

The important role of the regional eye health coordinator in NSW

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As a result of the 1997 Review of Eye Health in Aboriginal and Torres Strait Islander Communities ¹, the Australian Government and the National Aboriginal Community Controlled Health Organisation (NACCHO) agreed that coordination and provision of eye care (Optometry and Ophthalmology services) with and by Aboriginal Community Controlled Health Services (ACCHSs) is important for increasing accessibility of eye care for Aboriginal and Torres Strait Islander Australians.

As a result of this recommendation, the Australian Government funded equipment for eye clinics within a number of ACCHSs in Australia and for the establishment of Regional Eye Health Coordinator (REHC) positions based within ACCHSs and responsible for coordination of eye care across their communities.

Seven REHC positions were established across NSW in: Bourke, Broken Hill, Kempsey (Durri), Narooma (Katungal), Wagga Wagga (RivMed), Walgett and Wellington (WACHS)

Optometry services within NSW ACCHSs were commenced in 1999 via a partnership agreement between Aboriginal Health and Medical Research Council (AH&MRC) and the Brien Holden Vision Institute (the Institute, formerly ICEE).

Clinics were provided within the ACCHSs where REHCs are based and to other ACCHSs across NSW who requested visiting Optometry services.

Appropriate and accessible eye care programs for Aboriginal Australians are important, given the higher rates of blindness and vision loss affecting Indigenous people, the majority of which is avoidable (preventable or treatable)². Access to timely eye care is key in preventing vision loss.

Eye care within ACCHSs ensures services are accessible and culturally appropriate, therefore overcoming some barriers to accessing eye care in mainstream settings. Regular Optometry within ACCHSs is promoted as a vital way to ensure better eye care outcomes for Aboriginal people ^{3 4}

Regional Eye Health Coordinators play a central role in enabling access for Aboriginal people by:

- networking with partners and communities to ensure culturally appropriate eye care services are delivered and overcoming barriers to accessing eye care for Aboriginal people in the region in which they are located
- facilitating outreach services by creating awareness of eye and vision problems and the need for regular eye examinations
- conducting vision screening at Aboriginal pre-schools, kindergartens, elders centres/camps, arrange for failures to be examined by the Optometrist at the next eye clinic within the ACCHS
- organising eye clinics and liaise with visiting Optometrists regarding date, location, transport and accommodation
- organising and conduct a recall system to ensure patients return for re-examination as requested by Optometrist. This is invaluable for patients with diabetes
- engaging Ophthalmologists who bulk bill, assist accessing Ophthalmology care by organising appointments and transport for those referred. Follow up with patients after surgery (e.g cataracts)
- ensuring rural and remote areas receive an equitable level of service

- networking with a range of stakeholders to enable the Eye Health program to grow
- ensuring the safekeeping and availability of patient records.

The REHCs have played a critical role in an Aboriginal Eye Care Program in NSW which has provided appropriate and accessible eye care for Aboriginal communities throughout NSW for over 12 years.

With the REHCs at the centre, the program has been an efficient and cost effective model.

Importantly, it's links with ACCHSs means the program is fully and autonomously controlled by the Aboriginal Community . Each REHC with the support of the ACCHSs where they are employed and via close consultation with the organisations and individuals they collaborate with and the communities they visit, conduct a program which is responsive to the needs of the Aboriginal community.

The eager and increasing uptake of Optometry services within the ACCHSs over the past 12 years indicates the success of the program and the REHC role in enhancing access to eye care for Aboriginal people.

This model has proven to be highly successful in NSW, where Optometry services are now being accessed by Aboriginal people in over 100 locations⁵. The invaluable role played by REHCs in the success of this program should be acknowledged and adequately and sustainably supported.

Results

This program has been very successful. REHCs are seeing more children and adults with vision problems, through Aboriginal health checks and school and preschool eye screenings. The reaction of the Aboriginal community has been excellent. Collaboration with local eye practitioners and Brien Holden Vision Institute Optometrists has enabled Aboriginal people to access treatment for refractive error, diabetic eye care, and appropriate ophthalmic care.

