

Improving outcomes for Aboriginal and Torres Strait Islander eye health and vision care

A proposal based on the outcomes from the regional eye health
coordination workshop held in Adelaide 17-18 May 2010

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Contents

•		
	Abbreviations	1
1	Executive Summary	2
	1.1 Purpose	2
	1.2 Way forward	2
2	Context	3
	2.1 Policy context	3
	2.2 Why Aboriginal and Torres Strait Islander eye health is important	4
	2.3 Aboriginal and Torres Strait Islander Committee	5
	2.4 Eye health and vision care focus in the sector	5
3	Regional eye health coordination workshop	10
	3.1 Background	10
	3.2 Format	10
	3.3 Outcomes	10
4	Current Situation	12
	4.1 Regional eye health coordinator role	12
	4.2 Aboriginal Medical Service planning	12
5	Way Forward	14
	5.1 Action 1 - Patient care pathways	14
	5.2 Action 2 - Coordination, structure, training and support	14
	5.3 Action 3 - Information management and reporting	16
	5.4 Action 4 - Coordination and education at a national level	16
6	Conclusion	18
7	Contacts	19
	Contact details	19
8	Appendix 1	20
	8.1 Vision 2020 Australia Aboriginal and Torres Strait Islander Committee	20

Abbreviations

ACCHO	Aboriginal Community Controlled Health Organisation
ACCHS	Aboriginal Community Controlled Health Service
ACO	Australian College of Optometry
AHCSA	Aboriginal Health Council of South Australia
AHMRC	Aboriginal Health and Medical Research Council of NSW
AHW	Aboriginal Health Worker
AMS(s)	Aboriginal Medical Service(s)
CHC	Community Health Centre
COAG	Council of Australian Governments
CPD	Continuing Professional Development
DoHA	Department of Health and Ageing
ICEE	International Centre for Eyecare Education
IT	Information and Technology
MSOAP	Medical Specialists Outreach Assistance Program
NACCHO	National Aboriginal Community Controlled Health Organisation
NEHI	National Eye Health Initiative
OAA	Optometrists Association Australia
OATSIH	Office for Aboriginal and Torres Strait Islander Health
RAHC	Remote Area Health Corps
REHC(s)	Regional eye health coordinator(s)
RVEEH	Royal Victorian Eye and Ear Hospital
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VACKH	Victorian Advisory Council on Koori Health
VAHS	Victorian Aboriginal Health Service
VES	Victorian Eyecare Service
VOS	Visiting Optometry Scheme
WA	Western Australia

1 Executive Summary

1.1 Purpose

This proposal outlines a way forward to improve outcomes in Aboriginal and Torres Strait Islander eye health and vision care following the Regional Eye Health Coordination Workshop, organised by Vision 2020 Australia and funded by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) in Adelaide on 17-18 May 2010.

1.2 Way forward

Vision 2020 Australia, as the national peak body for the eye health and vision care sector, has identified the following four actions:

- Action 1 - Patient care pathways
- Action 2 - Coordination, structure, training and support
- Action 3 - Information management and reporting
- Action 4 - Coordination and education at a national level

Some actions can be followed through immediately, while others will need further consultation with the sector before they are progressed.

Vision 2020 Australia and its members look forward to working with OATSIH to progress this vitally important issue for Aboriginal and Torres Strait Islander eye health and vision care in the countdown to 2020.

2 Context

2.1 Policy context

There has been significant policy development nationally and internationally aimed at closing the gap between Aboriginal and Torres Strait Islander and non Aboriginal eye health and vision care.

2.1.1 Nationally

In 2005, the Australian Health Ministers' Conference endorsed the *National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss* (National Framework). The National Framework is a blueprint for nationally coordinated action on eye health and vision care.

While Aboriginal and Torres Strait Islander communities are not specifically identified in the National Framework, the following action areas are relevant for the coordination of Aboriginal and Torres Strait Islander eye health and vision care:

- Key Action Area Three - *Improving access to eye health and vision care services* which seeks to ensure that all Australians have equitable access to eye health and vision care services when required
- Key Action Area Four - *Improving the systems and quality of care* which seeks to ensure that eye health and vision care is safe, affordable, well coordinated, consumer focused and consistent with internationally recognised good practice

In the same year, the Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma, called for Australian governments to commit to achieving Aboriginal and Torres Strait Islander health and life expectancy equality within 25 years in his *Social Justice Report of 2005*.

