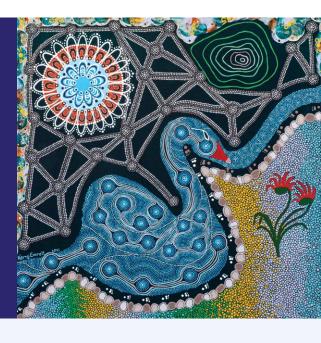


Reconciliation Action Plan Painting

NAME: Connections





The artist is Kerry Everett,
Aboriginal Eye Health
Coordinator, Lions
Outback Vision. Kerry
is a Plangermairreenner
woman from the
Ben Lomond people,
a community of the
Cape Portland nation
in North-East Tasmania.
She is pictured with
her granddaughter.

This painting represents the journey of Lions Outback Vision and the vision of Associate Professor Dr Angus Turner with the support of the Lions Eye Institute to take a specialised ophthalmology service out to remote and urban Aboriginal communities. It is about connecting patients to our services.

For me to do this painting I had to think and dream about how the organisation has gotten to this point. In my dream I could see the places we have visited throughout WA, I have painted the towns and the roads travelled in brown dots.

The blue circle represents the Lions Eye Institute board members, supporting Lions Outback Vision staff to deliver a culturally safe program across WA.

Kings Park is a significant Aboriginal site to the local Noongar people, the kangaroo paw is the state flower, the spiritual meaning is openness, sensitivity, understanding and vulnerability.

I have added white and brown footsteps representing the two cultures coming together to work towards improving sight across the state.

I have spiritual warriors watching and protecting the journey the Lions Eye Institute and Lions Outback Vision are taking.

The swan (Maali) represents luck and good prosperity, I could see the swan clearly in my dream and so I researched the Perth map aerial view and can see the shape of the swan in the Swan River.

All these images I dreamt have come together in my painting to show the vision of these two organisations in recognising the importance of cultural understanding and cultural safety to create a safe environment for Aboriginal people, which is an important aspect for treatment.



ACKNOWLEDGEMENT OF COUNTRY

The Lions Eye Institute acknowledges the Traditional Owners of Country throughout Western Australia and recognises their continuing connection to land, waters and community.

We pay our respect to them and their cultures, and to Elders past, present and future in the spirit of reconciliation.

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For further information on the Lions Eye Institute Reconciliation Action Plan please contact Wendy Murray, wendymurray@lei.org.au



Lions Eye Institute Vision for Reconciliation

The Lions Eye Institute (LEI) vision for reconciliation is to make a significant contribution to closing the gap in Aboriginal and Torres Strait Islander peoples' eye health and to reducing the incidence of blinding diseases among Aboriginal and Torres Strait Islander communities.

By building relationships and mutual respect LEI will contribute to Aboriginal and Torres Strait Islander peoples' engagement and knowledge to achieve better eye health throughout life.





Our Business

The LEI is a not-for-profit centre of excellence that combines world class scientific research into the prevention of eye disease and blindness with the highest level of eye care delivery. Our activities are underpinned by a continuous improvement program and worldwide collaborative research as we strive to achieve our vision:

BETTER VISION FOR ALL.

Our clinical services are internationally recognised for:

- providing high-quality care
- a dedicated, passionate and professional team
- continued investment in the latest equipment and technology
- accreditation under NSQHS
- strong patient satisfaction ratings.

Our scientists work in close association with our clinicians to bring laboratory generated ideas and techniques to the level where they can be of benefit to people suffering blinding eye conditions. Our patients benefit by receiving the most advanced treatments available anywhere in the world.

LEI incorporates one of Australia's largest ophthalmic practices, including a Day Surgery Unit and Laser Vision Centre, Lions Eye Bank, Lions Optics, Lions Outback Vision and the Lions Save-Sight Foundation WA. All areas are encompassed by this Reconciliation Action Plan (RAP). The number of direct employees is 250 people with five staff identifying as Aboriginal and a fellowship for Aboriginal and Torres Strait Islander clinician trainees.

Our services are delivered through a combination of direct employees, clinicians who have an agreement with LEI, researchers employed through Universities and funding through research grants.

LEI delivers services across Western Australia with clinicians travelling to country areas and the Lions Outback Vision delivering services into regional and remote areas. Services and research are enhanced with the use of technology through teleophthalmology.