As a Regional Eye Health Coordinator for over eight years, I would like to reflect on my role and experiences in enabling access to eye care for Aboriginal people in my community.

My name is Pauline Wicks. I am a Wiradjuri Woman from Wellington in the central west of NSW. I commenced work with the Wellington Aboriginal Corporation Health Service in early 2001 as an Aboriginal Health Worker. In 2005 I took over the role as Regional Eye Health Coordinator within the Wellington Aboriginal Corporation Health Service. At that time the eye program was visiting six (6) locations within western NSW, and currently we provide eye care services to 22 rural/remote communities.

Last year (2012) 89 clinics and screenings in western NSW were held by myself and an Optometrist—a total of 1143 people were seen—792 of these people needed glasses—128 were referred to an Ophthalmologist for either Cataracts, Glaucoma or other eye problems such as diabetic retinopathy, trauma/injury or infection.

98% of the people seen in these clinics are Aboriginal or Torres Strait Islander.

Some Aboriginal people in the communities we visit, have been avoiding having their vision problems checked with Eye Specialists due to cost/transport and also fear of the unknown.

Several Ophthalmologists that visit our area were contacted to see if they would bulk bill any patients referred from our clinics—one Ophthalmologist answered my plea and agreed to bulk bill his services—today all our people are referred to his service either in Dubbo or Orange—he not only bulk bills the consultation but also some surgery.

I had the opportunity of witnessing how cataract surgery is performed—thus enabling me to take this knowledge back to my community, explaining this procedure to people that were delaying the surgery not only because of the cost but also because of their fear.

I believe that, because of the Eye Health Program in NSW, more and more of our Aboriginal people are getting their vision checked—especially the people with diabetes who need to have the inside of the eye examined regularly at intervals decided by the Optometrist.

Training provided by Brien Holden Vision Institute and Aboriginal Health & Medical Research Council each year is vital to our role. It not only gives the opportunity to focus on any issues that may have been experienced during the past 12 months but also to train other health workers in eye health.

By doing this it is hoped that one day the Regional Eye Health Coordinators won't have as much travelling to do as there will be a trained AHW (Aboriginal Health Worker) at most locations. To enable this to happen, there is a need for funding to train AHW's solely in Eye Health Care. Most people that are trained at the moment have a primary job that isn't eye health related but they have agreed to undertake the training to help where possible if their workload permits—but this isn't happening very often, Regional Eye Health Coordinators are still travelling to all locations in their regions when clinics are conducted.

As previously mentioned, this program started in 1999 with 7 Regional Eye Health Coordinators—in 2013 this hasn't changed for the whole of NSW although the number of locations at which eye clinics are conducted has increased from 7 to over 116—almost 4000 eye examinations are conducted each year.

Conclusion

Regional Eye Health Coordinators play a very important role in the holistic health care of members of Aboriginal communities by organising eye clinics in rural/remote areas. Eye health and vision care is vital and just as important as oral and ear health yet doesn't receive as much attention.

Regional Eye Health Coordinators taking these clinics to Aboriginal people are providing part of the holistic health care process which is working towards "Closing the Gap".

With appropriate education, training, the support of Aboriginal Community Controlled Health Services, and the necessary government funding, continuation and expansion of the Regional Eye Health Coordinators model which has shown success in NSW could address the urgent need for comprehensive eye care in Aboriginal communities, throughout the country. The eye health coordination workforce will require significant additional resources to close the gap for vision⁶

Key policy recommendation

This forum recommends that the National Rural Health Alliance urges the Department of Health and Ageing to make provision in their budget for funding in each state/territory of an adequate number of Regional Eye Health Coordinators within ACCHSs, according to regional eye care needs of the Aboriginal or Torres Strait Islander population.

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