From this report, the *Close the Gap* campaign was born, which calls on Federal, State and Territory Governments to commit to closing the life expectancy gap between Aboriginal and Torres Strait Islander and non Aboriginal Australians within a generation. The campaign is supported by more than 40 Aboriginal and Torres Strait Islander and non Aboriginal organisations. Seventy-five thousand Australians have already pledged their support to *Close the Gap*. In 2008, the Council of Australian Governments (COAG) endorsed the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*.

In July 2009 the Australian Government announced a funding commitment of \$58.3 million through the *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes* initiative to close the gap between Indigenous and non Indigenous eye and ear health, with a particular focus on the elimination of trachoma.

Also relevant is the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013* (Strategic Framework) which replaced the *National Aboriginal Health Strategy* of 1989. The overarching goal of the Strategic Framework is to 'ensure that Aboriginal and Torres Strait Islander people enjoy a healthy life equal to that of the general population that is enriched by a strong living culture, dignity and justice'.¹

It sets out nine key result areas for action across three groupings. These include:

¹ Commonwealth of Australia, 2007 *National Strategic Framework for Aboriginal and Torres Strait Islander Health, 2003-2013*.

- towards a more effective and responsive health system
- influencing the health impacts of the non-health sector
- providing the health infrastructure to improve the health status.

2.1.2 Internationally

In 2009 the Australian Government endorsed the World Health Assembly *Action Plan for the Prevention of Avoidable Blindness and Visual Impairment* (WHA Action Plan). Professor John Horvath who led the Australian delegation and spoke in favour of the WHA Action Plan noted 'while we are proud of our achievements in implementing our own National Eye Health Initiative, more needs to be done for Indigenous Australians'.²

The WHA Action Plan sets out five objectives

- **strengthen advocacy** to increase Member States' political, financial, and technical commitment in order to eliminate avoidable blindness and visual impairment
- **develop and strengthen** national policies, plans and programmes for eye health and prevention of blindness and visual impairment
- **increase and expand** research for the prevention of blindness and visual impairment
- **improve coordination** between partnerships and stakeholders at national and international levels for the prevention of blindness and visual impairment
- **monitor progress** in elimination of avoidable blindness at national, regional and global levels.³

Objective two tasks Member States with 'incorporating prevention of blindness and visual impairment in poverty-reduction strategies and relevant socioeconomic policies.'

It was also noted in the *Report of the Australian Parliamentary Committee Delegation to Papua New Guinea and the Solomon Islands* by the House of Representatives' Standing Committee on Health and Ageing that the eye health of Indigenous Australians is far worse than in the non-Indigenous population, and that eye problems are the most commonly reported health problem in Indigenous communities.

2.2 Why Aboriginal and Torres Strait Islander eye health is important

While a good policy foundation has been laid, recent research⁴ indicates that there is still a significant gap between Aboriginal and Torres Strait Islander and non-Aboriginal eye health and vision care and much more needs to be done to address this staggering inequality.

In some parts of Australia the blindness rates in Aboriginal and Torres Strait Islander communities are 6.2 times the rate in mainstream communities. The leading causes of blindness and impaired vision are cataract, diabetic retinopathy, refractive error and trachoma.

Presbyopia (the need for reading glasses with increasing age) is the most common refractive error experienced by Aboriginal people. In many parts of Australia, access to spectacles can be difficult and cost prohibitive. Eye care programs for Aboriginal people in remote Australia are overstretched and waiting lists are long.

² Professor Horvath, J., 2009, speaking at the World Health Assembly

³ World Health Organisation, *WHA Action Plan for the Prevention of Avoidable Blindness and Visual Impairment, 2009*

⁴ Taylor, Prof HR, *National Indigenous Eye Health Survey*, September 2009

4 Improving outcomes for Aboriginal and Torres Strait Islander eye health and vision care — A proposal based on the outcomes from the regional eye health coordination workshop held in Adelaide 17-18 May 2010

- 3.1 per cent of Aboriginal and Torres Strait Islander adults suffer vision loss from cataract
- In some parts of Australia blinding cataract is 12 times more common in Aboriginal and Torres Strait Islander adults
- 65 per cent of those needing cataract surgery have been operated on
- Regular cataract surgery services with adequate capacity are required
- Overall, 94 per cent of vision loss is preventable or treatable, but 35 per cent of Aboriginal adults have never had an eye exam

