

NOTICE BOARD

CLEAN FACES, STRONG EYES

The Trachoma Story Kits, resources designed for use at the regional and community level to help eliminate trachoma in remote Indigenous communities in Australia, were recently launched in Katherine. The kits were developed by University of Melbourne Indigenous Eye Health Unit, Katherine West Health Board and NT Centre for Disease Control. The kits are increasing awareness and knowledge about trachoma, and show the steps that everyone can take to detect, have treatment and eliminate trachoma. There are three Trachoma Story Kits available to clinics, schools and communities.

For further information, including how to obtain these kits, contact:

Emma Stanford, Indigenous Eye Health Unit on (03) 9035-8241 or esta@unimelb.edu.au

INDIGENOUS HEALTHINFONET

The Australian Indigenous HealthInfoNet is an innovative internet resource that aims to inform practice and policy in Indigenous health by making research and other knowledge readily accessible. In this way, the HealthInfoNet aims to contribute to closing the gap in health between Indigenous and other Australians.

It is designed to be an invaluable resource for people interested in improving the health and wellbeing of Indigenous Australians. Material about Aboriginal and Torres Strait Islander health is freely accessible with the aim of enhancing health worker knowledge and skills.

It is hoped that an Eye Health Yarning Place (electronic network) will soon be added to the website to encourage and support information-sharing among practitioners, policy-makers and others in the field of Indigenous eye care.

Visit www.healthinfonet.ecu.edu.au to learn more.

NATIONAL RURAL HEALTH CONFERENCE, PERTH - MARCH 2011

The National Rural Health Alliance is holding their annual conference, entitled The Heart of a Healthy Nation, in Perth, 13-16 of March 2011. It promises to assist all those involved in attending to the health and wellbeing of the 32 % of Australians who live in rural and remote settings through presentations on a variety of issues relevant to delivering these health services.

ICEE STAFF PROFILE NELLA PIGRAM



This year, with generous support from the Lord Mayors Charitable Foundation, ICEE has been able to increase the Aboriginal Vision Team with the addition of two new staff members based in the Northern Territory office - Nella Pigram and Luke Arkapaw. Nella is an ICEE Project Support Administrator and Luke is an optometrist and ICEE Project Development Officer.

"Hi I'm Nella. I started working as a Project Support Administrator with ICEE

in April 2010. Originally from Broome, WA, I moved to Darwin to experience life in the Top End. I enjoy working with ICEE because of the satisfaction I get from knowing that I am helping my fellow Indigenous people in remote and rural locations. I myself lived in an isolated town for some years and know the hardships of not having services and opportunities relating to health."

ABORIGINAL HEALTH WORKER RECEIVES TOP PRAISE



Phyllis Tighe from Walgett Aboriginal Medical Service Co-operative Limited (WAMS) in western NSW received the 2010 Director General's Award for Aboriginal Health. Phyllis, an Aboriginal Regional Eye Health Coordinator, is an extraordinary, selfless individual who, since 2003, has worked tirelessly to improve eye care access for Aboriginal communities in NSW.

For the last seven years Phyllis has been dedicated to ensuring Aboriginal people in the 10 communities under her care have access to regular eye care services. She said, "There is nothing more rewarding than to see a patient with limited vision, be able to see clearly. I feel that all Aboriginal people are entitled to excellent, culturally appropriate eye health services and my programme ensures that."

Established in 2004, the Director General's Award for Aboriginal Health acknowledges the contribution of individuals, teams and organisations to improving health outcomes for Aboriginal people in NSW.

Ms Sandra Bailey, CEO of the Aboriginal Health & Medical Research Council, said that Phyllis had been an invaluable Aboriginal Health Worker whose work has ensured communities under her care having regular, reliable eye care services. Ms Bailey said, "Phyllis is very well deserving of this award. She, with support from the Walgett Aboriginal Medical Service, has made a truly remarkable impact on the accessibility of eye services for Aboriginal people in her region."

Professor Brian Layland OAM, ICEE Director of Aboriginal Eyecare Programmes has worked closely with Phyllis for six years. He said, "Phyllis does all the things that we need Eye Health Coordinators to do and is an outstanding example of why Regional Eye Health Coordinators should be given the freedom to organise programmes in their area. On behalf of everyone at ICEE, I congratulate her on this award. I can think of no one more deserving."

