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## INTRODUCTION:

- ▶ Aboriginal people represent 2.5% of the Australian and 26.8% of the Northern Territory (NT) population, with increasing proportional population with increasing remoteness.<sup>(1)</sup>
- ▶ Prevalence of eye and vision problems is far greater among Aboriginal Australians, who experience blindness and low vision 6 and 3 times more commonly than the wider Australian population. Almost all (94%) of that vision loss is preventable or treatable, but 35% of Indigenous adults had never had an eye exam.<sup>(2)</sup>
- ▶ Access to eye care practitioners is infrequent and limited for Aboriginal Australians living in remote areas, due in part to insufficient distribution of both optometrists<sup>(3, 4)</sup> and ophthalmologists within remote Australia.<sup>(5)</sup> In fact, the relative number of, and therefore rates of eye exams, by ophthalmologists and optometrists tends to be lower in areas with more Indigenous people.<sup>(6)</sup> These access barriers clearly contribute to the 'gap in vision' - current inequality in visual health for Australia's Indigenous population.<sup>(6)</sup> Other challenges include remoteness, difficulties accessing cataract surgery; real and perceived cost (e.g. of spectacles); affordability; cultural barriers to accessing mainstream care; transport issues; community eye health awareness and health literacy.<sup>(7-9)</sup>
- ▶ Since 2009, Central Australian Aboriginal Congress Aboriginal Corporation (CAAC) - an Aboriginal Community Controlled Health Organisation (ACCHO) - has worked in partnership with Brien Holden Vision Institute (the Institute) - a non-government organization (NGO) - in a model of partnership for optometry service delivery designed to increase access to eye care for 26 remote communities of Central Australia (CA).

## AIMS:

- ▶ Describe the collaborative relationship between CAAC and the Institute in providing outreach optometry services to remote Aboriginal communities of CA.
- ▶ Identify the complementary contributions of each partner towards overcoming access barriers.
- ▶ Outline the successful outcomes of this partnership in terms of service delivery and access.

## METHODS:

- ▶ Information on the collaborative program was obtained via the Agreement, feedback surveys by visiting optometrists and clinic managers, trip reports, and through personal interactions with clients and other local staff members.
- ▶ These sources were used to identify the key contributions of each party in enabling expansion of the outreach optometry program in both breadth and patient numbers.
- ▶ Data about service provision for consecutive six month periods were compared to analyse trends in service expansion over time.

## RESULTS:

### Partnership Agreement

- ▶ The partnership is defined by an Agreement which is renewed every two years. Key contributions for each party include:

### CAAC:

- ▶ Employ a Regional Eye Health Coordinator (REHC) via funding from Office for Aboriginal and Torres Strait Islander Health (OATSIH) who will:
  - liaise with the local clinic managers to schedule and prepare for outreach optometry trips in CA
  - provide coordination between primary, secondary and tertiary level eye care in the region
  - advocate for the program at local stakeholder meetings
- ▶ Provide a staff member (usually REHC) to travel with, and support clinics by, visiting optometrists, such as:
  - provide cultural brokerage for the program
  - develop patient lists with the clinic staff
  - assist with administrative tasks / paperwork
  - advise the patients and visiting optometrist on referral protocols and pathways for the region
  - educate patients on eye conditions and preventative strategies for good eye health
  - facilitate the sharing of patient information with the local clinic and the local hospital
- ▶ Provide portable equipment for the outreach optometry trips.

### The Institute:

- ▶ Access funding from the Commonwealth Government's Visiting Optometry Scheme (VOS) to cover travel costs, accommodation and professional fees for optometrists.
  - Use its professional networks to recruit and contract optometrists for short term (locum style) work in CA.
  - Ensure these optometrists are appropriate for outreach work, and are registered to practice.
  - Prepare optometrists for outreach optometry with pre-trip briefings covering clinical, logistical, and cultural safety aspects.
  - Coordinate access to low cost spectacle schemes.