LEI service centres include:

- a combined research and clinical centre at the QEII medical complex which also houses the LEI central office
- a second clinical centre in Murdoch, a southern suburb of Perth
- a third **small clinic** in Midland, in the eastern suburbs of Perth
- clinics for Aboriginal and Torres Strait Islander patients are held at Derbarl Yerrigan (Aboriginal Medical Health Services) in East Perth
- a recently opened centre in Broome, the Lions Outback
 Vision Kimberley Hub, that provides a service centre for the Kimberley and Pilbara regions

 the Lions Outback Vision van, a mobile specialist eye health clinic travelling from Kununurra in the north to Albany in the south twice a year.

LEI is committed to working to prevent and cure blindness and eye disease among Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander people represent 3.4 per cent of the total Western Australian population and of these, 62 per cent of the people live in rural or remote areas. This underpins the need for LEI to extend its presence in rural and remote areas of Western Australia.

LEI recognises that eye sight of Aboriginal and Torres Strait Islander peoples is very strong when young but also subject to deterioration as a result of limited or poor access to services and other health related factors. Across Australia vision loss among Aboriginal and Torres Strait Islander peoples occurs at 2.8 times the rate of non-Indigenous Australians.¹

The leading causes of vision impairment and blindness (vision loss) for those aged 40 and over are refractive error (61 per cent), cataract (20 per cent) and diabetic retinopathy (5.5 per cent) – which are all treatable conditions.

¹ Australian Institute of Health and Welfare 2019. Indigenous eye health measures 2018. IHW 210. Canberra: AIHW.



Lions Outback Vision

Lions Outback Vision provides outreach services through clinics and surgeries in regional public hospitals, regional clinics and the Lions Outback Vision Van. Lions Outback Vision tackles the ongoing problem of underservicing Aboriginal and Torres Strait Islander peoples and resulting escalation of eye health and disease progression, higher care needs for late stage eye disease and possible permanent blindness. Lions Outback Vision has brought the benefit of early detection, treatment and

recovery to people who may otherwise have only attended an appointment at a hospital once a condition is very serious.

Lions Outback Vision is directly impacting the quality of life of people throughout the Pilbara, Kimberley, Goldfields, Midwest and Great Southern regions.

Lions Outback Vision's custom-built Vision Van was launched in 2016 and is a mobile eye health clinic that completes two circuits of Western Australian regions each year, working in: Albany, Katanning, Kalgoorlie, Leonora, Laverton, Wiluna, Newman, Meekatharra, Roebourne, Karratha, Port Hedland, Onslow, Exmouth, Broome, Derby, Fitzroy Crossing, Halls Creek, Kununurra, Wyndham and Warmun.

In addition Lions Outback Vision provides visiting optometry services to very remote communities.

Lions Outback Vision Kimberley Hub

A major challenge in addressing the gap in eye health is connecting regional and remote Western Australians to eye health services.

In remote Western Australia, eye specialist coverage is up to 19 times lower than in urban Australia. Lions Outback Vision has embarked on an ambitious new plan to meet the increasing demand for eye health services in the Pilbara and the Kimberley.

LEI opened a multi-disciplinary eye health clinic and education centre in Broome in 2020, creating a hub for eye care.

A major focus of the hub is tackling the high rates of vision loss and blindness in Aboriginal and Torres



Strait Islander communities – 11 per cent of the north west Aboriginal and Torres Strait Islander population are vision impaired or blind.²

LEI Research

In meeting the goals of this RAP, LEI will harness its strengths in translational research and innovation to optimise the clinical responses to eye disease in Aboriginal and Torres Strait Islander patients and to increase engagement in active prevention of eye disease.

While 90 per cent of vision loss for Aboriginal and Torres Strait Islander peoples is preventable or treatable, 35 per cent of Aboriginal and Torres Strait Islander peoples have never had an eye examination.³

The current research base informs understanding of the incidence, progression and treatments for eye disease.

The research focus areas are:

- glaucoma
- diabetic and vascular retinopathy
- Indigenous and community eye research
- genetic eye disease, gene therapies and macular degeneration
- cornea, ocular surface and ocular immunology.

LEI's research approaches include:

- practical partnerships with Aboriginal and Torres Strait Islander specific and other health providers
- translational research
- epidemiological research
- university research collaboration.

LEI seeks to expand knowledge and strategies to build an understanding of effective preventions and support work, through health promotion and active engagement of Aboriginal and Torres Strait Islander partners and communities. We recognise the importance of culturally appropriate methodologies for information collection and analysis, which at a minimum include:

- enabling ownership of the process of gathering information
- creating opportunities for Aboriginal and Torres Strait Islander peoples to be trained and employed as part of the information gathering and in interpreting the outcomes
- making the information available to be used to increase knowledge and ownership of research and evaluation information
- facilitating use of research by Aboriginal and Torres Strait Islander peoples to identify and action eye health improvement options.



