The Indigenous Eye Health Newsletter May 2015

Minum Barreng Indigenous Eye Health

The University of Melbourne — Melbourne School of Population & Global Health

Western Sydney Roadmap update

The Roadmap team has been working in Western Sydney since early 2014, following invitation from the Aboriginal Health Services subcommittee of the Western Sydney Local Health District and with support from Aboriginal Medical Service Western Sydney (AMSWS) and Western Sydney Medicare Local. A regional stakeholder group has been convened by AMSWS and is chaired by A/Prof Dea Delaney-Thiele who also leads the population health unit of AMSWS. There is high level engagement in the work, the Western Sydney Eye Health Project, from the health district, hospital eye departments, Medicare Local and Aboriginal Health Service. AMSWS is 40 km west of the Sydney CBD and the region has a significant Indigenous population estimated at over 13,000 people and is considered the largest urban population of Aboriginal and Torres Strait Islander people in Australia. Western Sydney is also noted to have a large cataract surgery rate disparity between Aboriginal and non-Aboriginal people.

Milpa the Trachoma Goanna features on two of eight Healthy Living Murals at Ernabella Anangu School

Sonia Lewis, Lara Wells and Priscilla Adamson painting the Healthy Living Murals

Partners on the Road in Victoria

In Victoria, Roadmap implementation is also being enhanced through one state-wide and four regional Indigenous eye health project workers employed through Victorian state government Aboriginal health funds (Koolin Balit). The Indigenous eye health project officers are engaging local Aboriginal community controlled health services, optometry, ophthalmology, and hospital services in the mapping of service gaps, determination of needs and developing local strategies to close the gap for vision.

These workers and their geographic areas are:

- Susan Forrester is the Victorian state-wide Indigenous eye health project officer based at VACCHO in Melbourne.
- Roman Zwolak is the Grampians Eye Health Project officer, auspiced from Budja Budja community in Halls Gap, and works across the Grampians region.
- Levi Lovett is the Great South Coast Regional Eye Health Project officer in the Barwon South West region and is based at the Winda-Mara Aboriginal Corporation in Heywood.
- Dallas Widdicombe has commenced as the Regional Eye Health Project officer for the Lodden Mallee region and is based at the Bendigo and District Aboriginal Co-operative (BDAC).
- Fiona O'Leary recently commenced as the Project Officer, Koolin Balit North and West Metropolitan Region (NWMR) Eye Project and is based at the Australian College of Optometry in Carlton.

Budget story

The Federal Budget handed down on May 12th contained moderate net increase in spending for health on the current year and foreshadowed, amongst other things, delivery of a more efficient health system. Although eye health and vision care received a few mentions in the budget papers, no additional funding was announced to support implementation of the Roadmap to Close the Gap for Vision. Indigenous Eye Health worked with Vision 2020 Australia and partners to submit a sector budget proposal and there are ongoing discussions with the Department of Health and Minister Fiona Nash around this.

Trachoma Lightning Carnival

Melbourne Football Club Trachoma Ambassadors past and present featured in the hugely popular Easter Lightning Football Carnival in Alice Springs in April. Thirty teams were involved in this very important community inclusion event when everyone from remote communities come to support their footy team and enjoy the carnival.

Former Trachoma Ambassador Dom Barry was playing while current players Jay Kennedy-Harris, Mark Jamar, Neville Jetta and Jeff Garlett were on ICTV and CAAMA radio.

The current players were passing on tips for getting the goals and marks by having clean faces and strong eyes. The radio CSAs were broadcast in 5 local languages and English.

Melbourne Football Club Trachoma Ambassadors Jeff Garlett, Jay Kennedy-Harris, Neville Jetta and Mark Jamar in the recording studio, and below filming the new TV Ad.

MSAC retinal photography update

The MSAC application for retinal photography with a non-mydriatic retinal camera (RP-NMRC) was approved by MSAC in November 2014 and there have been ongoing discussions around some of the finer details of the MBS Descriptor with the Department of Health. There was a follow up meeting in February to discuss the details and further correspondence has since clarified some points. A revised descriptor is to be considered by the MSAC Executive in June and hopefully for listing by November. They have not specified which year yet!

Diabetes Health Promotion

The IEH health promotion roundtable held at Lowitja Institute in December 2014 has provided the basis of our work around diabetes and eye care health promotion. Understanding the motivation, ability and triggers has helped to identify a number of opportunities and appropriate communication channels to share eye messages effectively.