There are also a range of barriers to accessing eye health and vision care services for Aboriginal and Torres Strait Islander people including⁵:

- limited service availability
- workforce distribution
- remote nature of many communities
- access to cataract surgery and eye examinations
- affordability
- cultural insensitivity
- access to transport
- public awareness
- eye health literacy in the community
- perceived cost of spectacles
- perceived cost of cataract surgery

2.3 Aboriginal and Torres Strait Islander Committee

Vision 2020 Australia has been involved in Aboriginal and Torres Strait Islander eye health and vision care advocacy since 2005, through its Aboriginal and Torres Strait Islander Committee.

The purpose of the Committee is to provide a forum to facilitate collaboration among member organisations (see Appendix 1) and advocate to relevant government and non-government agencies for improved access to eye health and vision care services for Aboriginal and Torres Strait Islander communities.

Through collaboration, improvements in service delivery and culturally appropriate awareness raising initiatives are identified and advanced.

2.4 Eye health and vision care focus in the sector

Vision 2020 Australia members deliver a broad range of services to Aboriginal and Torres Strait Islander communities across the country. There are a number of service models that have been developed over many years which have been adapted to meet local requirements. Projects with particular relevance to regional eye health coordination include:

⁵ Siggins Miller

5 Improving outcomes for Aboriginal and Torres Strait Islander eye health and vision care — A proposal based on the outcomes from the regional eye health coordination workshop held in Adelaide 17-18 May 2010

Northern Territory

The Fred Hollows Foundation

The Fred Hollows Foundation, in collaboration with a number of organisations, has developed an eye health service delivery model that looks at improving the co-ordination and quality of eye health and vision care services for the Top End. This was funded through a second round National Eye Health Initiative (NEHI) demonstration grant.

Since 2007 The Fred Hollows Foundation has coordinated nine intensive eye surgery weeks in Central Australia in partnership with the Australian Government, the Northern Territory Government, Central Australian Aboriginal Congress, Anyinginyi Health Aboriginal Corporation and The Eye Foundation.

Aimed at alleviating the problem of long waiting lists for surgery, the two eye surgery weeks (blitz) held in 2009 resulted in 103 operations being performed, bringing the total number of eye procedures undertaken to 467 since the program commenced in 2007. These weeks demonstrate the level of collaboration necessary to facilitate patient access to surgery in reliable numbers.

The Central Australian Aboriginal Medical Service works with local ophthalmologists and optometrists to coordinate outreach clinics within the Alice Springs and Barkly area. The VOS supported and International Centre for Eyecare and Education (ICEE) optometrists provide access to widespread primary eye services. The local ophthalmologist works with local communities to provide regular eye specialist consultations and follow up ophthalmic work. Local optometrists are asked to assist when necessary if follow ups are required in remote communities following the blitz.

In Central Australia there has been on going data collection since 2002 which is vital for service effectiveness.

The International Centre for Eyecare and Education

ICEE regularly operates eye clinics staffed by optometrists and regional eye health coordinators at 46 locations throughout the Northern Territory. ICEE also provides educational programs for eye health coordinators and other Aboriginal eye health workers. Presently ICEE employs two full time optometrists who work out of Darwin. Volunteer optometrists from other states work with these optometrists when conducting eye clinics at remote Northern Territory locations.

South Australia

The Aboriginal Health Council of South Australia (AHCSA) coordinates outreach clinics for up to ten AMSs in South Australia. Clinics include eye examinations, screening, and prescription of spectacles, low vision services and a range of other services. Referrals are provided to other services including major hospitals in South Australia and Alice Springs, low vision services and other support services. AHCSA is also a registered training organisation.

Queensland

Optometrists Association Australia

A Queensland optometrist coordinates outreach clinics for far north Queensland. He organises regular trips with ophthalmologists to provide eye health and vision care services to communities in far north Queensland, working with an eye health coordinator from Cairns and Mt Isa to help with the coordination.

Queensland Aboriginal and Islander Community Health Service

The Aboriginal eye health coordinator in Brisbane coordinates eye clinics around Queensland including Stradbroke Island and surrounding metropolitan areas. She works with local optometrists and ophthalmologists to deliver outreach clinics. Patients are also referred to local Brisbane hospital for services within the metropolitan area. Referrals also made to local low vision service providers for low vision services.

