

VISION 2030

Key findings
from a workshop of
First Nations people
working in First Nations
Eye Health, held at the
National Aboriginal and
Torres Strait Islander
Eye Health Conference
2022

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The Vision 2030 Workshop Report documents the thoughts and ideas of First Nations people working in First Nations eye health during a workshop held at the National Aboriginal and Torres Strait Islander Conference 2022 on Larrakia country, Darwin, on 24 May 2022. The ideas and thoughts from the workshop have been compiled in this public report and the information is available to be used with appropriate acknowledgement. It may be reproduced in whole or in part for study and training purposes, or by Aboriginal and Torres Strait Islander Community organisations subject to acknowledgement of the source and no commercial use or sale. Reproduction for other purposes or by other organisations requires written permission from Deadly Enterprises.

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i.

Acknowledgment of Country

We acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners of country throughout Australia and their continuing connection to both their land and seas.

We pay respect to Elders past, present and emerging.

We pay respect to all generations of Aboriginal and Torres Strait Islander people who participated in this workshop and in each way that this work will impact on their communities both now and into the future.

We acknowledge the Larrakia people of Darwin, Northern Territory and thank them for welcoming us to their lands for this workshop.

ii.

Acknowledgment of Key Knowledge Holders

We would like to thank the Aboriginal and Torres Strait Islander participants that attended and provided input into the workshop sessions.

We acknowledge the centrality of Aboriginal and Torres Strait Islander ways of being, knowing and doing.

We commit to integrating the insights garnered into planning and pathways that strengthen health outcomes for Aboriginal and Torres Strait Islander people.

We would like to thank the National Experts Group for Aboriginal and Torres Strait Islander Eye Health (NEGATSIEH) for their stewardship of this project and contribution to the workshop design and delivery.

We would also like to thank workshop facilitators Professor Sohail Inayatullah and Mr Shaun Tatipata who generously provided their time to support the thinking around this piece of work.

We would also like to thank Associate Professor Mitchell Anjou, Dr Guy Gillor, and Dr Khyber Alam for providing data projections to support the vision process.

We would like to thank The Fred Hollows Foundation for providing a grant to undertake this workshop.

Finally we would also like to thank the Sydney based Aboriginal consultancy agency TELL Consulting for contributing their expertise and supporting the editing of this report.



Professor Sohail Inayatullah, what a deadly fella.

iii. **Acronyms**

Acronyms	<i>Meaning</i>
ACCCHS	Aboriginal Community Controlled Health Service
AHW	Aboriginal Health Worker
AI	Artificial Intelligence
ATSIHP	Aboriginal and Torres Strait Islander Health Practitioner
CLA	Causal Layered Analysis
DVC	Deadly Vision Centre
NATSIEHC22	National Aboriginal and Torres Strait Islander Eye Health Conference 2022
PM	Prime Minister
NEGATSIEH	National Experts Group for Aboriginal and Torres Strait Islander Eye Health

iv. **Deadly Enterprises**

DEADLY ENTERPRISES Pty Ltd is an Aboriginal Enterprise striving to improve the health and well-being of Aboriginal and Torres Strait Islander communities.

The Deadly Vision Centre (DVC) was established in November 2022 with the aim of closing the gap in eye health outcomes for Aboriginal and Torres Strait Islander people by providing culturally safe eye health and vision care for the Darwin and Palmerston region.

The DVC self-determined approach to aboriginal health delivered by Aboriginal and Torres Strait Islander people is critical to addressing the ongoing inequity of Indigenous eye health care in Australia.

Currently Aboriginal and Torres Strait Islander people experience higher rates of vision loss and blindness and lower rates of preventative screening with as many as 1 in 3 Aboriginal and Torres Strait Islander adults having never had an eye examination. (*Arnold et al, 2009*).

The clinics' focus on the diagnosis and prevention of the main causes of vision loss - uncorrected refractive error, cataract, and diabetic retinopathy. If found early, 90% of the common causes of low vision and blindness are preventable and treatable. (*Arnold et al, 2009; Taylor & Stanford, 2010*)

Deadly Enterprises Aims to:

- Deliver high quality, culturally safe eye health and vision care services.
- Provide access to affordable, appropriate and fashionable (Deadly) Eyewear.
- Improve processes and outcomes of care by coordinating the navigation of the eye care pathway for Aboriginal and Torres Strait Islander people at risk of vision loss or in need of specialist eye care.

