

Letter to the editor

Clin Exp Optom 2013; 96: 249–250

DOI:10.1111/cxo.12041

Re: Why optometry must work from urban and regional Aboriginal Health Services

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EDITOR: We are writing to support the recent Viewpoint written by Anjou, Boudville and Taylor 'Why optometry must work in Aboriginal Health Services in urban and regional Australia'.¹ We are a group of optometrists who provide optometric services within Aboriginal Health Services in urban and regional settings and we agree that access to optometry in Aboriginal Health Services should be supported and expanded in an effort to 'close the gap' for vision.

Anjou, Boudville and Taylor¹ report data from the Australian Institute of Health and Welfare that 75 per cent of the 223 primary health services that provide care for Aboriginal and Torres Strait Islander peoples report some availability of optometric services. In part, this reflects the initiatives of many optometrists, who have established partnerships with Aboriginal or Torres Strait Islander communities and have assisted in delivering eye-care services. Some of the longer-running services in regional towns and cities of which we are aware, include: services at the Aboriginal and Torres Strait

Islander Community Health Services in Brisbane, provided by QUT Optometry since 1993,² services at the Rumbalara Aboriginal Health Service near Shepparton, Victoria by Graham Hill and Associates Optometrists since 1994 (Jenni Sorraghan, personal communication) and the optometric service at the Victorian Aboriginal Health Service, Fitzroy in Melbourne with optometrists provided by the Australian College of Optometry since 1998.³ The optometry clinic at Redfern Aboriginal Medical Service (AMS) in Sydney commenced in 2000⁴ with optometrists provided by ICEE (now known as the Public Health Division of the Brien Holden Vision Institute). The Brien Holden Vision Institute operates a weekly optometry clinic within Danila Dilba Aboriginal Medical Service in Darwin. There is also a long history of optometrists in Alice Springs working with the local Aboriginal Medical Service, through the Central Australian Aboriginal Congress. Continued increasing demand for these services in Alice Springs has recently led to expanded optometric services via Visiting Optometrists Scheme funding (Anna Morse, personal communication). In addition to these services, there are many other optometrists who are providing eye-care services in partnerships with Aboriginal and Torres Strait Islander communities in a range of locations across Australia. The Visiting Optometrists Scheme (VOS) commenced in 1975 and was expanded in 2009 with an Indigenous-specific extension to encourage increased services for Aboriginal communities. The link of the VOS with Indigenous care has provided an opportunity to increase services in rural and remote locations but support for expanding services in regional and urban locations remains limited. The VOS also has a bias to support practitioners visiting a location rather than supporting local practitioners, who may be better placed to provide care to local communities. The examples of long-running optometric services with sustained or increasing demand provide models for new or enhanced services. Our experience includes the observation that confirms the importance of services being provided

within Aboriginal Health Services where possible. 'Accessibility' of optometric care is not purely a matter of geography; the setting also matters. If optometric care is available only through mainstream practices, the barriers to access for many Aboriginal people seem insurmountable. Our experience is that providing services from Aboriginal Health Services creates safety and trust for the community and we observe some patients subsequently more willing to attend mainstream practices.

Optometrists Association Australia convened an Aboriginal and Torres Strait Islander Eye Health Working Group in 2008 that includes optometrists from all states and the Northern Territory. The Working Group has produced guidelines on the provision of sustainable eye care for Aboriginal and Torres Strait Islander Australians⁵ that recommend providing services through the local health infrastructure, including Aboriginal Community Controlled Health Organisations (ACCHOs), where possible.

We believe that work is also required to enable an increased number of Aboriginal and Torres Strait Islander peoples seeing optometrists in mainstream practices to ensure appropriate choice in service type. This would require improving accessibility of optometric practices by:

1. building relationships and trust with communities
2. effective referral pathways from community-based organisations and health workers
3. training of optometrists in providing culturally safe services and ensuring their practices are culturally welcoming and comfortable and
4. addressing the barriers of travel, costs, awareness and certainty of services and availability of appointments.

Optometry is actively working with Aboriginal Health Services but we agree that significantly more work is required, in the form of more locations and more consulting hours, so that all Aboriginal Health Services or other appropriate community-based health services include optometric services that meet population needs. There is also

need to improve integration with primary care services, ophthalmology and hospital services to enhance service co-ordination, which can be more challenging for patients with visiting services. There is also a need for more appropriate funding and support for optometrists in urban and regional areas (many of which are currently not eligible for the VOS funding) and to ensure appropriate access to low-cost spectacle schemes.⁶ We support increased leadership by optometry in meeting the eye-care needs of Aboriginal and Torres Strait Islander peoples through working in partnership

with Aboriginal Communities and Aboriginal Health Services.

REFERENCES

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Erratum

Clin Exp Optom 2013; 96: 250

DOI:10.1111/cxo.12054

The publisher would like to draw the reader's attention to errors in the following article:

Efron N, Morgan PB, Woods CA, The International Contact Lens Prescribing Survey Consortium. An international survey of daily disposable contact lens prescribing. *Clin Exp Optom* 2013; **96**: 58–64.

In the original version of this paper it was incorrectly stated that of the markets surveyed, Nepal has the lowest use of daily disposable lenses of all soft lenses prescribed. The lowest use of this lens type of those countries surveyed is in Malaysia, where daily disposable lenses accounted for 2.8 per cent of soft lenses prescribed. This result is correctly reported in Figure 3 but incorrectly stated in the Abstract and Results sections.

The publisher apologises for the above errors and any confusion it may have caused.