Victoria

Australian College of Optometry

The Australian College of Optometry (ACO) has been providing five optometry sessions each fortnight at the Victorian Aboriginal Health Service (VAHS) since 1997. This is coordinated directly with VAHS and was established with the assistance from the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) Eye Health Coordinators in Victoria in the late 1990s (these positions were later discontinued).

The eye clinics provide eye care and vision correction including the provision of spectacles and other optical aids and eye health education for patients and for Aboriginal Health Workers as required. Low cost spectacles are provided under the Victorian Eye Care Service (VES) funded by the Victorian Department of Health. The ACO also provides a monthly visiting optometry service to two Aboriginal health services in Maribyrnong and Dandenong on a monthly basis and regularly services Rainbow Place St Kilda and Billabong BBQ Collingwood. A visiting service to East Gippsland (Lake Tyers and Orbost) commenced in 2010. Most of these services are established as collaboration between the ACO and the individual local Aboriginal services.

Department of Health Victoria

Vision 2020 Australia has been working with the Department of Health Victoria, Aboriginal Health Branch by participating on the Victorian Aboriginal Eye Health Sub-Committee under the auspice of the Victorian Advisory Council on Koori Health (VACKH). The committee has been established to oversee the development of a Victorian implementation plan that addresses Aboriginal and Torres Strait Islander eye health issues, consistent with the Close the Health Gap agenda; provide expert, technical and policy advice and recommendations to the VACKH and work with the department or funded groups to ensure that a rigorous evaluation framework is developed. It is expected that the committee will be time limited and dissolved when the implementation plan is endorsed by the VACKH.

Mildura Aboriginal Health Service

The regional eye health coordinator organises eye clinics at the Mildura Aboriginal Health Service and outreach clinics to Robinvale, Swan Hill, Kerang, Bendigo, Echuca and Coomealla. A partnership has been set up with a local optometrist to provide some of the testing at the AMS. Patients are also encouraged to attend the optometrists' practice for eye tests.

Rumbalara Aboriginal Health Service, Shepparton

This health service has a visiting optometrist who travels to the AMS each month. The optometrist, from a private practice in Shepparton, has been providing this service to the Shepparton community for the past five to eight years. Surrounding towns including Maroopna, Tatura and Ardmona are also serviced. Any issues that arise prior to the scheduled eye clinics are referred to the private practice in Shepparton by the Aboriginal Health Worker.

Victorian Aboriginal Community Controlled Health Organisation

In 2009 Vision 2020 Australia worked with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to develop the content and resources to pilot the delivery of *HLTAHW417A Provide information and strategies in eye health* offered through Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care.

The eye health module pilot was held from Monday 25 May to Friday 29 May 2009 at the Royal Victorian Eye and Ear Hospital (RVEEH) in Melbourne. Six participants, including four Aboriginal Health Workers and two Eye Health Coordinators from Victoria, completed the pilot.

The course was developed in partnership with Vision 2020 Australia members including ACO, RVEEH, RANZCO and OAA.

Warrnambool

The Gunditjmara Aboriginal Health Service recently had an eye health worker to provide a service in Western Victoria; however, the position is now vacant. The service is expected to fill the position but at this time it is not known when this will happen.

New South Wales

ICEE has been working in collaboration with the Aboriginal Health and Medical Research Council of NSW (AHMRC), Aboriginal Community Controlled Health Services (ACCHS), eye health coordinators, VisionCare NSW, the NSW Department of Community Services and the Department of Health and Ageing, Office for Aboriginal and Torres Strait Islander Health (OATSIH) to conduct eye clinics within Aboriginal community controlled health facilities since 1999.

During this time, services have been established in over 100 communities in New South Wales, providing eye examinations by optometrists and spectacles, contact lenses and low vision aids are provided generally at no cost. Educational programs for Aboriginal eye health coordinators and other Aboriginal health workers funded by the Department of Health and Ageing and ICEE are conducted regularly.

There are seven regional eye health coordinators in New South Wales. The eye health coordinators play a pivotal role in the organisation of eye clinics for the ICEE optometrists. Five operate from Aboriginal Medical Services which have well equipped eye clinics. Most have portable equipment which they take when visiting remote locations and ICEE optometrists provide their own equipment.

