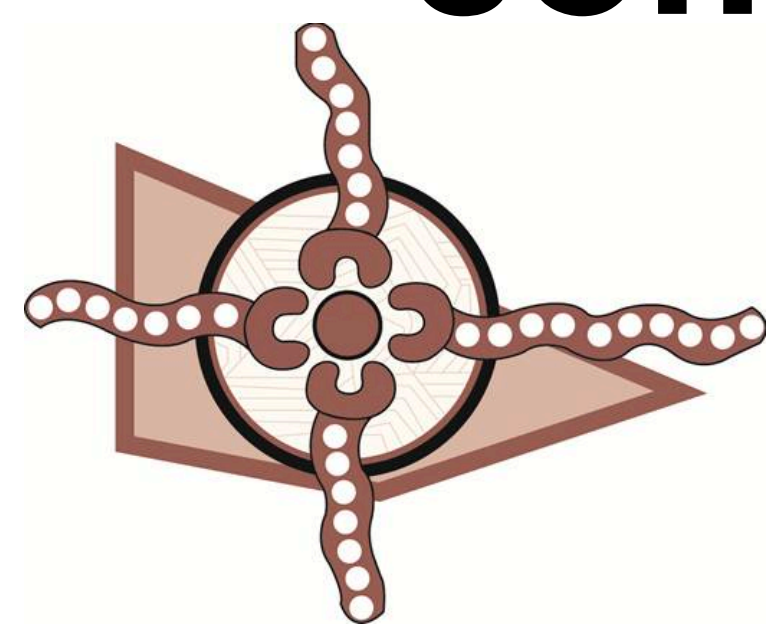


Building an eye care program with Aboriginal communities in Victoria – a partnership approach



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Introduction

The Australian College of Optometry (ACO) Aboriginal eye care program operates in partnership with: the Department of Health Victoria and Victorian Advisory Council on Koori Health (VACKH) Eye Health subcommittee; VACCHO; Commonwealth Department of Health and Ageing (DoHA) Visiting Optometry Scheme (VOS); and Aboriginal and Torres Strait Islander organisations and communities around Victoria. The Optometry clinic at VAHS opened in 1998. The aim of the program is to reduce the amount of avoidable vision impairment and blindness in Aboriginal and Torres Strait Islander communities through improved access to eye care services, helping to "Close the Gap for Vision".

Eye Health in Aboriginal communities^{1,2,3}

- Blindness and vision impairment are 6.2 times and 2.8 times, respectively, more prevalent in the adult Aboriginal population than in the non-Aboriginal population
- 35% of adult Aboriginal people have never had an eye examination
- The main causes of vision loss in Aboriginal Australians are refractive error and presbyopia (need for glasses), cataract, and diabetic eye disease
- 39% of adults can not see normal print size
- **94% of vision loss is preventable or treatable**

Optometric Eye Examinations

- Vision is important for education, work, leisure, and community participation
 - Optometrists assess vision and eye health using specialised equipment in clinical settings or with portable equipment used for visiting services
 - Consultations are covered by Medicare; no referral is required
 - Early detection of eye disease including cataract and diabetic eye disease
 - Children's vision assessment and managed
- Outcomes of the eye examinations include:
- Referral direct to ophthalmology for surgery or laser
 - Provide advice about ongoing eye care
 - Prescribe appropriate glasses correction (\$10 spectacle subsidy scheme)