^{2,3} The National Eye Health Survey 2016. Centre for Eye Research Australia and Vision 2020 Australia.



Our Reconciliation Action Plan

Our work on this RAP commenced in May 2019, with endorsement by the LEI Board, to develop a Reflect RAP. Subsequently a RAP Working Group was convened with members of the Executive, Lions Outback Vision team and senior clinicians.

The development and submission of the Reflect RAP was delayed by COVID-19. At the same time many actions proposed in the plan were implemented, and based on the guidance of Reconciliation Australia, LEI has redeveloped the proposed Reflect RAP to be an Innovate RAP.

This RAP reflects to our celebration of Aboriginal and Torres Strait Islander peoples, cultures, diversity, strengths and contributions to society.

LEI is building relationships and partnerships, and ensuring the organisation has strategies in place to demonstrate respect for culture. Many of the identified actions build on existing partnerships.

The Opportunities section includes: improving access to eye health care and achieving better eye health outcomes, engaging in research to prevent eye disease and blindness in accordance with the LEI mission, and increasing Aboriginal and Torres Strait Islander peoples' employment working in the field of eye health.

RAP Aboriginal and Torres Strait Islander Peoples Reference Group

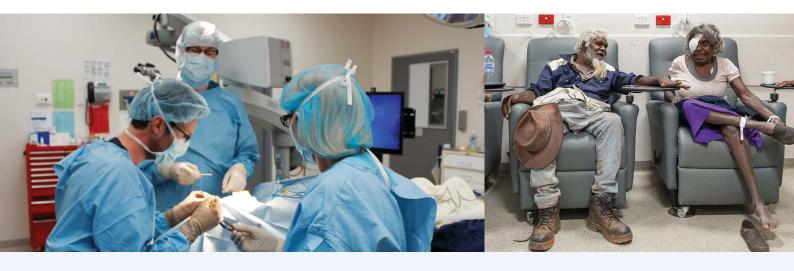
LEI is in the process of formally establishing its Aboriginal and Torres Strait Islander peoples' Reference Group.

Currently LEI is working with Aboriginal and Torres Strait islander community representatives and organisations to ensure Aboriginal and Torres Strait Islander voices are part of the decision making for how our clinical services are delivered.

- Representatives of the Nyamba Buru Yawuru community in Broome have advised on the development of the Lions Outback Vision Kimberley Hub. Community Elders participate in regular meetings.
- The Lions Outback Vision team works closely with Derbarl Yerrigan Health Service for culturally secure service provision in the Perth metropolitan clinics and has ongoing consultations on services with the organisation.
- As part of developing this RAP LEI has consulted with: Moorditj Djena, in particular in relation to the development of a clinical eye service in Midland and diabetes prevention; North, South and East Metropolitan Aboriginal Health Strategy Directors in relation to community advisory groups; Aboriginal Community and Population Health in relation to positive eye health messaging; Marr Moorditj in relation to Aboriginal health worker training and participation in eye health programs.

These consultations will inform the formal reference group which will share the first hand and reported experiences of Aboriginal and Torres Strait Islander people about eye health, clinical services, directions for research in eye health and inclusion of Aboriginal and Torres Strait Islander people in the organisation's strategic directions.

This formal group will provide advice to the RAP working group and also to the overarching LEI Community and Consumer Advisory Group.



LEI RAP Working Group

Our RAP champion is the Managing Director Professor Bill Morgan.

The delivery of the plan will be led by our dedicated RAP Working Group and our Board.

It is supported by a senior staff member, the RAP Coordinator, who manages reporting on status of activities, liaison with all individuals responsible for activities, support for implementation activities as required and consultation with stakeholders.



The working group members include:

- Professor Bill Morgan, Managing Director.
- Angus Turner, McCusker Director, Lions Outback Vision.
- Tania Hudson, Chief of Staff.
- Christine Stott, Manager, Lions Outback Vision.
- Dr Hessom Razavi, Director Community and Education.
- **Kerry Everett**, Aboriginal Eye Health Coordinator, Lions Outback Vision. Ms Everett is a Plangermairreenner woman from the Ben Lomond people, a community of the Cape Portland nation in North-East Tasmania. She is married to a Noongar man.
- Elizabeth Wilkes, Aboriginal Eye Health Coordinator, Lions Outback Vision. Ms Wilkes is a Ballardong/Wadjuk woman from the Derbarl Yerrigan area.
- Dr Kiri Gates, an Aboriginal clinician whose ancestral home is
 Bidyadanga.⁴ Traditional Owners of the land are the Karajarri people.
- Wendy Murray, Project Manager, Research Strategy Implementation.