Hon Jeff Kennett AC leading discussions at the IEH Health Promotion roundtable

IEH has commenced the development process in three regions across Australia including the Grampians Victoria; Looma community in Kimberley WA; and Western Sydney NSW.

A week of focused workshops with community members and health workers is taking place in each of the regions to refine appropriate eye messages (from previous work conducted within IEH) and build slogans, music, art work and shared personal stories that will be used for eye health promotional material in the region that will also feed in to the development of broader national health promotion resources.

A health promotion workshop will be held in June 2015 to celebrate and refine the outputs from two of the three regions with direct input from health workers, diabetes and other eye health professionals and organisations to ensure the provision of appropriate and acceptable health promotion for Aboriginal and Torres Strait Islander people.

This strong community driven process plays a significant role in engaging and empowering community members and bridging the gap between clinical intervention and improvements in eye health.

Trachoma Health Promotion

Wesfarmers through Coles and Bunnings have donated good hygiene bags and large safety mirrors to promote clean faces and hygiene practices. These are important hygiene incentives and practical support for schools in trachoma endemic regions of SA, WA and NT. The hygiene bags and mirrors will compliment the existing curriculum-based trachoma teacher resources.

Fiona Lange, Kelly Dyer, Jamie Colthart & Jessie Motlik at the Coles Warehouse in Adelaide preparing stock for 7,000 Hygiene Bags

Regional implementation toolkit

A series of tools to support regional implementation of the Roadmap to Close the Gap for Vision has been developed and is freely available on our website. Together these tools form the 'Regional Implementation Toolkit'. An additional section provides a number of online resources with background and supplementary information.

http://iehu.unimelb.edu.au/roadmap

Kimberley Regional Diabetes Eye Conference May 2015

Dr Tom Calma AO and Professor Hugh Taylor AC working together tackling Indigenous smoking to stop tobacco related eye disease.

What is the link between binoculars, a prince and Aboriginal eye sight?

On April 8th, the ABC ran a story with Hugh Taylor titled "Prince Harry 'may need binoculars' to match 'super sight' of Indigenous NORFORCE soldiers". The ABC interviewed Hugh Taylor who explained that some Aboriginal adults can have vision that is four times sharper or finer than non-Indigenous people. As the article explains astronomers were looking at records from the 1840s into Aboriginal descriptions of constellations of stars. It took a pair of binoculars for them to see what Aboriginal people could see just with the naked eye.

Photo: John Stillwell/AP (www.telegraph.co.uk) April 2, 2015

Prince Harry was visiting Australia and training with the Indigenous NORFORCE unit in the Northern Territory and the link was made that he may need binoculars to see as well as some of the NORFORCE soldiers.
Read the article here:

www.abc.net.au/news/2015-04-08/prince-harry-may-struggle-to-keep-up-with-aboriginal-super-sight/6378066

Cataract blitzes don't solve long term problems

A recent Medical Journal of Australia paper (Med J Aust 2015; 202 (8): 407-408) written by Hugh Taylor, Tim Henderson and Richard Le Mesurier highlighted the short comings of cataract surgery blitzes. They are often used to address waiting lists but on their own they do not provide a long-term solution. Sustainable ongoing services also need to be developed. Please see the web address below to read the paper.

Perspectives

Cataract surgical blitzes: an Australian anachronism

Surgical blitzes may achieve short-term gains, but they inhibit the development of sustainable local services

Surgical blitzes to treat eye disease are often used to redress shortfalls in service provision. In developing countries with scarce human and financial resources, such periodic visits from local or overseas health teams may be justified, as they are generally combined with building local capacity. However, Australia has no such resource constraints. Despite this, surgical blitzes occur year after year in some rural and remote locations in Australia, without concurrent development of sustainable local services. We see this as a particular problem for eye health in Indigenous people.

The first eye surgical blitzes in Australia occurred during the National Trachoma and Eye Health Program in the 1970s. At each site, an Australian Army field hospital team worked for a week, and about a hundred Aboriginal people had sight-restoring eye surgery.[1] Over the years, similar army exercises were repeated across the Northern Territory, including, on one occasion, a tented field hospital being put up in a hospital car park.[2]

"the system is never fixed and rolling blitzes become the norm in dealing with the aching unmet need"

Everyone felt a very good job was being done, but nothing really changed. More recently, regular surgical blitzes, rebranded as "surgical intensives", were started in Alice Springs and elsewhere in the NT; but these were also short-term fixes.