We prioritise engagement with key stakeholders involved in the eye care pathway (Eg: Optometrist, Ophthalmologists and government agencies), to support the development of best practice processes and approaches that support greater outcomes for Aboriginal and Torres Strait Islander communities nationally.

About us:

Our "Deadly Team" have over 20 years experience working in Aboriginal and Torres Strait Islander health.

Founding Director, Shaun Tatipata is a Registered Aboriginal and Torres Strait Islander Health Practitioner (ATSIHP) with extensive experience in delivering and coordinating eye care services to Aboriginal and Torres Strait Islander communities.

Through his work with the Fred Hollows Foundation, the Indigenous Eye Health Unit at the University of Melbourne and his policy work in the community-controlled sector, Shaun has integrated this 'whole of system' understanding of eye care and health pathways into the work of DVC to support a strength based 'whole of system' approach to optimizing outcomes for Aboriginal and Torres Strait Islander communities.

Deadly Enterprises prioritises elevating Aboriginal and Torres Strait Islander voices, knowledge, wisdom and ownership over all aspects of the health journey of Aboriginal and Torres Strait Islander people. This approach also focuses on better system navigation across regions and advocates for streamlined care practices, that are accessible and culturally safe for Aboriginal and Torres Strait Islander communities.

Workshop Key Findings

1.1 BACKGROUND

Aboriginal and Torres Strait Islander people experience blindness and vision loss at three times the rate of other Australians and wait significantly longer for common vision-saving treatments.

(National Eye Health Survey, 2015)

The causes of this gap in eye health are multi factorial with large service delivery gaps existing. The gaps include significant workforce shortages and maldistribution, chronic poor investment in preventative healthcare and services that are not culturally safe for Aboriginal and Torres Strait Islander patients.

The Aboriginal and Torres Strait Islander population are projected to reach 1 million in the year 2030. Data modeling, based on the current eye health workforce and service delivery trajectory, indicates an increased need for eye examinations with limited uptake of services and resourcing to support the populations' growing need. *(Gillor & Anjou, 2022).*

This future forecasting illustrates a limited increase in the uptake of health checks, diabetic eye examinations and retinopathy treatment as well as a continued low representation in the eye health workforce with an even smaller number of first Nations eye health specialists. *(Gillor & Anjou, 2022)*

To significantly change the projected outcomes for Aboriginal and Torres Strait Islander peoples, a vision and plan on how to affect "whole of systems' changes are needed to truly close the gap in vision for Aboriginal and Torres Strait Islander communities across Australia.

1.2 BACKGROUND TO WORKSHOP

Deadly Enterprises developed the concept for this project and received guidance and support from NEGATSIEH.

The activity sought to create a space for Aboriginal and Torres Strait Islander people committed to eliminating avoidable vision loss and blindness in our communities to develop a shared vision and goals to pursue. Funding was provided by The Fred Hollows Foundation and support provided by Indigenous Eye Health at the University of Melbourne and the University of Western Australia.

The report seeks to elevate the voices of the First Nations people working in eye health and serves as a call to action for Governments and the Eye Health and Vision Care Sector to invest in the areas that we know will make a difference for our mob.

1.3 NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER EYE HEALTH CONFERENCE 2022 (NATSIEHC22) WORKSHOP

On May 24th, 2022, on Larrakia country, Darwin, the NATSIEHC22 was convened.

A key objective of the Conference was to provide space and support for Aboriginal and Torres Strait Islander delegates to commence work on developing a shared vision and goals to improve eye health outcomes for Aboriginal and Torres Strait Islander Australians.

Workshop Key Findings (Cont.)

Participants in the conference come from varied backgrounds including Aboriginal Community Controlled Health Services (ACCHS), primary care service providers, eye care clinicians, policy makers, non-government organisations, hospitals, professional peak bodies and government departments from across the country. Aboriginal and Torres Strait Islander delegates were invited to attend a closed session workshop led by Deadly Enterprises, that focused on understanding the collective future focuses and vision for Aboriginal and Torres Strait Islander eye health in Australia up to 2030.

A full day workshop was facilitated by future studies expert, Professor Sohail Inayatullah and Aboriginal Health Worker (AHW) and eye care provider, Mr Shaun Tatipata. The workshop delivery was split into three sections, each focusing on understanding what aspects of current and potential future focused elements that could contribute to a vision to improve eye care for First Nations Peoples.

1.4 KEY FINDINGS

The workshop discussion pulled out some key principles that should be addressed to optimise eye health care outcomes for First Nations people.