ICEE ABORIGINAL EYE CARE

NEWSLETTER

Issue 9, December 2010



As we approach the end of yet another year, the ICEE Aboriginal Vision team would like to thank our many partners across Australia. It is only with support from hard-working Regional Eye Health Coordinators, optometrists, Aboriginal Medical Services and community health centre staff that ICEE can provide essential eye care services for Australia's Indigenous people.

We take this opportunity to look back on the events of 2010 and update you on future activities.

We look forward to working with you in 2011!

Anna Morse
Project Manager, Aboriginal Eye Care

Tricia Keys
Programmes Manager, Asia Pacific

Prof Brian Layland
Director Aboriginal Vision Programmes

YEAR IN REVIEW OPTOMETRIC SERVICE DELIVERY

From increased funding from the Australian Governments, Visiting Optometrists Scheme, ICEE has increased delivery of optometry services throughout the Northern Territory, adding an extra 18 communities and 22 weeks of optometry services per year. In NSW, the scheme now provides ICEE with funding to continue to regularly visit 24 communities in the region.

In 2010, through strong collaborative partnerships with Regional Eye Health Coordinators, Aboriginal Medical Services and many locum optometrists, ICEE provided regular optometry services at 54 locations in the NT and 106 NSW locations.



This year – the figures...	
People seen (eye examinations)	5341
Glasses prescribed	4343



ICEE CONTACTS

Northern Territory: Nella Pigram (08) 8942 5444
International Centre for Eyecare Education
C/O Danila Dilba Health Service, 32-34 Knuckey Street
GPO Box 2125 DARWIN NT 0800 Australia
Ph. (08) 8942 5444 Fax. (08) 8941 3542

New South Wales: Colina Waddell (02) 9385 6618
International Centre for Eyecare Education
Level 4 North Wing RMB, Gate 14 Barker Street
UNSW SYDNEY NSW 2052 Australia
PO Box 6328 UNSW Sydney 1466
Ph. (02) 9385 7435 Fax. (02) 9385 7436

REGIONAL EYE HEALTH COORDINATOR PROFILE MALCOLM LAUGHTON



In 2009, Malcolm joined Danila Dilba Health Service in Darwin, Northern Territory as an Aboriginal Eye and Ear Worker, and has recently become the Regional Eye Health Coordinator for the Darwin region. To say that the area Malcolm is responsible for is vast, is an understatement. Including Darwin and Palmerston, the region stretches hundreds of kilometers west to Wadeye, east to Oenpelli, south to Pine Creek, and north to the Tiwi Islands, Coburg Peninsula and Croker Island.

WE ASKED MALCOM SOME QUESTIONS ABOUT HIS NEW ROLE:

What got you interested in eye health?

"As the Ear Health Worker in Danila Dilba, I was mentored by the Eye Health Worker in running programmes, who introduced me to the challenges and rewards of the Eye Health Coordinator role."

What do you love about your job?

"Helping people improve their vision, which in some cases [if left uncorrected] can lead to unemployment problems."

Why is your role important?

"With better than average vision in childhood, current reports identify Aboriginal eye health as significantly poorer than the national average during adulthood. [This] is significant to the REHC

position. The fact that the conditions suffered are preventable and if not treatable given access to appropriate eye health care. It is the role of the REHC to provide pathways between client and the current eye health services available."

What advice/encouragement would you offer to other REHCs?

"Learn about the job. REHCs are always looking to mentor Aboriginal Health Workers that are willing to learn, it's not hard. I recommend starting with an ICEE eye health workshop, it will provide you with the knowledge and skills needed for the job and will definitely give you the confidence to enjoy helping people keep their vision."

EDUCATION

NORTHERN TERRITORY:

This year, ICEE trained 36 people in the Northern Territory in eye health. Workshops were held in Alice Springs, Darwin and Katherine. ICEE also developed resources for training Top End community health centre staff in the use of their new slit-lamps, being delivered to 22 locations between August 2010 and March 2011.

The next training course for REHCs will be held in Darwin from 1-3 Feb 2011. Funding support provided by NT Government Department of Health, Fred Hollows Foundation and Lord Mayor's Charitable Foundation.