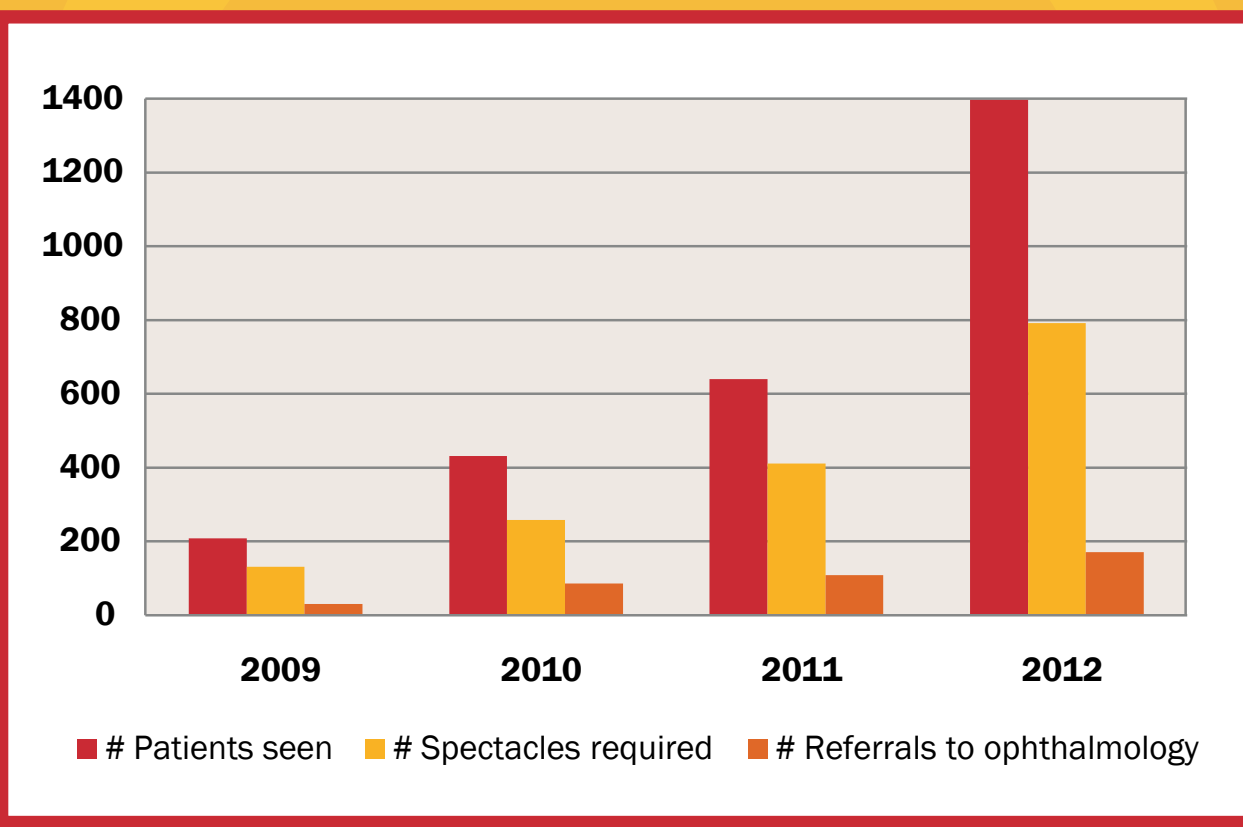
### Service Delivery Outcomes

- ▶ Table 1 shows the increase in the total (per year), and average (per week) service delivery outcomes from the beginning of the program to 2012. Figure 1 represents the program's expansion over this time.

**Table 1:** Service delivery statistics per year, and per week (2009-2012)

		2009	2010	2011	2012
# Patients seen	/ year	208	431	640	1397
	/ week	34.7	43.1	37.6	60.7
# Spectacles required	/ year	131	258	411	792
	/ week	21.8	25.8	24.2	34.4
# Referrals to ophthalmology	/ year	31	86	109	171
	/ week	5.2	8.6	6.4	7.4
# Locations		11	18	22	26
# Weeks		6	10	17	23

**Figure 1:** Annual service delivery statistics (2009-2012)



## DISCUSSION:

### Increased Service Coverage and Efficiency

- ▶ As shown in table 1 and figure 1, the program improved in terms of both service coverage (volume and locations) and efficiency (average, per week service delivery).
- ▶ The program's concurrent success as shown in the data attests to the vital role of the REHC for enhancing effectiveness of services provided by visiting optometrists.
- ▶ Comparison of data for consecutive six month periods (Jul - Dec 2011 and Jan - June 2012), shows a more than two-fold increase in number of patients seen, concurrent with the appointment of a full time REHC from January 2012. There was also increased efficiency of services over this time (notable increase in patients seen and spectacles required per week from 2011 to 2012).