These include the need to:

- **INVEST IN TECHNOLOGICAL ADVANCES.**

There was consensus that within the current world, technology offered the greatest ability to both expedite screening and treatment pathways and increase local connection and capability of health workers across Australia.

- **BUILD FINANCIALLY SUSTAINABLE EYE HEALTH CARE MODELS.**

The eye health care model must evolve to focus on holistic, culturally safe, integrated and collaborative service models for communities across Australia.

- **STRENGTHEN EYE HEALTH WORKFORCE CAPABILITY.**

Central to growth and building services in communities is strengthening the technical skills of local community health workers. Increasing representation, the number of eye health workforce and First Nations people trained in eye health professions was identified as critical.

- **UNDERSTANDING THE IMPACT OF LEADERSHIP CHANGES ON EYE HEALTH.**

Understanding the effects of greater leadership/political agendas on First Nations eye health nationally, was identified as a priority. Adequate risk mitigation planning was suggested as important to negate these potential effects.

- **THE LOW VISION AND BLINDNESS LIFE COURSE IMPACT FOR YOUNG ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE.**

The greater impact of low vision and blindness and its effects on young people eg: Mental Health needs, was identified as important to building healthy futures.

CONT. OVER

Workshop Key Findings (Cont.)

Finally, participants felt there were three (3) critical processes that were central to the success of strengthening systems. They included:

- **THE FORMATION OF A NATIONAL FIRST NATIONS EYE HEALTH PEAK.**

The presence of a First Nations Eye Health peak would provide collaborative First Nations sector leadership in eye health with this voice reflected in all levels of Government. This body would be critical to focusing 'whole of systems' approaches into a strength-based model that is co designed with the community to effect change to pathways that would strengthen eye health capability in the sector.

- **A FOCUS ON PREVENTION**

The importance of early and consistent strength-based health promotion, screening, and clinical assessment of eye health and vision was identified as a critical process to impede the progression of vision loss and blindness in communities. Prevention focusing on children and people with diabetes was also identified as important.

- **NATIONAL DATASET OF EYE HEALTH**

The importance of a nationally integrated data set for Aboriginal and Torres Strait Islander eye health was also identified as critical. The presence of strengthened data systems could also lead to building greater evidence and understanding the impact of interventions to treat eye conditions.

- **1.4 CONCLUSIONS**

The workshop provided a unique opportunity to garner the thoughts of the Aboriginal and Torres Strait Islander eye health workforce that could help build a focus for future eye health initiatives for First Nations Peoples.

A critical next step identified in this workshop is the formulation of an Aboriginal and Torres Strait Islander eye health peak body to lead the sector on Aboriginal and Torres Strait Islander eye health. This body will be key to take the principles outlaid in this document and continue the build out of the vision and action plan for eye health care for 2030.



All the deadly mob at the workshop

Appendix A - Workshop Notes

1. SETTING THE SCENE

Although collaboration and consultation with Aboriginal and Torres Strait Islander people is vital in the planning and execution of the healthcare services, most existing paradigms have, at best, had limited success.

The workshops provided a unique opportunity to garner the thoughts of the Aboriginal and Torres Strait Islander eye health workforce on the key attributes that could contribute to a vision and enable the creation of services that are prevention-focused, culturally safe and responsive, and equitable.

2. METHODOLOGY

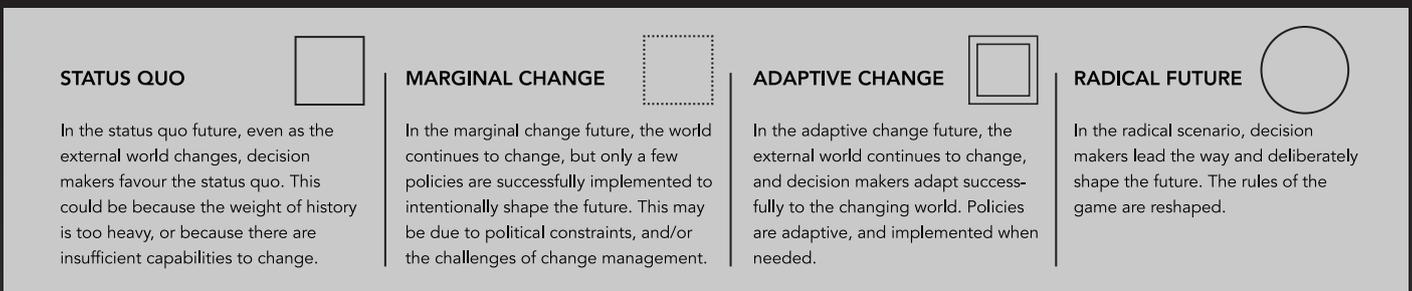
A preferred future and vision for Aboriginal and Torres Strait Islander eye health in 2030 was developed using strategic foresight tools through several facilitated workshops and exercises.

