‘I can see clearly now’—an Aboriginal success story

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I have been the Barkly Regional Eye Health Coordinator since 2006. When I started working with Anyinginyi Health Aboriginal Corporation in 2006, there had not been an Eye Officer (as they were then called) for one year. The previous Eye Officers had worked from Tennant Creek, the largest town, but their work did not cover the Aboriginal communities in our area.

Our area is the Barkly region of the Northern Territory. This is 322,514 sq km (over 32 million hectares) with a population of 8,137. Of this population, two communities Ampilatwatja and Alparra are close to Alice Springs and thus get their eye care from the Central Australia Eye Coordinator. Their combined population is 1550. Thus the population we look after is 6537.

The first major problem was the need for optometrists in our area. The supply was dictated by another Aboriginal Health Service in Alice Springs. In my first year that need was translated into one week only. The optometrist saw 90 people, referred some to the ophthalmologist and prescribed unaffordable glasses for Aboriginal clients.

So the Aboriginal clients I met did not wear glasses they needed, if they were lucky enough to have their eyes checked. Mainly the expectations about eyesight were very low. Most perceived the onset of mature age as equivalent to loss of sight. Loss of sight in the young, although seen as not quite right still held no solutions.

The first challenge was to have the program run locally rather than regionally. The CEO at the time took this on with gusto. With a difficult but ultimately clean process Anyinginyi Health Aboriginal Corporation then dictated that the Eye Program would be run solely by them, locally in Tennant Creek not from an Aboriginal Medical Service in Alice Springs.

The ophthalmologist had been visiting from Alice Springs every 2 months for 4 days for several years. The only problem was, because of the lack of optometry service, out of necessity, some of the ophthalmologist’s work was optometry.

Next challenge was to access optometrists. The only optometrist who came was only available for one week, 1-2 times a year. I rang several State Optometry associations with no luck in accessing any other optometrists. In desperation I rang the optometrist who had visited Tennant Creek and asked for her suggestion.

I acted on this and rang (the then) International Centre for Eyecare Education for advice/help (now Brien Holden Vision Institute). I had prepared 4 pages of reasons for them to help us so was ready for this phone call! Lucky for me (and the Northern Territory) I spoke to Professor Brian Layland. I said my introduction and he said yes!! When I told him about the 4 pages, he laughed and said I could read them out if it made me feel better!

Within 2 months the first optometrists were here and were excellent. ICEE told me they would provide as many optometrists as I needed. They explained they only came into places if they were invited. With excitement, I rang the other Eye Health Coordinators in the Northern Territory and ICEE was invited throughout the Territory.

Next thing to do was to define what was optometry and what was ophthalmology so the Eye Specialist would not be wasted doing optometry work, especially diabetic screening. This was then easily managed with the appointments.
All along I sat beside my Aboriginal colleagues who advised me on the best way to inform people of optometry visits. I did a lot of public screening, including at the Tennant Creek Show to get my message across.

On my colleagues’ advice, I devised simple appointment letters which to this day people like to get to notify them of appointment times. Flexibility is essential in providing appointments as there are many reasons for people not being able to come at specific times. All are more likely to use our service if it is designed around their lifestyles rather than our corporate needs.

Perseverance was also needed as some people could/would not come on the first appointment but might come on the 2nd, 3rd, 4th appointment. Although this added a heavy administrative component to the job, the positive results were quickly evident.

Ironically, after the first year of my job, I was not sure I was getting feedback and when I asked my Aboriginal colleagues what to do, they laughed and pointed out that people had been voting with their feet (by walking to appointments).

There were areas that had not been visited before by optometrists. These were the main Aboriginal communities and on a local side, the nursing home, the schools and the local low security corrections service. All required cooperation of management.

At the Aboriginal communities, I worked with the Health Centres and I made it clear that this was a service that we were providing but we would be guided by them as to the best way this could be done that suited each community. This way community people provided feedback including the Aboriginal Health Workers. Health Centre managers were naturally sceptical as many believed that we would impose our service and dictate conditions. We did neither and were soon a welcome service to all communities.

Lucky for me Anyinginyi, although an Aboriginal medical service, acknowledged that the non-Aboriginal people that also lived in our area did not have access to a good eye care service either, and allowed me to encompass all of the population.

The problem still existed of unaffordable glasses. ICEE now offered prescription glasses for a minimum of $30. This seemed like the answer but it wasn’t. Many Aboriginal people were still not able to access $30 for glasses.