The ICEE optometrists, regional eye health coordinators and other Aboriginal Medical Service staff arrange appointments with ophthalmologists visiting hospitals and community health centres in their area.

ICEE has provided support and training to the regional eye health coordinators on a regular basis since 1999 to assist them with the fulfilment of their role. The courses are now accredited through the Aboriginal Health College's *Eye Health Skills Set*, a Certificate IV module for Aboriginal Health Worker studies. The courses have been very popular and there has been growing demand for them across Australia.

Western Australia

The Pilbara region

The Pilbara region is currently well managed by a private optometrist and ophthalmologist. There is limited funding for the work of the optometrist through the Western Australian government and the VOS scheme. There is little or no administrative involvement by the AMS or the regional state health authority and administrative costs are absorbed through the ophthalmologist private practice.

A more sustainable model is needed in this region to fill gaps and ensure the program can continue to run into the future. A regional eye health coordinator is needed to guarantee continuity and develop a broader range of service providers as demand outstrips the current workforce capacity.

The Kimberly region

There is no regional eye health coordination in the Kimberley. Over the last 30 years the service provided to communities has been disjointed and ad hoc with a large number of different providers visiting the region. Dedicated funding, quarantined for eye health, is urgently needed to employ a regional eye health coordinator to liaise with the AMS, Kimberley regional health department and service providers or support the work of the private optometrist.

3 Regional eye health coordination workshop

3.1 Background

In late 2008 it became clear that regional eye health coordination needed to be reviewed as the needs of Aboriginal and Torres Strait Islander communities were not always adequately being met. Following discussions with OATSIH it was agreed that the Vision 2020 Australia Aboriginal and Torres Strait Islander Committee would look into this issue.

The objective of the project was to scope the current and emerging issues facing regional eye health coordinators; identify existing successful eye health service delivery models; and recommend a way forward to OATSIH.

A report was presented to the September 2009 Aboriginal and Torres Strait Islander Committee meeting and it was agreed that a workshop would be held to bring members and regional eye health coordinators together to discuss the issues. Through subsequent discussions with OATSIH it was agreed that the workshop would be expanded, a scoping report commissioned by OATSIH and funding provided through the recently announced *Eye and Ear Health Measure* to develop strategies for improving regional eye health coordination and service delivery within Aboriginal and Torres Strait Islander communities.

3.2 Format

The regional eye health coordination workshop was held in Adelaide 17-18 May 2010 bringing together 59 people including 17 regional eye health coordinators (REHCs).

The workshop was facilitated by Jane Fenton from Fenton Communications.

Day 1 focussed on two themes:

- defining the core function of the regional eye health coordinator role
- 'clinical' versus 'non-clinical' definition and responsibilities

Day 2 included discussion on the following themes:

- identifying regional eye health coordinator training needs
- state coordination - need, role and responsibilities
- identifying key enablers for the sustainability of the regional eye health coordinator role

Through the facilitated sessions on the above themes a number of 'quick win' and longer term opportunities for improving eye health for Aboriginal and Torres Strait Islander people were identified as outlined in the following points.

3.3 Outcomes

3.3.1 'Quick wins'

Participants were asked throughout the workshop to identify potential 'quick wins' that could be implemented within a relatively short timeframe. They include:

- supply REHCs with relevant equipment by undertaking an audit of existing equipment and needs, including the development and supply of a toolkit and provision of eye charts and other health promotion tools
- provide basic training as required, for example 4WD driver training, first aid as well as

general skills training in negotiation, management and communication etc

- develop an ongoing network for collaboration and information sharing including an annual conference, e-newsletter, information on website
- develop a suite of successful case studies to raise the profile of the role of REHCs through local and regional media
- professional bodies to develop sustainable communication pathways for REHCs to liaise with eye health practitioners
- develop a cultural safety training program for local and visiting eye health and vision care practitioners or utilise existing materials such as those developed by the Remote Area Health Corps (RAHC) cultural training and clinical orientation resources
- engage local students through the work experience program to work along side REHCs

3.3.2 Longer term opportunities

The system within which the REHCs works is complex and changing one part of the system can affect other areas as outlined in the capacity mapping framework in the Siggins Miller report. The following points identify longer term opportunities for the role and the sector:

