advantageous so long as services are coordinated.

⁶ The use of the term eye health coordinator and other eye health workers has been adopted by the IWG and OAA as the exact title of eye health coordinators differs from state to state.

Elaboration of Guiding Principles:

1. The eye health services need to be delivered in a culturally appropriate manner regardless of the clinical setting they are delivered.

Health care, including eye care, needs to be delivered in a way that demonstrates an understanding and awareness of cultural differences where they exist.

Culturally appropriate health care is important to ensure that the health services provided are delivered in a relevant and effective way to the patient.

Cultural awareness does not mean optometrists need to be expert in all Aboriginal and Torres Strait Islander cultural norms however it does involve having knowledge and understanding of Aboriginal and Torres Strait Islander communities' histories, values, and lifestyle and being aware of the cultural differences when providing eye health care. Often, the Regional Eye Care Coordinator can provide an optometrist with the detailed local knowledge of cultural differences to maximise the visiting optometry service.

2. An optometrist interested in providing optometry care to Aboriginal and Torres Strait Islander communities should link in with those existing optometrists and organisations already undertaking eye care in Aboriginal and Torres Strait Islander communities to ensure knowledge and experience is shared and there is minimal overlap of the provision of optometry services.

There are already a number of optometrists and organisations undertaking eye health care in Aboriginal and Torres Strait Islander communities. It is important for optometrists to talk to these optometrists and organisations to ensure knowledge and experiences already gained by the optometry profession are shared.

Establishing this contact will also ensure that where optometrists already provide adequate optometry services, new services are not commenced, avoiding overlap and duplication of service delivery.

Each State Division of Optometrists Association Australia will be able provide members with information in relation to already established services or organisations providing services in the regions.

Establishing a link with an optometrist or organisation already providing care to Aboriginal and Torres Strait Islander communities will also enable the optometrist to learn more about undertaking outreach work (eg. equipment needed and other challenges such as accommodation and when to undertake outreach work), and any opportunities already available for outreach work.

It is useful also for an optometrist to accompany an experienced optometrist when they first visit an Aboriginal and Torres Strait Islander community, to get first hand experience in delivering services before they provide services independently.

3. Outside already established clinical settings, the delivery of eye care services should be with the assistance and cooperation of the local health infrastructure already in place.

This might include the local Aboriginal community Aboriginal Medical Service (AMS) or Aboriginal Community Controlled Health Organisations (ACCHO) or a state owned clinic or hospital. Where possible, services should be coordinated by the Regional Eye Health Coordinators and other eye health workers.

It has been shown that one of the most successful ways of providing sustainable eye care services to Aboriginal and Torres Strait Islander communities has been to provide the services with the assistance of the AMS, ACCHO and coordinated by an Eye Health Coordinator (EHC) or other eye health worker.⁷

AMS and ACCHO are located in around 140 locations, many in rural and regional Australia. AMSs and ACCHOs provide primary health care services initiated and operated by the local Aboriginal and Torres Strait Islander community to deliver comprehensive, and culturally appropriate health care to the community which controls it (through a locally elected Board of Management).

In the majority of Aboriginal and Torres Strait Islander communities, primary health care services are provided by the AMS / ACCHO. The staff at the AMS / ACCHO know the local community and in some there are trained EHCs who have a good understanding of a community's eye care needs. Where there is no AMS or ACCHO, as is the case, for example, in the Torres Strait, optometrists should coordinate their visit with the state run clinic or hospital.

Providing services through the local health infrastructure and workforce and the accompanying familiar infrastructure of a local clinic provides an important cultural link between the community and the visiting optometrist. The EHC is not a substitute for the optometrist however, and acts as a vital component of sustainable eye health care. Coordinating services through the EHC or other eye health worker provides a degree of continuity as the primary contact person for patients in regards to eye care needs.

EHC or other eye health worker can:

- educate a community about the importance of seeking regular eye health checks, not just when vision is affected;
- explain further to a patient the importance of the eye health examination, including the importance of taking medication and following recommendations;
- provide access to required optometry services for the community in a familiar environment and at an appropriate time (avoiding weather and cultural issues) and facilitate any follow up including for tertiary health services;
- ensure the dispensed spectacles are delivered to the patient;

The EHC or other eye health worker also provide important feedback to the visiting optometrist in order to enhance future eye health services and assist the optometrist to make eye health services more responsive to community needs.

Liaising with the AMS or ACCHO can also prevent any overlap of optometry services if the services are not through the Visiting Optometry Scheme.