Future studies are defined as 'the systematic study of possible, probable and preferable futures including the worldviews and myths that underlie each future' (Inayatullah, 2013).

It is a decades-old discipline that is increasingly being used by decision makers in both the public and private sectors to explore potential future scenarios and guide today's decision making to drive innovation and progress for tomorrow.

The practice of strategic foresight has evolved from futures studies and is a structured systematic way of using ideas about the future to anticipate and better prepare for change. Many potential frameworks exist - the methodology described herein reflects the framework that was used in the workshops.

Initially, several critical success factors are explored. Key concepts such as the future as a learning journey and challenging used futures practices - these are current practices that continue to be used, despite no longer working or serving their purpose and are introduced as well as considered. These concepts are examined by asking participants to reflect on several important questions. After this, four potential future scenarios are developed, using the 'Change Progression Method' developed by Inayatullah and Milojevic. (Inayatullah, 2021)



Picture 2: Change Progression Method (Inayatullah, 2013)

CONT. OVER

Appendix A - Workshop Notes (Cont.)

Formulating these scenarios helps to identify a limited set of examples of possible futures that provide a valuable point of reference when evaluating current policies and strategies or formulating new ones.

A preferred future is then created and then using back casting, participants work backwards, identifying actions, events and data points that connect the future with the present.

In the final step, an exercise called CAUSAL LAYERED ANALYSIS (CLA) is used. CLA aims to identify the views underpinning diverse perspectives about the future by identifying four levels of causality - visible (or litany), causes, worldview and metaphors or myths.

The goal of this method is to encourage the deconstructing of conventional thinking to produce a shared view of possible future outcomes that can break existing paradigms of thinking and operating.



More deadly mob at the workshop

Workshop Session 1

During the first workshop, the methodology described previously was introduced to participants, and three key questions asked.

Question 1

What is impossible today, but, if possible, changes everything?

Responses Included:

- **ARTIFICIAL INTELLIGENCE...**
and other technologies (deep learning, machine learning) enabling community learning.
- **ARTIFICIAL INTELLIGENCE**
Leading to thriving communities.
- **SERVICE EQUITY**
- **SOCIAL WELLBEING**
- **A PARADIGM SHIFT**
To a collaborative approach for eye health care
- **FINANCIAL ENABLING**
That supports service delivery

A group explored what a preferred future could look like with the benefit of artificial intelligence (AI) and other technologies.

An ideal scenario was developed for a multidisciplinary team meeting about a patients' eye care needs. Instead of having to travel to a central hub, the patient can stay at home and have family/friends present with them during the meeting. Using technology, the team of professionals providing care included a GP, an Aboriginal Health Worker/Practitioner, an Optometrist, and Ophthalmologist, a Diabetes Educator and an Endocrinologist could be 'present' with the patient and family in real time and discuss any health issues collaboratively.

A plan was formulated centering the patients' aspirations and needs whilst factoring in the family and cultural obligations.

CONT. OVER

Workshop Session 1 (Cont.)

Question 2

What is an example of a *used future?

* A used future is a practice that continues to be engaged in, even though it does not work. It is one in which we keep doing what has previously been done, even though it is less relevant to a changing world and does not bring us closer to our ideals.

Responses Included:

- Current funding models are restrictive and localised.
- Absence of a holistic approach
- Fragmented health records systems in communities
- Not training Aboriginal Health workers to deliver eye care
- Absence of culturally safe health care centers/models

Question 3

Which emerging issues do you anticipate

Responses Included:

- Early identification of leaders who will send the country backwards. *(Recognise them & don't put them into power)*
- Mental health challenges among young people in the next 10 years. *(Plan for it and around it)*
- The emergence of private services... *...impacting funding channels for community services.*
- Highly technology literate Aboriginal Communities.
- Artificial Intelligence & technology... *...helping health workers to stay connected.*
- Cost of educating health care Professionals increasing.
- Encouragement for more First Nations people *...to become eye care professionals.*
- The gap between rich and poor to increase... *...due to access to differential access to technology.*

4. Workshop Session 2

The second workshop was used to explore four alternative potential futures for Aboriginal and Torres Strait Islander eye health in 2030, in addition to the formulation of one preferred vision for the future.