- detailed position descriptions at a range of levels (for example, REHC administrator, REHC level 1, level 2) - outlining key skills and qualifications as well as setting appropriate pay scales. Also develop annual training and succession planning program for REHCs at various levels
- implement state coordinators in each state/territory, where required, including developing position descriptions and determining reporting lines (thought also to be given to a national coordinator role) once the role of the REHC has been clearly defined
- develop effective patient care pathways from initial identification of the eye related condition through to post care from the community to tertiary level and identify who is responsible for this role(s)
- define the relationship between Aboriginal and Torres Strait Islander peak bodies and the AMSs in the delivery of eye health and vision care services, including awareness raising
- identify gaps in the system (ie no REHCs in the Pilbara or Kimberly regions in WA) and resource effectively
- explore opportunity for REHCs to be a sub set of Aboriginal Health Worker registration and professional body, including obtaining ongoing formal and informal CPD points
- resolve IT issues particularly with regard to patient records to create a holistic system for eye health information management which works at a local level and also provides aggregated statistics at regional, state and commonwealth levels with appropriate patient consent if identified individually
- where necessary improve coordination between VOS and MSOAP to coordinate visits to communities to maximise outcomes for Aboriginal and Torres Strait Islander people.

4 Current Situation

4.1 Regional eye health coordinator role⁶

REHCs are mostly employed directly by Aboriginal Medical Services (AMSs). While there are many variations in the exact role of REHCs in Australia, the role is primarily focused on facilitating the patient journey and access to community and hospital based interventions including eye health and vision care screening of Aboriginal preschool and school aged children; organising eye clinics for visiting optometrists and where necessary arranging ophthalmological care.

The role varies enormously from location to location and in some areas of the country (for example, Pilbara and Kimberly in Western Australia) does not exist. There are currently 27 REHC positions filled across the country with three roles unfilled⁷.

In the past, funding for the REHC position was provided separately as Specific Project Funding. Now the roles are funded as part of the Comprehensive Primary Health Care program of funding through OATSIH to identified AMSs.

The Comprehensive Primary Health Care program model outlines two components - clinical service delivery and population health activities.

In funding agreements between OATSIH and AMSs the stated aim of the Eye Health Program is to improve the eye health status of Aboriginal and Torres Strait Islander people through the delivery of holistic, culturally appropriate eye health and vision care services to the Aboriginal and Torres Strait Islander communities which the funded organisation services. The purpose of the funding is to address the need for better integration of eye health and vision care into existing primary health care activities, in particular the early detection and management of diabetes and ongoing monitoring. In some states and territories the role of the REHC within the eye health program is not clearly specified.

In terms of reporting, there is limited information provided on eye health and vision care with only one item about eye health screening and facilitation of access to specialist support services, including optometrist provided eye examinations and ophthalmologist provided eye services, included in the funding reports from AMSs to the Australian Government.

4.2 Aboriginal Medical Service planning

While planning at the AMS level is partly directed by National Policy Frameworks and funding agreements with OATSIH and other funders, such as state/territory governments, it is primarily community driven.

Regional planning is undertaken and each AMS develops an annual Action Plan. The plans vary in detail, but may include priority goals in targeted communities and conditions; eye health care activities, links, performance measures, data and timelines, training and professional development for eye care staff, governance and resources.

In NSW agreements have also been signed between the NSW peak body for Aboriginal and Torres Strait Islander health, the Aboriginal Health and Medical Research Council of NSW

⁶ Siggins Miller, *An options paper on the current and future role of the Regional Eye Health Coordinator*, April 2010

⁷ Siggins Miller, *An options paper on the current and future role of the Regional Eye Health Coordinator*, April 2010

(AHMRC) and each AMS regarding the delivery of eye care services. In other states and territories the peak body plays less of a role.

5 Way Forward

A range of actions have been identified following the workshop.

Some actions can be followed through immediately, while others will need further consultation with the sector before they are progressed.

As outlined in the Siggins Miller report, the REHC role is part of a larger program of investment and effort to address eye health in rural and remote regions. A range of other stakeholders are involved including AMSs, government, non government organisations and the private health sector. Changes to one part of the system can impact on other areas as outlined in the capacity mapping framework by Siggins Miller.

5.1 Action 1 - Patient care pathways

Effective patient care pathways are vital across the continuum of care from undertaking prevention activities to treatment, follow up and the provision of low vision services.

