Outreach optometry in central Australia—the power of partnership

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Aims
- To describe the collaborative relationship between an Aboriginal Community Controlled Health Organisation (ACCHO) and a non-government organisation providing optometry services, to increase the availability of culturally appropriate optometry services in remote Aboriginal communities of central Australia.
- To outline the successful outcomes of this partnership both in terms of volume of service delivery and increased patient attendance at clinics.
- To identify the complementary contributions of each partner towards overcoming some barriers to accessing eye care for people in remote central Australia.

Methods: Information on the program has been obtained through numerous sources, including the memorandum of understanding (MoU), feedback surveys completed 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, enabling an 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.

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.

Results: A comparison of the data collected for consecutive six-month periods (July to December 2011 and January to June 2012), shows that the number of patients seen under the Regional Eye Health Program has more than doubled. This success coincided with the appointment of a full-time regional eye health
coordinator (REHC) in January 2012, which was previously encumbered. The program’s concurrent success attests to the vital role of the REHC for enhancing effectiveness of services provided by visiting locum optometrists.

**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.