# Eye health programs within remote Aboriginal communities in Australia: a revi...

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Indigenous Health

# Eye health programs within remote Aboriginal communities in Australia: a review of the literature

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#### **Abstract**

**Objective:** To review the literature regarding the most sustainable and culturally appropriate ways in which to implement eye health care programs within remote Aboriginal communities in Australia from a primary health care perspective.

**Data sources:** The search included letters, editorials and papers (published and unpublished) from January 1955 to April 2006.

Study selection: The search revealed 1 106 758 papers, books and other related material. The relevancy of this material was determined by abstract and 378 relevant articles were reviewed in their entirety. After reading the relevant articles and the interview transcripts the themes that emerged from each source were extracted.

Conclusions: The ten areas to consider include: clinical practice and access, sustainability, regional-based programs, information technology systems, health worker training, self-determination, cultural and language barriers, funding body responsibilities, embedding specialist programs in primary care services, and other considerations. Further research needs to be undertaken within Aboriginal communities in the area of primary eye health care and barriers to the acceptance of treatment. This may be undertaken using more interactive research methods such as cooperative and narrative inquiry.

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#### What is known about the topic?

Much of the research into the provision of eye health care to remote communities, both within Australia and overseas, is focussed on the provision of services. There is little in the literature that discusses a primary health care approach to eye health in remote Aboriginal communities.

### What does this paper add?

This paper adds a primary health care perspective to the implementation of eye health care programs within remote Aboriginal communities. The benefits of such an approach will be in the acceptability, sustainability and ownership that local communities would develop as a result of primary health carefocused programs.

## What are the implications for practitioners?

It is suggested that health care planners need to consider more than just the provision of service in the implementation of eye health care programs. The broader social determinants of health, those that underlie the persistence of third world eye conditions such as trachoma in remote Aboriginal communities, must be taken into account.

THE LITERATURE on eye care programs within remote Aboriginal communities seems mainly grounded in service provision. There are papers that discuss the use of telehealth, 1-4 visiting specialist outreach programs,5-7 and the use of digital imaging.8-11 Each of these methods are important instruments in the promotion of eye health care within communities, but it is known that the development of Aboriginal health services is not sufficient to dramatically reduce the morbidity associated with eye conditions, or indeed the mortality associated with chronic disease. It has been previously noted "that while the past two decades have witnessed very considerable improvements in the areas of health services, the persistent health problems of Aborigines are a constant reminder that poverty, not merely inap-

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