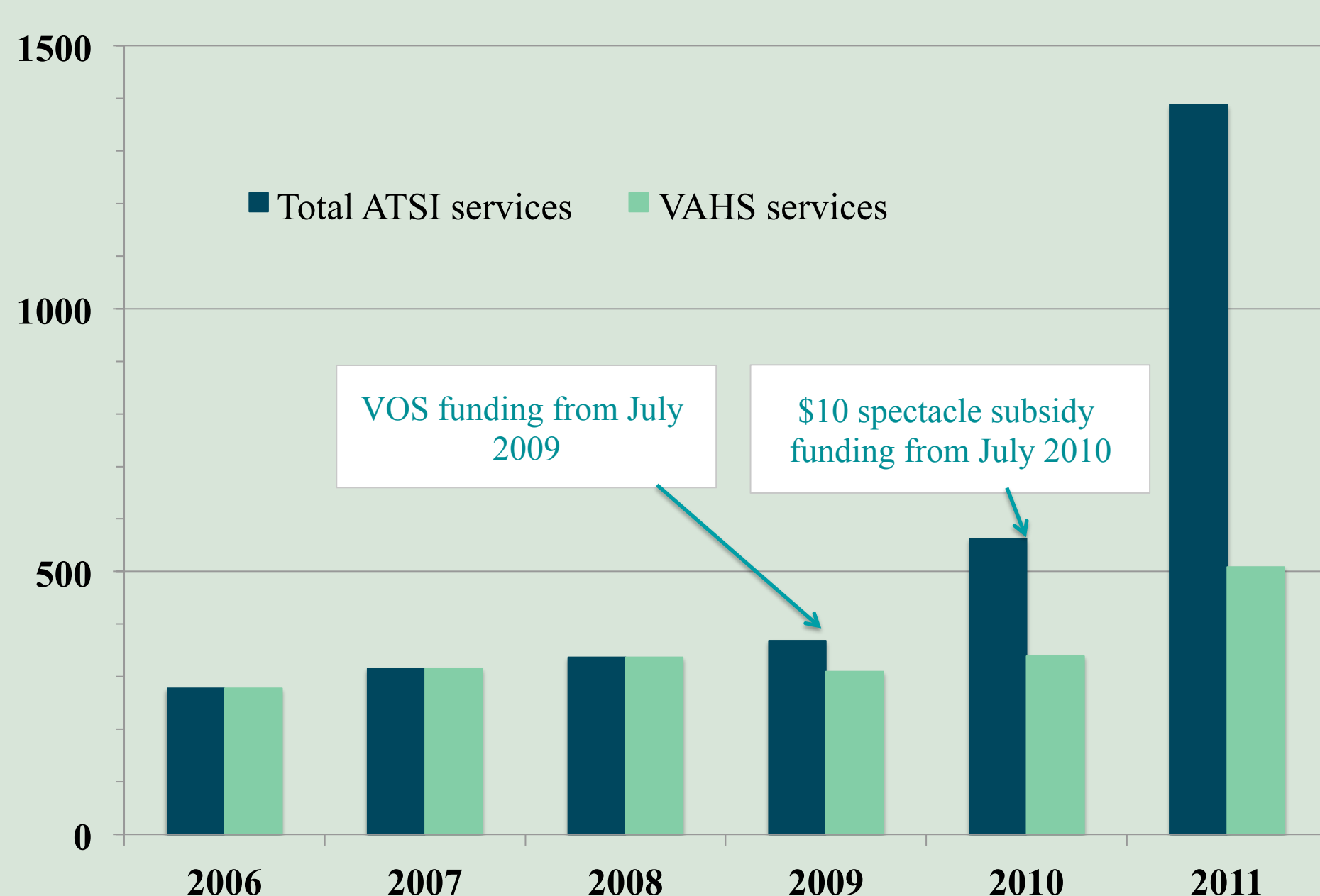


Figure 1. Number of ACO Eye Examinations 2006 – 2011

(1388 examinations provided in 2011)

