



## Transcript

### The Vision Van: delivering eye care in the outback

---

**SAM BURROW:** Hello and welcome to the HealthInfo Podcast. Our aim is to bring useful evidence, ideas, and information to people who work in the Aboriginal and Torres Strait Islander health sector. We'd like to begin by acknowledging the Traditional Custodians of the land our offices are located on the, Whadjuk Nyoongar people, and we pay our respects to all Elders is across Australia, past, present, and future. We'd also like to thank the Fred Hollows Foundation and Lions Outback Vision for making it possible for us to bring you the first two episodes of our new podcast.

In these episodes, we catch up with Sinead Denny and Kerry Woods at their offices at Lions Outback Vision in Perth to talk about Aboriginal and Torres Strait Islander eye health. My name is Sam Burrow. I'm a Senior Research Officer at the Australian Indigenous HealthInfoNet, and I'm here with my colleague Mikayla Hollows who conducted the interviews with Sinead and Kerry. In this episode, Mikayla catches up with Kerry, but remember to also check out our previous episode with Sinead Denny, who is the Diabetic Screening Coordinator at Lions Outback Vision in Western Australia. But first here's Mikayla.

**MIKAYLA HOLLOWES:** Hi everyone. As Sam just mentioned, my name is Mikayla and I am a Nyoongar woman and Research Officer at the Australian Indigenous HealthInfoNet.

Today we will be chatting about a serious eye problem which can develop in people with diabetes. It's called diabetic retinopathy. Diabetic retinopathy, or DR, can lead to vision loss and blindness among our mob with diabetes.

To find out more about DR and how Lions Outback Vision delivers eye care for Aboriginal and Torres Strait Islander people in Western Australia, I had a yarn with Kerry Wood. Kerry helps coordinate the delivery of eye clinics to Aboriginal patients. She also liaises closely with the visiting optometry program, outreach ophthalmology services and regional health coordinators, and support Aboriginal patients accessing Perth-base eye clinics. She's often the first point of contact here for Aboriginal patients who travel to Perth from regional and remote WA. He is. Kerry's answers to my questions.

Great. So Kerry, can you tell us a little bit about yourself and what you do at LOV?

**KERRY WOODS:** Okay. Um, so I'm a little bit about myself is I'm from Tasmania, so I'm Palawa, I'm not actually Nyoongar. I'm married to a Nyoongar man and moved to Perth in 2000, and I've been working in Aboriginal health for the last 28 years maybe in Victoria and here. My role at the Lions Outback Vision team is to coordinate Aboriginal patients to get to their appointments, surgery, follow-up care throughout the State.

I just want to give a little bit of history on the Lions Outback Vision team. Rural and remote residents of Western Australia experience considerably higher hospitalisation and death rate due to diabetes than those people living in Perth. All people with diabetes are at risk of diabetic retinopathy, which can cause vision loss and blindness. Vision loss and blindness due to diabetes is nearly 100 percent preventable through regular eye examinations.

The Vision Van, during its first route of Western Australia began in March 2016, and they travelled to 16 different communities throughout Western Australia. And they now do up to 20 communities. So I began in November 2016 -- so it's just been over a year since I first started. And like I said, my role is to assist the organisation with the coordination and delivery of eye clinics to Aboriginal and Torres Strait Islander patients. I provide the support to patients by attending their appointments with them. I'm going to surgery with patients, hold their hand and make sure that they do the follow-up treatment that is required post-surgery.

MIKAYLA: Awesome. So can you tell us why is DR an important eye condition for Aboriginal and Torres Strait Islander people?

KERRY: Okay. So the impact diabetes can have on a person can be quite life changing. The disease can cause immense damage before a person realises they have it. And if the disease is left untreated, they can go blind, which of course then they lose their independence and may need a carer to help them do every day things.

MIKAYLA: Great. So how often should Aboriginal and Torres Strait Islander people with diabetes get their eyes checked?

KERRY: So depending on the stages of eye disease they may have, but generally if someone has diabetes they should get checked once a year. So when a person finds out they first have diabetes, they should get their eyes checked, so that gives the doctors and the optometrist a baseline of where their eyes are at. The eye specialist will then tell them if they need to see a person again, if they've found something. These appointments should not be missed. So they need to attend all their appointments as well, not just to do with their diabetes, but any health or medical appointments they need to attend.

If there's an optometrist in town, they can make an appointment to see them they don't have to wait for the ophthalmologist to come. It's better that they see the optometrist first so then they can get referred. Some towns may have an optometrist that visits and visits them. So, like the visiting optometry service program that goes around the State and they'll generally work out of the health service. So, they don't even have to go to an optometrist, they can wait for that visiting optometrist to come to the health service.

MIKAYLA: Awesome. So how does DR affected the individual?

KERRY: So if they have diabetic retinopathy and it's affecting their vision, then they'll rely heavily on family and friends or carers to help them do everyday things; they will miss out. But then they'll also miss out on fishing, doing cultural activities, seeing their grandkids, they won't be able to cook, they won't see their country. So it's important that they look after their vision.