Maps to locate AMS or ACCHOs

<http://www.healthinfonet.ecu.edu.au/health-systems/healthworkers/organisations/map-of-aboriginal-medical-services-in-australia>.

NSW: <http://www.ahmrc.org.au/MAPmemberregions.htm>

QLD: <http://www.qaihc.com.au/index.php?page=map-of-qaihc-members>

⁷ Layland, B et al, *ICEE/AHMRC NSW Aboriginal Eye and Visioncare Program*, Rural and Remote Health 4 (online), 2004, no.247.

NT: <http://www.comverjsite.com/amsant/site/images/AMSANTMAP1.jpg>

VIC: <http://www.vaccho.org.au/?q=node/19>

SA: <http://www.ahcsa.org.au/our-members/>

WA: http://www.ahcwa.org.au/index.php?option=com_content&view=article&id=63&Itemid=62

ACT: Winnunga Nimmityjah Aboriginal Health Services. <http://www.winnunga.org.au/>

TAS: Tasmanian Aboriginal Centre, Patrick St, Hobart, TAS 7000 p: (03) 6234 8311 (no website available).

4. Ideally optometry services should be delivered with some form of continuity where an optometrist regularly visits a community over period of years.

It is always better for optometrists living in the region or who are familiar with the region to be involved in outreach services provided to Aboriginal and Torres Strait Islander communities as the optometrist has an understanding of the culture and knowledge of the patient from previous visits or contact.

Where this is not possible, the importance of liaising and working with the local AMS/ACCHO or state run clinic or hospital and their EHW is important so patients have a familiar face and location when seeking eye health care.

5. Spectacles required should be affordable, payment methods appropriate and the spectacles delivered through sustainable means.

An important aspect of any eye health consultation is refraction, particularly if the patient has come in as a result of difficulties with their vision.

Each state and territory have subsidised spectacle schemes which provide either free or subsidised spectacles provided eligibility criteria is met. The paperwork related to these schemes differs and some states are better than others in informing AMSs and ACCHOs about eligibility for patients.

Where a patient is not eligible for the subsidised spectacle scheme, optometrists should consider providing spectacles at an affordable price as many Aboriginal and Torres Strait Islander people have low incomes. The optometrist should also consider facilitating an appropriate way of payment for the spectacles.

A sustainable method of delivering the completed spectacles also needs to be arranged and the most sustainable way is through the EHC or AMS/ACCHO staff with whom an optometrists may be able to work to ensure the spectacles are fitted well.

Contacts for State and Territory Spectacle Schemes:

ACT: ACT Subsidised Spectacle Scheme <http://www.dhcs.act.gov.au/wac/concessions/spectacles>

NSW: Visioncare NSW

NT: NT Pensioner and Carer Concession Scheme (which covers spectacles)
http://www.health.nt.gov.au/Aged_and_Disability/Subsidies/NT_Pencon_Scheme/index.aspx

QLD: Spectacle Supply Scheme (SSS) <http://www.health.qld.gov.au/mass/spectacles.asp>

SA: South Australian Spectacle Scheme
<http://www.dfc.sa.gov.au/pub/tabid/209/itemid/350/Spectaclescheme.aspx>



OPTOMETRISTS
ASSOCIATION AUSTRALIA

TAS: Spectacles and Intra Ocular Assistance Scheme

http://www.dpac.tas.gov.au/__data/assets/pdf_file/0008/55898/Concessions08-09.pdf

VIC: Victorian Eyecare Service <http://www.health.vic.gov.au/agedcare/services/ves.htm>

WA: Spectacles Subsidy Scheme http://www.health.wa.gov.au/services/detail.cfm?Unit_ID=448

6. An optometrist should develop sustainable referral methods to additional health care services such as ophthalmologists and GPs where other medical problems are observed.

a. optometry services coordinated with visiting ophthalmology services provide optimal patient care.

Optometrists need to ensure that in addition to conducting full eye health examinations, they also develop sustainable referral methods for patients to regionally based ophthalmologists and local General Practitioners.

There are some examples of optometrists partnering with ophthalmologists every 3-4 circuits to provide specialised eye care services as part of the one service to Aboriginal and Torres Strait Islander communities. Other optometrists work closely with visiting ophthalmologists who provide outreach services separately through the Medical Specialist Outreach Assistance Program (MSOAP) or its extension, the MSOAP – Aboriginal and Torres Strait Islander Chronic Disease scheme.