NEW SOUTH WALES:

Eye Health Education Course in Sydney

In May 2010, ICEE conducted an Aboriginal Eye Health Workers Education Programme in Sydney, NSW. The course provided attendees with information and practical skills to help better fulfil their roles in the provision of health care. Participants left Sydney with the confidence and skills necessary to run successful eye care awareness campaigns and eye health programmes in their communities.

ICEE thanks OATSIH NSW for their assistance during the course.

Eye Care in Albury

This year, ICEE with funding from the Albury Wodonga Aboriginal Health Service and the Australia Government Department of Health and Ageing, conducted a Vision Screening and Eye Care Education Programme for staff of the Albury Wodonga Aboriginal Health Service and the community. The programme, consisting of theory and practical training, focused on the importance of vision screenings, how to plan and conduct a vision screening programme and when to refer. If you are interested in ICEE conducting an eye care education programme in your region please do not hesitate to contact us.

Aboriginal Cross-Cultural Awareness Training

In October, ICEE hosted the first day of the Aboriginal Cross-Cultural Awareness Training Programme. The programme, conducted by the Aboriginal Health College at Little Bay, was designed to increase health care personnel's cultural awareness. Optometrists who work with ICEE and the Aboriginal Health & Medical Research Council participated as well as ICEE Aboriginal Vision Programme staff members. The second day will be held on Friday 27 May 2011, if you would like more information please contact Colina Waddell on (02) 9385 6618. Funding provided by the Federal Government's Volunteer Grant.

FOCUS ON: CATARACT

What is a cataract?

- Cataract is when the lens inside your eye becomes cloudy instead of being clear - it is not a growth on the eye.
- Cataracts can affect one or both eyes.

Symptoms

- A person with cataract will notice their vision becoming more blurred, they may say everything looks 'smoky' or 'hazy' and complain that sunshine & lights at night are 'glary'.
- Cataracts do not cause pain.

Signs

- To see a cataract, you need specialised equipment (e.g. a slit lamp).
- Very advanced cataracts may be seen without equipment, as grey or white through the pupil.
- If you suspect cataract, check vision with pinhole. If pinhole improves vision a lot, they may simply need glasses to see clearly. If vision does not improve, the cause may be cataract, or another eye health problem.
- Anyone with blurry vision should be booked in for a full eye exam with an optometrist.

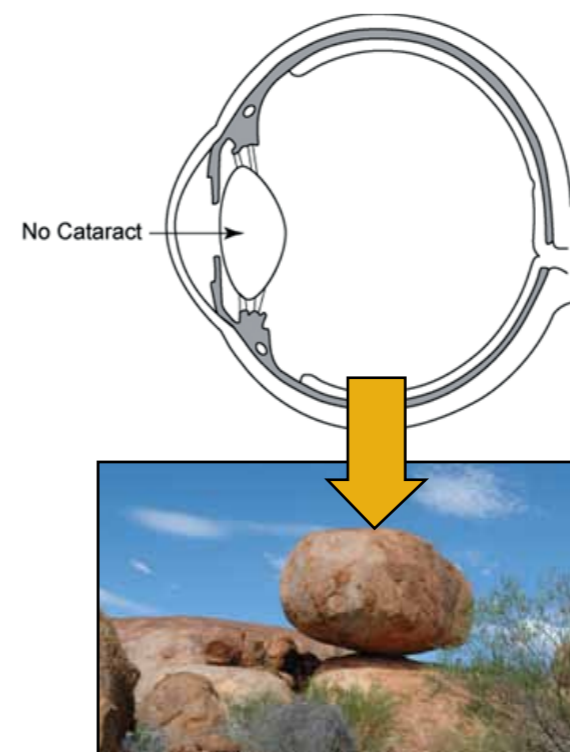
Treatment

- Medicines cannot cure cataracts or stop cataracts from forming.
- New glasses will not fully restore vision as they will not fix the lens cloudiness.
- The treatment for cataract is surgery to remove the hazy lens and replace it with a new clear lens.
- Cataract surgery can rapidly restore vision; the operation is easy and not painful.
- Most people with cataracts have this operation, as a day procedure.
- Cataract surgery is performed in all five of the major regional hospitals in the NT.

When to have surgery?

- When the person's vision is not good enough for the things they need to do.
- If best corrected vision is 6/12 or worse, and the person wants to continue driving a car.
- Mature cataracts should usually be removed, as they can cause other eye problems such as glaucoma and internal eye infections.

Normal vision



Vision with cataract