It is suggested that a framework is created similar to the National Service Improvement Framework developed for the national health priorities of asthma, cancer, diabetes, heart, stroke and vascular disease, which sit under the National Chronic Disease Strategy.

This framework model is recommended as 'each framework is structured to reflect the phases of the patient journey' and while they do not contain implementation strategies, they provide a range of critical intervention points based on a continuum of care and identify national priority actions for change.

This approach would also help to clarify the roles of the various parties involved in the provision of eye health and vision care services to Aboriginal and Torres Strait Islander communities, including the Aboriginal and Torres Strait Islander peak bodies, AMSs, visiting health care professionals, local hospitals, non-governmental organisations and a range of other stakeholders.

It would also help to identify gaps in services, for example, the lack of funding for a REHC role in the Pilbara and Kimberly regions in Western Australia.

A framework could also explore the applicability of arrangements such as those set up in NSW, where Memorandums of Understanding exist between the peak body and the AMSs on the delivery of eye health and vision care services and with eye care service providers.

The framework would also help to inform and refine the proposed structure outlined in Action 2.

5.2 Action 2 - Coordination, structure, training and support

It became clear at the workshop that flexibility is required in the REHC role as the functions and skills required vary depending on the location, the needs of the community and the other eye health and vision care services available. It was also agreed that state level coordination is required in many states except NSW where coordination is already undertaken by the AHMRC.

To address this, it is suggested that a new REHC structure is developed and informed by the outcomes of Action 1 - Patient Care Pathways.

This could include:

- three levels of REHC to cover skills from high level clinical to administrator roles. Detailed position descriptions, with specified training requirements and pay scales need to be developed accordingly.
- state coordinator roles in each state/territory where required located in the Aboriginal Community Controlled Health Organisation (ACCHO) with dedicated and quarantined funding for the role, with additional funding for program activities. These roles would perform a range of overarching tasks that complement the work of the REHC (see summary report from workshop). Importantly, they would work closely with the VOS and MSOAP programs in each state and territory.
 - in NSW it is envisaged that the current coordination roles are linked in with the new state roles and over time work to the same job description and that the person employed in the role of state coordinator of REHCs would be employed by the Aboriginal Health and Medical Research Council of NSW
 - in WA further consideration needs to be given to how this model could work given the size of the state

Informants to the Siggins Miller report outlined that state coordination has been successful in the areas of Sexual Health/Blood Borne Virus and Bringing them Home. These models could be reviewed and may be usefully applied to regional eye health coordination. It is understood that these roles are based in ACCHOs and have committed funding outside the Comprehensive Primary Health Care funding model.

The table below outlines the proposed roles and location at each level of coordination.

Table 1: Regional eye health coordination

Role	Location
State Coordinator	Aboriginal Community Controlled Health Organisation
Regional eye health coordinator <ul style="list-style-type: none"> • Level 2 (Clinical) • Level 1 (Clinical) • Administrator (high level skills) 	Aboriginal Medical Service or main eye service

To implement this approach the following needs to be developed:

- detailed position descriptions at each level outlining key skills and qualifications (including contextualising for urban, rural and remote settings)
- pay scales for the various roles, commensurate with the skills and responsibilities of each role
- succession plan for each level of REHCs
- annual funded training program including basic training such as 4WD driver training, first aid as well as general skills training in information technology, negotiation, management and communication, and information on how to provide cultural safety training for visiting teams

- network for collaboration and information sharing including an e-newsletter, annual conference and information on dedicated website
- REHC toolkit, including required equipment (which may require an audit of existing equipment in some states and regions, if not already completed)

Further, the position of a REHC is not recognised as a profession. As a small group, it is recommended that registration and links with a professional body be explored in consultation with the relevant bodies. Opportunities may exist for REHCs to be considered a subset of the Aboriginal Health Workers registration (although not all REHCs are AHWs). This could include obtaining ongoing formal and informal continuing education points. Ongoing support for the REHC role is critical for retention and being part of a profession and professional body would provide further opportunities for training, networking and career advancement, as well as ensuring provision of an appropriate service to Aboriginal and Torres Strait Islander people.

5.3 Action 3 - Information management and reporting

A range of information management and information technology issues exist particularly regarding maintenance and access to complete patient records. These issues need to be resolved with particular focus on new technology options in rural and remote settings to enhance and streamline collection of patient information and data. Additionally, there is a need to focus on appropriate training for REHCs in IT management skills.

