Why was this study done?

This study was done to tell the story of how eye health services have come about in the Kimberley region and to look at how well the services are running. Eye health is important in Aboriginal and Torres Strait Islander communities as it is the most common chronic health complaint in Indigenous people. Diabetes is also a common health problem and can cause poor vision and blindness, so it is important for diabetic people to have their eyes looked at every year and their retina (back of the eye) examined. Optometrists (specialists who look at your eyes and give you glasses), ophthalmologists (eye doctors who can also operate on your eye) and Aboriginal health workers and nurses who take photos of the retina are the people who are involved in eye health services in the Kimberley region.

How was this study done?

We did three main things in this study:

1. We looked at different patient electronic databases in the Kimberley region and looked at how many people had eye and vision problems and how many diabetic people had their eyes examined between 2004 and 2010. The databases included the regional visiting optometry database, Ferret, MMEx and the KPHU retinal photo database.

2. We asked people who have been involved in eye health in the Kimberley region in the past 20 years to tell us their story and what they think about eye health services.

3. We visited most clinics around the region between April and September 2011 with a skilled Aboriginal health worker to train people how to use the retinal camera and upload the photos onto MMEx to send it to the ophthalmologist. We also asked questions when we were at the clinics to find out how the retinal camera program was running. During this time the new auto-focus DRS digital retinal camera was also introduced in some clinics.

Clinics we visited included: BRAMS, Broome Community Health, DAHS, Yuri Yungi Medical Service, OVAHS, Bidyadanga, Beagle Bay, Balgo and Fitzroy Crossing Hospital.
Findings:

- Eye health services (ophthalmology and optometry) and coordination has improved in the past two decades. There are about 12-15 optometrists led by Ms Margie O’Neill, who visits up to 45 communities in the Kimberley and Pilbara region in two rounds per year. Currently, the ophthalmologist visits 8 times per year to the west Kimberley and 4 times to the east Kimberley per year. This is better than in past years, but is still lower than other areas in Australia.

- The retinal camera program started in 1994 is run by Aboriginal health workers and nurses in the Kimberley region. In 2011, only one Aboriginal medical service was using their retinal camera regularly. Some reasons why other clinics weren’t using their camera were: not enough ongoing camera training and high turn-over of staff. Soon there will be a regional retinal camera trainer based at KAMSC to provide training and support for retinal screening programs in the region and liaise with visiting optometry and ophthalmology services. We now use MMEx to send photos to the ophthalmologist which is quick and easy but requires ongoing training of staff.

- Almost all types of eye problems and vision loss were worse in Aboriginal and Torres Strait Islander people over the age of 40 years compared with people of other ethnicity. Things have changed since the 1970s when trachoma was a major cause of poor vision and blindness. Nowadays, cataracts, diabetic eye disease and refractive error (people needing glasses) are the reasons for poor vision in most Aboriginal and Torres Strait Islander people.

- Combined electronic records (such as MMEx) would help in keeping eye health information in one place and make it easier for organizing referrals and clinics (instead of using paper lists which get lost and unreadable later), checking to see if diabetic people have had their eyes looked at regularly, and evaluating how well the service is running the region.