### Regional Eye Health Coordinator Initiatives

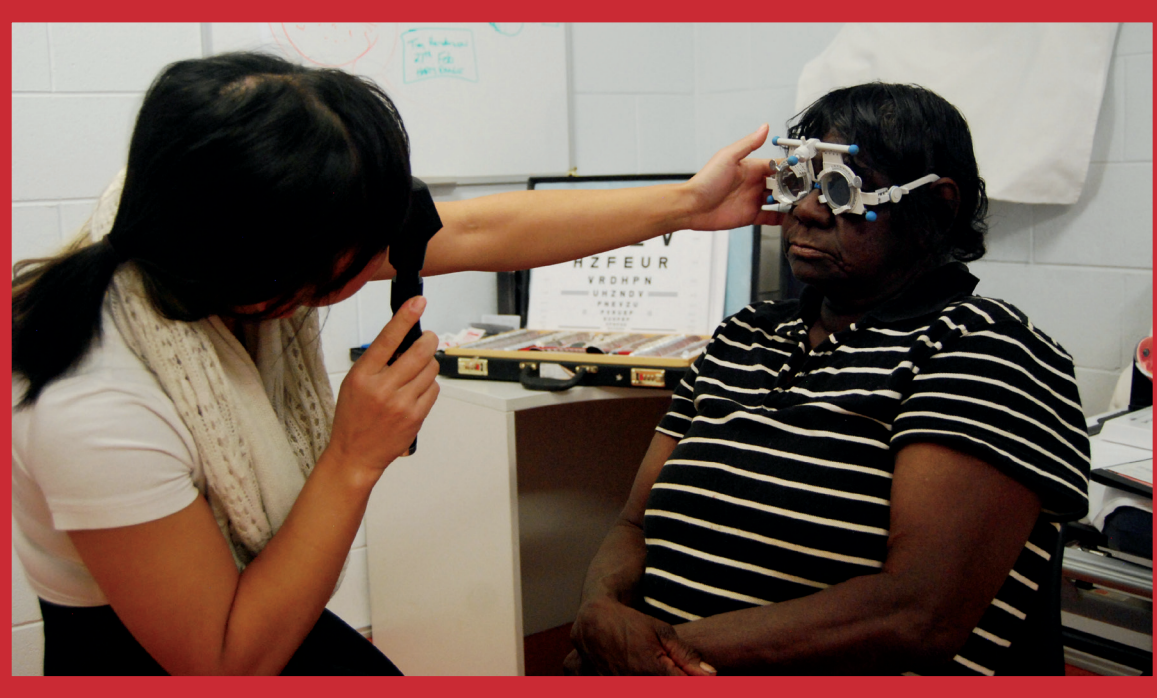
- ▶ As attested by the program's stability and productivity, the full time REHC has also complemented and grown the outreach optometry program via several initiatives since 2012:
  - feedback posters to communities
  - developing an education tool for remote clinics about the visiting eye service
  - working on case studies for Indigenous magazines
  - advertising and promoting upcoming optometry visits in communities via:
    - posters displayed in stores, schools, shire offices and clinics
    - announcements on free to air CAAMA radio
    - actively encouraging 'word of mouth' advertising by happy clients

### Relational continuity

- ▶ By providing a constant point of contact regarding outreach optometry between the remote clinics, the Institute and optometrists, and other stakeholders, the REHC has contributed relational continuity for the program.
- ▶ This, importantly, enables rapport to be established between the program, the local clinics and the clients despite the presence of a different optometrist on each trip.

## CONCLUSIONS:

- ▶ This program demonstrates the 'power of partnership', where two organisations play complementary roles: linking optometrists with remote practice, and linking these services to local communities.
- ▶ Such an approach is particularly useful where eye care services can be limited and infrequent, such as rural and remote areas, and therefore enhanced effectiveness is important.
- ▶ This example of success could be shown to other service providers who may be wishing to seek ways to connect with communities by utilising local coordinators.



**Outreach optometry clinic in a Central Australia community**  
Photo from a Brien Holden Vision Institute program, photographer Mark Cushaway.

## RELEVANCE:

- ▶ Combining short-term contract visiting optometrists with a full time local eye care coordinator has proven an effective means of providing optometry services that are culturally safe, efficient, locally responsive and therefore well attended.

**“The highlight of my trip to Central Australia was working effectively with the health worker to provide eye health care efficiently.”**

*Visiting outreach optometrist (2012)*

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