Sometimes the family can't help them and then that person may get put into a facility like an aged care facility, and then they'll just be left there; be looked after by the nursing staff. So then they may or may not get to go out on trips. It just depends on that facility.

MIKAYLA: So what can families and communities do to support people with DR?

KERRY: So they need to ... it would be great if the whole community could participate in making changes to what's available to them and make changes to their diet and be more active. Maybe the health service could put something together and they have like a walking group or something where they invite everyone to come; you know, grandparents, parents, kids, students.

Attend all their medical appointments and don't miss any because they're all important.

Learn about their diabetes and the damage it can do to their body. I mean, it affects every part of their body.

And get the council involved and have a community garden, maybe, so then they can start having fresh vegetables available to them cheaply.

MIKAYLA: Right. So what diabetic eye care does the LOV van provide?

KERRY: So they provide specialist services such as laser and injections on the van, um, education and follow-up care. So the Vision van might come into town, patients will come in for their appointments, they may need injections or laser; they may just be there for follow-up and then they'll get received maybe in a month, three months, six months or 12 months time.

MIKAYLA: Great. So can you tell us about a typical LOV Van trip and the type of things that you see or experience?

KERRY: I get to see beautiful country and I get to see beautiful people, which is amazing. When we were on the van and we've set up in a town, we'll have some community members, they're not sure what the van is about, so they'll come up and have a yarn about what it is. Then they can go inside and have a look, have a tour. They don't have to have an appointment. It just takes away any barriers or people who might be feeling a bit anxious about what it's all about so they can go in and have a look. They can bring family and friends as well. And sometimes new patients, like I said, they're bit unsure. I mean I can go in there with them, take them through. They get to talk to great staff. The staff is fantastic and they describe everything that's happening to that person. They get to, you know, they can talk them through anything. Um, and just, yeah, enjoy the rest of the country.

MIKAYLA: Right. So what are the challenges associated with delivering LOV van services to tackle DR?

KERRY: I guess the remoteness of the community. So, I mean we do go out to quite a few communities, but there's still a lot of communities that we don't go out to. And there's some patients that have to travel quite a distance to come for an appointment.

People move around and that can be unaware of their appointments. So they might go from community to community, and a letter or an important text might have been sent out and they wouldn't have got it because they've moved on to somewhere else.

Depending on when we go into community, there might be something going on like a funeral or cultural business or anything that's happening there. Then we're not going to see any patients.

Um, I guess also people think that one treatment fixes everything. So for instance, if someone comes in and they have an injection that I think that's it, that's finished, that they don't need to come back anymore. Or if they have cataract surgery, they think that's fixed their diabetic retinopathy as well. Um, that's not the case. It's just that a bit more education needs to be provided.

The turnover rate of staff in health services that are out in the communities. So we try and build relationships with people when we're there. Um, so that then, you know, they know the community better than us and they can go find those people, let them know that we're coming, letting them know that they've got an appointment, but staff turnover quite a lot and we're unaware. So we think everything's fine, but an actual case it's not. And we miss people.

The recall list we provide is often different to who has an appointment. So we send a recall list to the Aboriginal Medical Service or the health service, depending on where we're going. And our list is patients we need to see, like they either need injections, laser or follow up from surgery. And often people will come that haven't gotten a ... aren't on our list, but they're on the health service list. So we're missing the patients that we need to see. But then we're seeing new patients and they're getting screened, which is fine, but we still need to find those other patients.

MIKAYLA: So what can primary healthcare providers or other service providers do to support the delivery of services for DR?

KERRY: It would be really great -- and this is one of my big wish list -- if each health service could have a dedicated diabetic retinopathy or diabetic person who covers like the eye screening, so they'd do the photos, that would give us a one point contact for us if we're trying to find someone, we can provide them with lots of education and resources and then they can pass it on into the communities as well. That would be fantastic.

Um, and guess be involved in the community so they know what's going on. So that'd be for us and for them. So if they know there's events or something coming up in the community, we could get invited to come up, promote what we do, provide resources and just talk to people.

[Music]

MIKAYLA: Thank you Kerry for joining us. It was awesome to learn about the Vision Van and delivering eye care to rural and remote communities in Western Australia.

To everyone out there listening, don't forget to check out our first episode with Sinead Denny, who is a Diabetic Screening Coordinator for Lions Outback Vision. Sinead tells us about diabetic retinopathy and the impact it has on our mob with diabetes.

SAM: Thanks Mikayla. And if you're after more information about diabetic retinopathy or other aspects of eye health, why not visit [our eye health portal](#)? It's an online collection of heaps of information and resources about Aboriginal and Torres Strait Island eye health, which you can find at [www.eyehealth.org.au](http://www.eyehealth.org.au). There you'll find featured knowledge exchange products that include a series of multimedia resources about diabetic retinopathy that were co-designed and developed by the HealthInfoNet and the Fred Hollows Foundation. There is a key fact sheet, an infographic, a short animated video, a PowerPoint presentation, and a webinar. These resources have been designed to help healthcare providers who are tackling diabetic retinopathy in Aboriginal and Torres Strait islander health services.

Thanks again to the Fred Hollows Foundation and Lions Outback Vision for the great collaboration. And thanks to all of you for listening. Until next time.