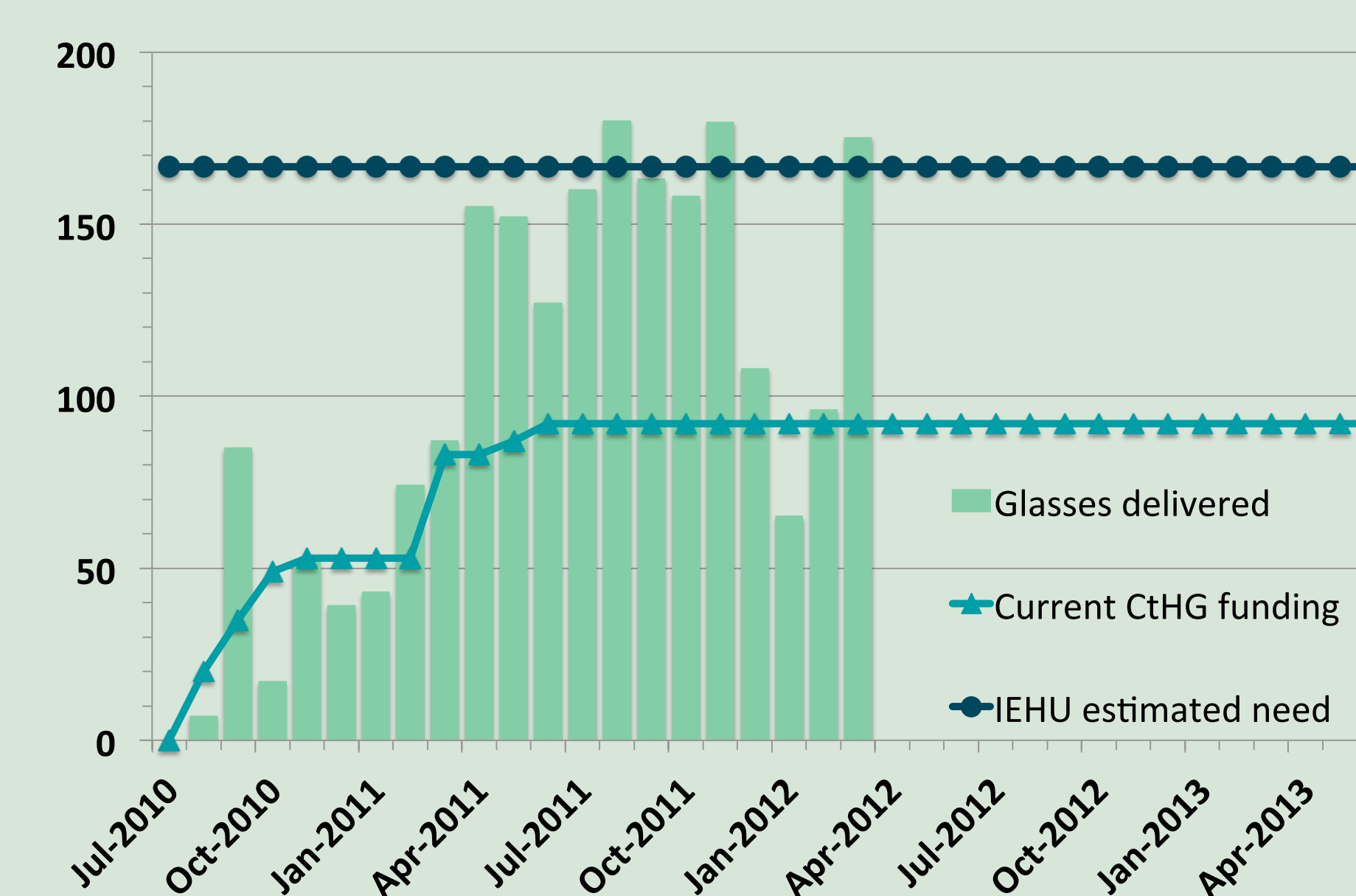
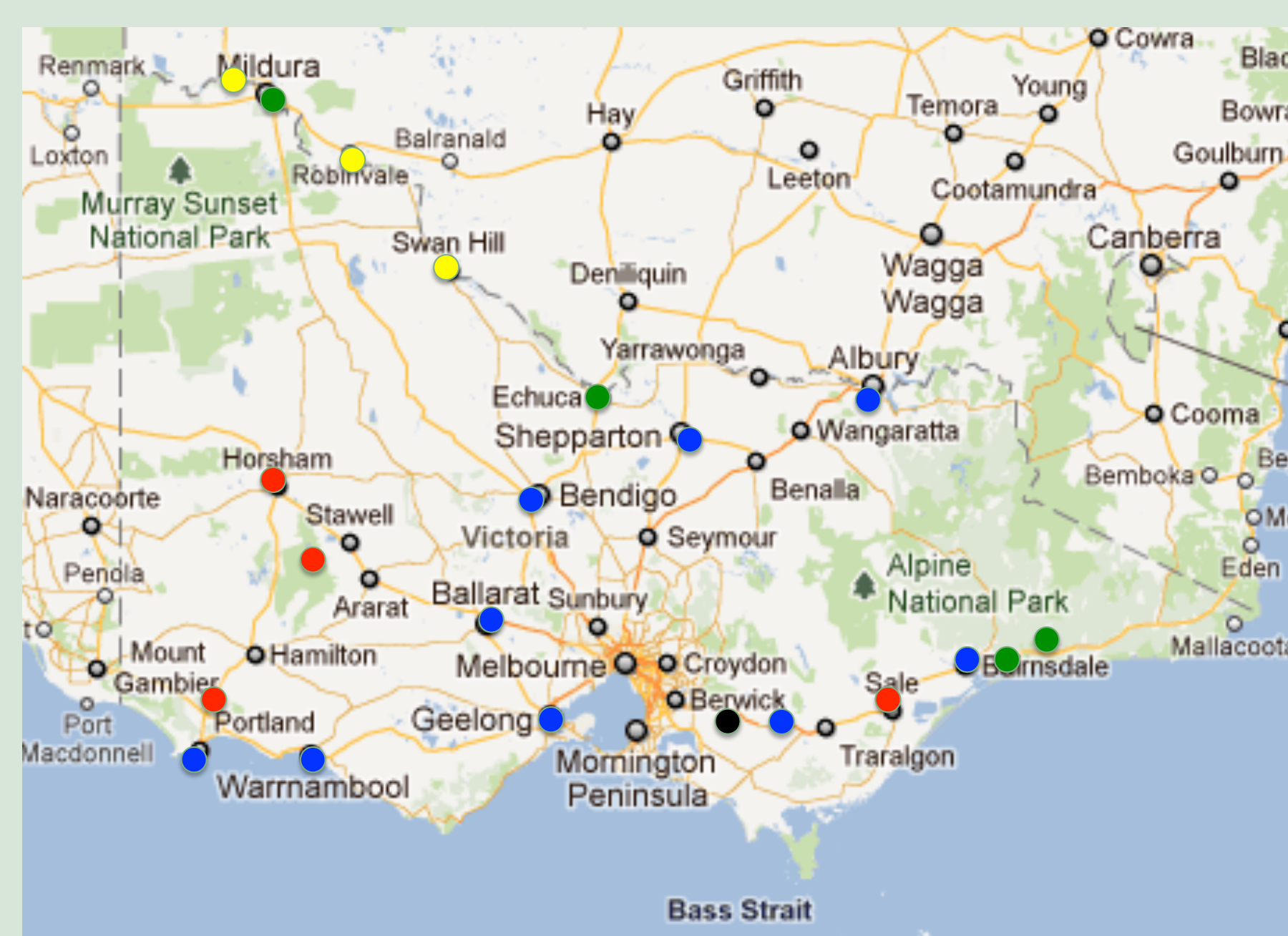