Participants were divided into groups and tasked with creating four scenarios using the “Change Progression Method” describe previously.

4.1 NO CHANGE

In a ‘no change scenario’ business continues as usual.

The prevailing attitude is that the situation is not that bad, we are on track to closing the gap eventually, there is no need to take any risks.

Non-Indigenous groups continue to lead with varying levels of Aboriginal and Torres Strait Islander consultation. The Australian healthcare system fails to adapt and innovate, rejecting the potential utility of AI and technological tools.

Eye health pathways continue to be a ‘leaky pipe’ with services concentrated in capital cities that are not culturally safe or secure for Aboriginal and Torres Strait Islander patients.

4.2 MARGINAL CHANGE

In a ‘marginal change scenario’ it is felt that change is scary.

The group exploring this future discussed the negative connotations of three words/phrases they would like to see replaced.

The first word ‘*remote*’ appeared to be perceived as connected to being a burden to society.

The second word was ‘*overcrowding*’. The group felt that using this word to describe Aboriginal and Torres Strait Islander dwellings was inappropriate, and a more correct description would be of inadequate, substandard housing. The group pointed out that Aboriginal and Torres Strait Islander families do not live in the typical European nuclear family unit and that housing infrastructure needs to reflect the way that Aboriginal and Torres Strait Islander families live.

The last phrase was ‘*capacity building*’. The group felt it reflected skill capability and that it sounded like a deficit approach. In their opinion, Aboriginal and Torres Strait Islander communities were full of capability with it just needing to be better coordinated and utilised.

CONT. OVER

4. Workshop Session 2 (Cont.)

4.3 ADAPTIVE CHANGE

In an 'adaptive change scenario' the group would like to see primary prevention of eye issues implemented for all Australian children with every child screened regularly commencing prior to starting school.

The group also wanted to see screening for diabetic retinopathy in Australians with diabetes, commencing at diagnosis with populations living in rural or remote areas being aided by technology such as AI to assist.

4.4 RADICAL CHANGE

A 'radical change scenario' sees a significant shift in the ideology of healthcare.

The group felt that in the future, the current 'reactive' model of healthcare of waiting for symptoms to occur and then seeking help, would be obsolete.

Health promotion activities would have been part of this success story with the government fully funding a holistic, proactive approach to health in the community.

Advances in medical research and technology would allow for curative treatment for eye conditions.

Critical to this future success would be radical leadership transformation in the Australian community, with Aboriginal and Torres Strait Islander representation and voices at all levels of government.

4.5 KEY STRATEGIES NEEDED TO IMPROVE EYE HEALTH

The above four scenarios provide different visions for the future of the eye health sector for Aboriginal and Torres Strait Islander people. Below are some of the visions for the Aboriginal and Torres Strait Islander eye health sector in 2030.

- Radical change in eye health education for communities, led by First Nations people.
- Every child in Australia by age 5 has had a comprehensive eye health examination.
- Equitable access to eye health services regardless of location. Patient led technology driven eye health care.
- Better health outcomes through Aboriginal and Torres Strait Islander co-designed pathways.
- Challenging concepts such as 'remote' 'overcrowding' & 'capacity building'.
- Every product or process seen through a First Nations lens.
- Software and technology processes to revolutionise eye care service delivery.
- Our choice, our vision through a national peak body for Aboriginal and Torres Strait Islander Eye Health.

5. Workshop Session 3

5.1 BACKCASTING

During the third workshop, the groups undertook an exercise in exploring pathways to making the preferred vision for the future a reality utilising a back casting framework.

Although a theoretical model, it can serve to provide aspirational targets for future development. Potential key elements in creating the preferred vision are listed in the table below:

2023	Co-designed programs to improve health outcomes
2023	Successful referendum on constitutional recognition
2023	Establish national peak body for eye health
2023-2024	Establish national framework and guidelines for eye health
2026	Workforce structures that are First Nations led.
2027	Promotional activities & initiatives for prevention of eye disease
2028	Patient led; AI co-designed programs implemented
2030	First Aboriginal Prime Minister
2030	Revolutionary technology to allow equal access to all
2031	Drone delivering/transporting urgent eye care treatments such as eye drops

Table 1: Backcasting Events

Table 1: BACKCASTING EVENTS

Steps to Realising to preferred future backcasting.