Improved information and systems would also assist in the collation of de-identified data at regional, state/territory and national levels to provide much needed information.

The \$4 million of funding recently announced to allow a number of Aboriginal Health bodies to improve and upgrade their Information Technology capability is welcomed along with the Australian Government's \$466.7 million investment in a national eHealth records system, which has the potential to assist in the delivery of healthcare in Australia over the next two years. Applying this funding to de-identified patient information and data collection in rural and remote communities will be of particular importance.

A major gap in the collection of epidemiological data exists in Aboriginal and Torres Strait Islander communities, which is currently being filled by the work of the team at the University of Melbourne and other non government organisations. While this work provides an overview of the prevalence of vision loss in Aboriginal and Torres Strait Islander communities in some parts of Australia, appropriate information needs to be incorporated in ongoing surveys, such as the 2011 Australian Health Survey.

5.4 Action 4 - Coordination and education at a national level

It is important that coordination and education about eye health and vision care issues are streamlined at a national level.

5.4.1 Coordination

Currently, the eye and ear section of OATSIH appears to be working in isolation from other parts of the Office, as well as with the broader Department of Health and Ageing and other key Government initiatives. Greater synergies between relevant areas could provide improved outcomes for Aboriginal and Torres Strait Islander communities and also provide support to the suggested state coordinator roles.

Coordination needs to be improved with:

- the strategic planning section of OATSIH to influence regional planning and to promote the

importance of eye health and vision care

- OATSIH state and territory offices
- VOS and MSOAP program areas to maximise coordination between optometrists and ophthalmologists as well as other specialists
- Office for an Ageing Australia, DoHA which implements the National Framework, to influence policy development
- Population Health section of DoHA which is undertaking the Australian Health Survey
- on a broader policy level, coordination is required with the proposed National Preventive Health Agency and Health Workforce Australia in relation to the inclusion of eye health in its prevention messages

Through collaboration, a number of national initiatives could also be identified, funded and implemented such as a Commonwealth scheme for a national spectacle program, which is currently administered by each state and territory.

5.4.2 Education

With the many competing interests for funding, it is imperative that an ongoing education program is undertaken to inform communities and AMSs about the importance of eye health and vision care.

This includes roles for OATSIH, Vision 2020 Australia and its members:

- OATSIH
 - increasing funding to broaden and strengthen the Department of Health and Ageing's social marketing campaign, targeted at Aboriginal and Torres Strait Islander communities to raise community awareness
 - utilisation of existing resources, such as the 'I See for Culture' kit and the Trachoma Story Kit and the use of key champions and case studies to use in the media
- Vision 2020 Australia
 - providing information to all state peak Aboriginal and Torres Strait Islander health bodies including the NACCHO Board (made up of ACCHOs) will help to build awareness of the importance of eye health at a strategic level
 - discussing the issue with each ACCHO Board and possible actions to increase the impact of existing or future REHCs
 - develop ways to educate AMSs to re emphasise eye health as a key priority
 - professional bodies to develop sustainable communication pathways for REHCs to liaise with eye health practitioners

6 Conclusion

The regional eye health coordination workshop was an opportunity to bring all key stakeholders within the sector to one place to discuss regional eye health coordination in all States and Territories. Participants took the opportunity to have their voices heard and to contribute to the wider aim of the workshop which was to develop strategies for improving regional eye health and vision care coordination and service delivery within Aboriginal and Torres Strait Islander communities.

The recommendations in this report represent the discussions between participants at the regional eye health coordination workshop held in Adelaide from 17-18 May 2010.

7 Contacts

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8 Appendix 1

8.1 Vision 2020 Australia Aboriginal and Torres Strait Islander Committee

- Aboriginal Health and Medical Research Council of NSW
- Aboriginal Health Council of South Australia
- Aboriginal and Islander Community Health Service Brisbane
- Australian College of Optometry
- Brien Holden Vision Institute
- Centre for Eye Research Australia
- Danila Dilba Health Service
- The Fred Hollows Foundation
- Indigenous Eye Health Unit, University of Melbourne
- International Centre for Eyecare Education
- National Aboriginal Community Controlled Health Organisation
- Optometrists Association Australia
- Queensland Aboriginal and Islander Health Council
- Queensland Vision Initiative Inc
- The Royal Australian and New Zealand College of Ophthalmologists