Working with the AMS/ACCHOs or state run clinics and hospitals will enable referral pathways to be reinforced and followed up by existing health staff situated locally.

7. When providing optometry services through AMSs/ACCHOs or state owned clinics or hospitals and there is time, the provision of continuing education to the local eye health workforce is recommended to maximise the impact of visiting optometry services.

Where time permits, it may be appropriate to spend time with the local eye care workers to enhance their knowledge. ICEE has developed resources which may be helpful to optometrists, particularly a flip chart that illustrates common eye related procedures in a culturally appropriate way.

http://www.icee.org/resources/l_see_for_culture/index.asp.

Training sessions need not be too formal – it may be as simple as a 15 minute discussion with a white board discussing expected eye conditions the Eye Health Coordinator should look out for in their local community.

Resources:

Culturally specific resources:

Optometrists can access professionally run cultural training from a variety of providers.

Under the Visiting Optometrist Scheme (VOS) administered by the Australian Government, it may be possible for an optometrist to be reimbursed for cultural awareness training costs as part of delivering these services.

Reconciliation Australia has a register of providers of cultural awareness training <http://www.reconciliation.org.au/home/reconciliation-resources/culturalawareness/culturalawareness-training-register> and some State Aboriginal Community Controlled Health Organisations (ACCHO) bodies also conduct courses.

There are some introductory online learning tools such as Services for Australian Rural and Remote Allied Health (SARRAH) cultural safety learning module which provides some background on cultural awareness. <http://sarrahtraining.sutekh.telligence.net.au/site/index.cfm?display=143690>

ICEE has recently developed Aboriginal and Torres Strait Islander appropriate eye care material with which optometrists should familiarise themselves: http://www.icee.org/resources/l_see_for_culture/index.asp PDF versions of some of the resources, including posters, flip charts and an information booklet are also available for download. QUT also has resources such as the Visual Acuity 'Turtle' chart.

Information about working in Aboriginal and Torres Strait Islander communities:

<http://www.rahc.com.au/>

Aboriginal and Torres Strait Islander Organisations' contact details:

National Aboriginal Community Controlled Health Organisation (NACCHO):

<http://www.naccho.org.au/> national peak Aboriginal health body representing Aboriginal Community Controlled Health Services throughout Australia

State based organisations:

NSW: Aboriginal Health and Medical Research Council of NSW. <http://www.ahmrc.org.au/> is the recognised peak body and voice of Aboriginal communities on Aboriginal health matters in NSW. Its more than 60 member organisations, are comprised of Aboriginal Community Controlled Health Services (ACCHS), also known as Aboriginal Medical Services (AMS); Aboriginal Community Controlled Health Related Services (ACCHRS) and Aboriginal Community Controlled Health Committees (ACCHC).

QLD: Queensland Aboriginal & Islander Health Forum (QAIHF) <http://www.qaihc.com.au/> is the state peak body representing the Community Controlled Health Sector in Queensland at both state and national level. Its membership comprises 21 Community Controlled Health Services (CCHS) located throughout Queensland

NT: Aboriginal Medical Services Alliance of Northern Territory <http://www.amsant.com.au/site/> AMSANT is the peak body for Aboriginal community controlled health services in the NT.

VIC: Victorian Aboriginal Community Controlled Health Organisation <http://www.vaccho.org.au/> represent the collective of all Aboriginal community controlled health organisations around Victoria. Each of VACCHO's members is an Aboriginal community controlled organisation.



OPTOMETRISTS
ASSOCIATION AUSTRALIA

SA: Aboriginal Health Council of South Australia Inc. (AHCSA). <http://www.ahcsa.org.au/> AHCSA is the peak body representing Aboriginal health and substance misuse services, and Aboriginal health advisory committees in South Australia at a state and national level.

ACT: Winnunga Nimmityjah Aboriginal Health Services. <http://www.winnunga.org.au/> Provides health services to Aboriginal and Torres Strait Islander people in ACT.

TAS: Tasmanian Aboriginal Centre, Patrick St, Hobart, TAS 7000 p: (03) 6234 8311

WA: Aboriginal Health Council of WA, <http://www.ahcwa.org.au/> is the peak body for 19 Aboriginal Community Controlled Health Services (ACCHSs) in WA.

Visiting Optometrists Scheme (VOS):

<http://www6.health.gov.au/internet/main/publishing.nsf/Content/ruralhealth-vos>

Resources for additional information

<http://www.healthinfonet.ecu.edu.au/>