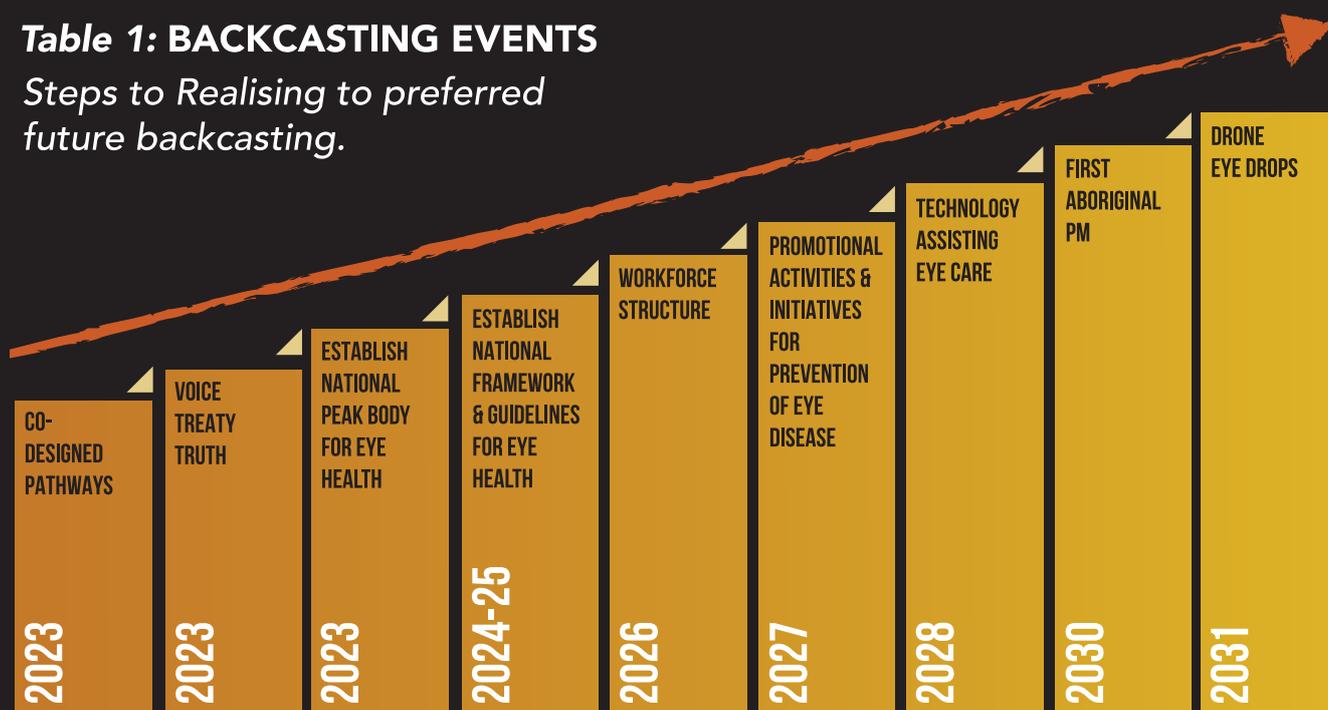


Figure 1: Backcasting Events

CONT. OVER

5. Workshop Session 3 (Cont.)

5.2 FUTURE METAPHORS

Metaphors can be a powerful tool in framing and shaping thinking and responses to an issue. In this workshop participants were encouraged to formulate metaphors for the eye care sector as it currently is, as well as metaphors for the preferred future vision to understand where we could be. The metaphors devised by the group are listed in the table below.

OLD metaphor

NEW metaphor

'GET WHAT YOU ARE GIVEN'	MORE EDUCATION, FUNDING, RESOURCES, EDUCATIONAL INITIATIVES
'LIGHTS ARE ON, NO ONE IS HOME'	WELL-OILED MACHINE, ALL PARTS ARE IMPORTANT AND 'WORKING TOGETHER'
'EYE CONDITIONS ARE AS COMMON AS WET SEASONS'	EYE CONDITIONS ARE AS RARE AS DIAMONDS
 LIMITED SERVICE	FULL SERVICE 
'Health promotions are as effective as Scott Morrison as Prime Minister (PM)'	HEALTH PROMOTION IS AS EFFECTIVE AS NELSON MANDELA
HOUSE WITH NO WALLS	HOUSE BY US , FOR US AND WITH US!

Table 2: Metaphors for Today and Tomorrow

5. Workshop Session 3 (Cont.)

5.3 CAUSAL LAYERED ANALYSIS

In the final workshop exercise, the group undertook a causal layered analysis, comparing the current eye care sector with the preferred future vision. The responses from the group are listed below:



Table 3: Causal Layered Analysis



Our vision in our hands you mob

Appendix B - References

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