Figure 2. Number of glasses delivered, glasses funded, and expected need in Victoria 2010- 2013

(1587 glasses prescribed in 2011)

Successful strategies and future directions

Partners

The Australian College of Optometry (ACO) has focussed on developing partnerships and collaborations in building services. Our partners include:

- Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
- Department of Health Victoria and Victorian Advisory Council on Koori Health (VACKH) Eye Health committee
- Visiting Optometry Scheme (VOS) funded by Commonwealth Department of Health and Ageing (DoHA); Medicare Australia
- Royal Victorian Eye and Ear Hospital (RVEEH)
- Vision 2020 Australia
- Participating private optometrists in rural Victoria
- Optometrists Association Australia (OAA) Aboriginal and Torres Strait Islander Eye Health and Vision Care working group⁵
- Indigenous Eye Health Unit (IEHU) University of Melbourne⁶
- International Centre for Eyecare Education (ICEE)⁷
- ACCHOs: VAHS, WSIGP, MAHS, MVAC, CHAC, LTHCS, Bunurong Health Service, Moogji Aboriginal Council, Njernda, Swan Hill Aboriginal Health Service, other ACCHOs.

Clinics and community settings

Optometry services are available in ACCHOs⁸, clinical and community settings. The clinic at VAHS operates two to three days each week and there is a monthly clinic at Western Suburbs Indigenous Gathering Place and Bunurong Health Service. Monthly clinics run in partnership with local Aboriginal Health programs at ACO sites in East Preston, Frankston, Braybrook. ACO also participates in community events and family days, youth services, school and kindergarten health days to increase eye care awareness and access for groups who may not attend established health services.