ICEE then came up with the solution that continues to this day. This was the ability to pay through Centrelink payments or as a Wage Deduction. All people needed to do were to sign permission for this to happen.

I have never met a client that was not happy to do this. The next problem was delivery of the glasses. They were often sent to the local Post Office and then went missing. I happily volunteered a delivery service for this.

With our expanding service it was obvious that I needed an Administration Assistant. We applied through OATSIH (Office of Aboriginal and Torres Strait Islanders Health) and were turned down. To this day we have not have funding but Anyinginyi has believed in the service, as it provided eye care to initially 250 and now to 1200 people, but also from one week of clinics to 17 weeks of optometry clinics.

Anyinginyi financially supports the Administration side of the Eye Program.

For the first two years there was not a car attached to this program. This meant borrowing cars from other areas within Anyinginyi. Often they were not suitable for the equipment needed to travel.
Fred Hollows Foundation was then starting “surgical intensives weeks” at Alice Springs. As a guest speaker, the then project manager, praised our work at a National Conference. He pointed out that we did not have a car. Within a month OATSIH provided the funding and the car was ordered.

The first Administration assistant was an Aboriginal young woman of exceptional talents. She provided me with much cultural input and also allowed me to double the optometry clinics as she could capably support a clinic.

In our town, and the communities, getting to appointments was often a logistical nightmare. Tennant Creek has no public transport and some summers have an average temperature of 40 degrees. This makes the walk to the Eye Clinic almost impossible. Anyinginyi recognised this early and were happy to employ a casual driver to pick people up, and then drop them home after appointments. This made the appointments list more of a reality than a “wish list”. In the communities, the conditions were similar. Most health centres provided drivers, usually Aboriginal.

The tide was turning and Aboriginal people were happy to order glasses but we needed the safe delivery of the glasses by a driver. Add to this the delivery of letters, and it was eventually acknowledged by Anyinginyi that a driver would be employed who would be attached to the Eye Clinic.

There was no permanent Eye Clinic and all our clients were not only confused by the fact we could hold a clinic anywhere within Tennant Creek, but also that our offices were elsewhere. This did not promote coming to see us about problems between clinics.

It took 6 years but finally a building was refurbished and the Eye Clinic would be a good part of it. Now our patients could find us!

It is important that Aboriginal people feel comfortable in our Clinic so a lot of thought and consultation was made in trying to find out how to achieve this. Again there were no funds to do anything.

Fred Hollows Foundation had been watching our work for several years and kindly donated an amount of money that enabled us to buy furniture and local art work that could be hung on the walls. They have also been interested in our Eye Program and continue to support us. The latest way has been funding a Health Promotion DVD. This was my idea and it was about encouraging people to wear glasses, if needed. It is called “Looking Good” and will be available Australia wide. It is done based on puppets and humour and set in a predominantly Aboriginal township.

As Coordinator, it is crucial that I “coordinate” all the organisations that provide us with a service. Many of our partnership exist because of goodwill and it is important that everyone is treated with respect so our ongoing relationships survive.

The organisations that provide our program with services and/or input are: Tennant Creek Hospital, Alice Springs Hospital, Royal Flying Doctor Service, Fred Hollows Foundation, Brien Holden Vision Institute, Guide Dogs of Australia, OPSM, Barkly Shire Council, Health Centres across the Barkly, primary and high schools in the Barkly, Barkly Work Camp, Pulka Pulkka Kari Nursing Home, Barkly Remote Health, Indigenous and Remote Eye Health Service, Student Services Division of D.E.T., Central Australian Aboriginal Congress, Aboriginal Interpreter Service, AMSANT and others from different levels of government and other organisations.

This all requires a “Coordinator role” i.e. one person, one level of synchronisation.

We now have a service that our Aboriginal and non-Aboriginal clientele can trust but also provides a central database for the clinicians in the Barkly, accessible through Anyinginyi.

However to keep providing the service so our Aboriginal clients can continue to “see” requires funding for continuation of this service. The current funding supplies only the Eye Coordinators wages, not the
current administration assistant (who does an extraordinary job of also running clinics and maintains the administration component) wages, not the travelling expenses, not car maintenance funding nor for health resources.

The appeal for more funding has been the theme for all of the Eye Coordinators presenting today. We all have established successful programs but cannot get enough funding to sustain these programs so Aboriginal and Torres Strait Islander clients can continue to have access to basic eye care that may save them from blindness or give them the ability to see through a pair of glasses.

Let us hope the future will be brighter for people to keep their vision.