There is an ongoing need for more eye surgery in these areas.[3] Aboriginal and Torres Strait Islander people have a sixfold greater rate of blindness than non-Indigenous Australians.[4] They have 12 times higher rates of cataract blindness, but receive seven times less cataract surgery. A blind Indigenous person needing cataract surgery should be put on a surgical waiting list and operated on within 3 months.[5] However, those who manage to get onto a waiting list will wait almost twice as long as non-Indigenous Australians,[6] sometimes waiting several years or more before receiving surgery.

There are complex factors affecting Indigenous Australians' willingness to attend for surgical treatment, but once a patient is ready for surgery, he or she should receive it promptly. Surgery may need to be delivered opportunistically for patients with competing community and cultural priorities. Multiple things can be done to prevent Indigenous patients from dropping out of the system: 35 such key points have been identified in the patient journey for cataract surgery.[7]

Blitzes seem to provide a quick and rewarding solution. Surgery gets done, patients get their vision back, and surgeons and staff feel satisfied. Blitzes usually receive government and private funding, so the investors feel good that something is being done and they obtain positive publicity. But the patients who turn up the next week do not feel so good. They do not know how long they will have to stay blind while awaiting another blitz. Those who were already on a waiting list but could not forgo family, community or cultural responsibilities for the surgery have to wait longer. The staff who worked so hard to make the blitz possible understandably need a break; until it is time to start planning the next one. The end result is that the system is never fixed and rolling blitzes become the norm in dealing with the aching unmet need.

Although there is still a long way to go, Indigenous life expectancy is improving. With an ageing population, the burden of age-related cataract is likely to double in the next 20 years,[8,9] and an increasing number of older Indigenous Australians will need sight-restoring cataract surgery. We must ensure that Indigenous people do not experience unnecessarily prolonged visual impairment and blindness, to enable them to maintain quality of life and independence in these additional years of life.[10] While poor vision is not the only unsolved problem in Indigenous health, it causes

Podcast with Professor Hugh Taylor available at mja.com.au/multimedia/podcasts

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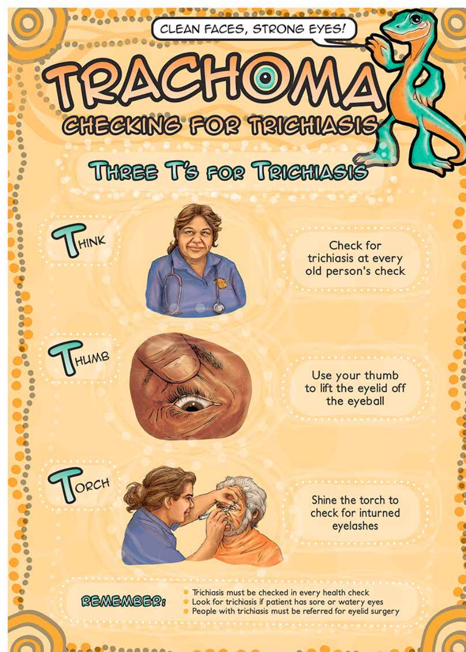

New Trachoma Resources

Three Ts for Trichaiasis (above) and the latest 5 step Hygiene poster (right)
These and other resources can be downloaded here:

www.iehu.unimelb.edu.au/the_trachoma_story_kit/free_kit_resources

Welcome to new staff

We would like to welcome Kelly Jones and Liz Orr who started in January. Dr Kelly Jones joins us from the University of Adelaide where she was working in the Indigenous Oral Health Unit, part of the Australian Research Centre for Population Oral Health. Kelly is leading our health promotion work. Liz Orr is a social worker and community services manager who has worked in a variety of areas including Aboriginal health. Liz is working on implementation of the Roadmap to Close the Gap for Vision.

We also welcome back Andrea Boudville from maternity leave. Andrea is back working with the Roadmap team.

Congratulations

Professor Hugh Taylor was elected as a Fellow of the Australian Academy of Health and Medical Sciences in Canberra on 25th March and awarded the Asia Pacific Academy of Ophthalmology 2015 Jose Rizal Medal for excellence in ophthalmology in the Asia-Pacific region in April.

Professor Hugh Taylor accepting the Jose Rizal Medal for excellence in ophthalmology in April.

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