Workforce development



A team of 10 optometrists work regularly with Aboriginal communities and participate in cultural competency training and mentoring. The ACCHO staff play a key role in organising optometry clinics and follow up for clients. The VACCHO Eye Health Project Officer facilitates new partnerships and other initiatives to enhance services and access.

VACKH Close the Gap Eye Health measures

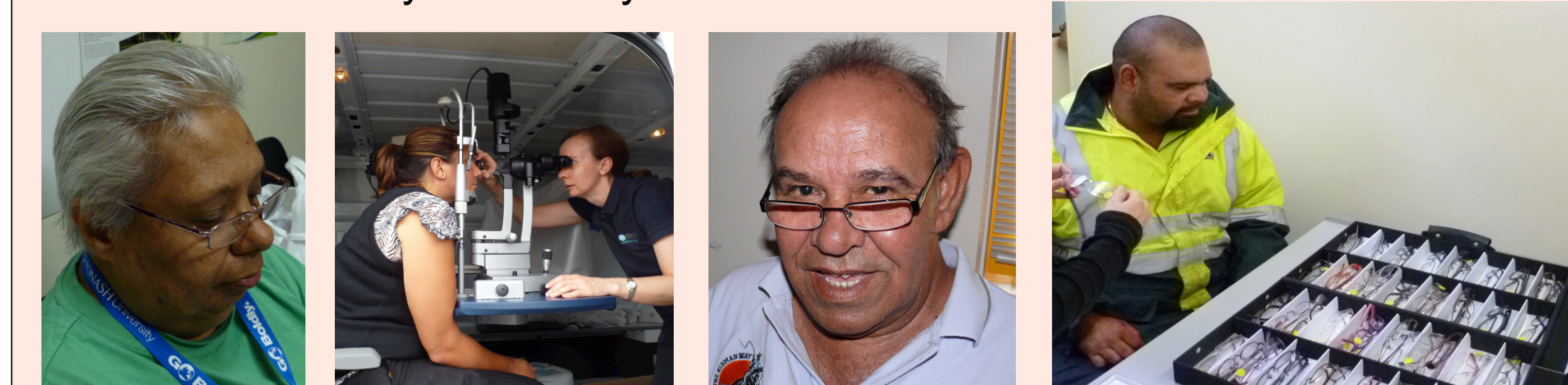
In 2010 the VACKH introduced new measures to improve access to eye care. These included a \$10 spectacle subsidy scheme administered by the ACO, the appointment of an Aboriginal Patient Pathway Co-ordinator at the RVEEH and the appointment of an Eye Health Project Officer for Victoria based at VACCHO. The ACO works with the VACKH Eye Health subcommittee that has been established to oversee these initiatives to improve eye health outcomes for the Victorian Aboriginal population. An evaluation process is underway to measure success and identify further priorities for improvement of the service to the community⁴. Figure 1 shows that 1388 eye examinations were provided by the ACO in 2011 and Figure 2 shows that 1587 glasses were prescribed under the subsidy in 2011.

Visiting Optometry Scheme

The Visiting Optometry Scheme (VOS) has facilitated an optometry service four times each year at ACCHOs in Lake Tyers and Moogji (Orbost) since 2009 and at ACCHOs in Dareton, Mildura, Robinvale, Swan Hill and Echuca since early 2011. These services are provided in partnership with local optometrists. It is planned that additional sites will be established in 2012.

\$10 Spectacle Subsidy Scheme

In 2010 a spectacle subsidy scheme was introduced making glasses available for all members of Victorian Aboriginal communities for \$10 (once every two years). These include reading, distance, bifocal or multifocal glasses in a wide range of frames endorsed by community elders.



Future Directions

- Identify gaps in services for metropolitan and rural Aboriginal communities and expand services to meet population needs
- Appoint an Aboriginal Health Liaison Officer (AHLO) to join ACO team
- Improve co-ordination of eye care services along patient pathway
- Identify and implement strategies to ensure timely attendance for surgical and laser treatment of eye diseases
- Achieve greater integration with primary health services and health workers at ACCHOs and greater integration with diabetes/chronic disease programs
- Continue to diversify service sites and settings to improve access
- Increase community and health worker education about eye care
- Enhance existing partnerships and establish new partnerships
- Increase community participation in service development and service delivery
- **Close the Gap for Vision**

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