⁴ Bidyadanga is the largest remote Aboriginal community in Western Australia, located on the Kimberley coast 1590 kilometres from Perth and 180 kilometres from Broome. Bidyadanga has a population of approximately 750 residents and is home to the Karajarri, Juwalinny, Mangala, Nyungamarta and Yulpartja language groups.

Our RAP Goals

THE FIVE GOALS OF THE RAP ARE:

- Increasing the number of Aboriginal and Torres Strait Islander eye health practitioners.
- Increasing Aboriginal Health Worker knowledge and awareness of eye health and care.
- Promoting role models of good eye health and eye care from among Aboriginal and Torres Strait Islander peoples.
- 4 Building knowledge and ability of Aboriginal and Torres Strait Islander patients to prioritise their own eye health care and that of their families.

- Information sharing and positive messaging:
 - Positive focus using messaging of 'excellent eyes', and 'good food good eyes; good tucker good eyes'.
 - Aboriginal Health Workers are central to excellent eye health and promoting eye health.
 - More Aboriginal and Torres Strait Islander practitioners will contribute to positive health outcomes, culturally safe services and increase professional employment levels.
 - Research helps reduce blindness by increasing the methods and effectiveness of prevention and treatment.
 - Greater knowledge and awareness among general health practitioners of the importance of eye health and early intervention.

We plan to work with Aboriginal health providers and Aboriginal and Torres Strait Islander communities in alignment with the WA Aboriginal Health and Wellbeing Framework, developed by WA Aboriginal Health Services through state-wide community consultation.⁵ The LEI RAP goals contribute to priority areas of the WA Aboriginal Health and Wellbeing Framework.

WA ABORIGINAL HEALTH AND WELLBEING FRAMEWORK

Vision: Aboriginal people living long, well and healthy lives.

GUIDING PRINCIPLES	STRATEGIC DIRECTIONS
Cultural security	Prevention and early intervention
Partnerships	Promote good health access across the life course
The health and wellbeing of Aboriginal people is everybody's business	A culturally respectful and non-discriminatory health system
Aboriginal community control and engagement	Individual, family and community wellbeing
Access and equality	A strong, skilled and growing Aboriginal health workforce
Accountability	Equitable and timely access to the best quality and safe care

⁵ The Aboriginal community requested the WA Health and Wellbeing Framework use 'Aboriginal' in preference to Aboriginal and Torres Strait Islander peoples.

Our Reconciliation Journey

EARLY LEADERS

LEI ophthalmologists have been working with Aboriginal and Torres Strait Islander peoples in regional and remote areas of Western Australia since the 1970s, including ophthalmologist and founding LEI Managing Director, Professor Ian Constable AO, and LEI consultant Dr Richard Cooper.

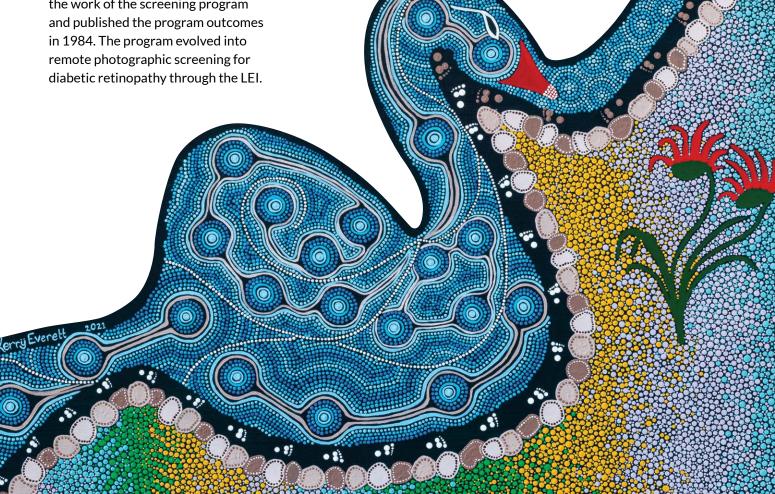
Professor Constable also worked with Dr Fred Hollows AC from 1976, when Dr Hollows won a grant to conduct eye screening programs throughout rural Australia.

Professor Constable has made regular field trips to the Kimberley and the Ngaanyatjarra Lands in the Blackstone Ranges. He established a state-wide diabetic retinopathy screening program in 1976 with the support of the Lions Club organisation.

Professor Constable documented the work of the screening program Through Professor Constable, the LEI has a decades-old commitment to the Gija people of Warmun and surrounding settlements, that has lasted to the present day.

He is a co-founder of Gija Total Health, an active source of grant funding, health and social welfare projects for the Warmun community.

Between 1992 and 2003 Professor Bill Morgan, now the LEI's Managing Director, and others introduced eye screening and treatment programs in the Eastern Goldfields. Through annual visits they screened more than 3,800 children, and their work led to a drop in prevalence of intense trachoma from five per cent eye disease to less than one per cent in local communities.



Our Reconciliation Journey (cont.)



COMMITTED STAFF

The LEI's Professor Ian McAllister made annual 10-day visits to the Central Desert and Ngaanyatjarra Lands between 1986 and 2002, for childhood trachoma detection, diabetic retinopathy and cataract screening, lid surgery and general ophthalmology.

He also undertook trachoma screening to understand the prevalence of Polymerase Chain Reaction (PCR) detected disease in communities in the Kimberley and published his results on the seasonal correlation between the prevalence of trachoma and bush fly numbers.

Professor McAllister continued annual surgical and general ophthalmology visits to the Aboriginal communities of the east and west Kimberley region up to 2005.

Many other Lions Eye Institute representatives have made long term commitments to improving the eye health of Aboriginal people including Dr Jean-Louis DeSousa and Dr Mei-Ling Tay-Kearney, working in the Wheatbelt and Gascoyne areas of Western Australia.

TRAINING IN TECHNOLOGY AND SCREENING

Between 1990 and 2010, the LEI's Professor Ian McAllister and Chris Barry conducted hands-on training for Kimberley Aboriginal health workers in non-mydriatic camera diabetic retinopathy screening.

Under the guidance of Professor McAllister and Mr Barry, this program was expanded to include camera screening in the mid-1990s in Perth through Derbarl Yerrigan, in Geraldton, and in Warburton in the eastern Ngaanyatjarra Lands. In 2005, with a grant from BHP Billiton, the program was implemented in the Pilbara.

In the early 2000s, the LEI developed a medical online web-based software program to improve state-wide management of medical records and communication. The program provided a personalised private record for every individual, enabling storage of tests and medical images and the coordination of all branches of medicine serving the individuals involved.

In 2009 this new system was trialled by a LEI team in the Kimberley, where a week-long screening of the Gija people at Warmun and surrounding outstations was carried out.

More than 350 residents including 120 children were screened for blinding eye disease and tested for the need for glasses. The LEI team was joined by local Kimberley optometrist Margie O'Neill and Dr Angus Turner.

The program was subsequently extended to the remote Ngaanyatjarra Lands, east of the Warburton Ranges near the South Australia/Northern Territory border, with Professor Constable, Dr Richard Gardiner and an LEI team developing a service for 1,800 people scattered among 12 of Australia's most remote communities.

NEW SERVICE TO REMOTE AREAS

In 2010 LEI created the Indigenous and Remote Eye Health Unit, led by Dr Angus Turner, which became Lions Outback Vision in 2013.

It brings critically needed eye care including professional diagnosis, treatment and surgery services to thousands of remote, rural and Aboriginal and Torres Strait Islander peoples in Western Australia supported by worldleading research and eye health education.

The 2014 Lions Outback Vision Fellow, Dr Hessom Razavi, saw more than 2,000 Aboriginal patients in rural Western Australia as well as at Perth's Derbarl Yerrigan Health Service.

Dr Razavi has continued outreach work in the Goldfields, Ngaanyatjarra Lands, Kimberley and the Pilbara, as well as internationally, and he supports the development of Aboriginal Health Workers through teaching diabetic retinopathy screening.

He is the Principal Investigator on the OASIS trial which is the world's first ophthalmic clinical trial with exclusively Aboriginal and Torres Strait Islander or Indigenous participants.



The trial seeks to find the best treatment for sight-threatening diabetic eye disease in Aboriginal and Torres Strait Islander peoples.

In 2016 a custom-built Vision Van was launched and annually undertakes two circuits of Western Australian regions.

Services continue to increase and Lions Outback Vision provides significant eye health services to Aboriginal and Torres Strait Islander people throughout the state.

In 2019:

- 2152 (38 per cent of total patients) Aboriginal and Torres Strait Islander peoples were assessed and treated by Lions Outback Vision outreach clinicians.
- 402 (47 per cent of total patients) Aboriginal and Torres Strait Islander peoples were seen through Lions Outback Vision metropolitan services.
- 2296 (91 per cent of total patients) Aboriginal and Torres Strait Islander people were seen by a visiting optometrist.



AN URBAN PATHWAY

The LEI and Perth's Derbarl Yerrigan Health Service has initiated an 'urban pathway' to provide the services of retinal photography, optometrists, ophthalmologists and Aboriginal Health Workers in a culturally appropriate environment.

Data from the combined LEI
– Derbarl Yerrigan model has
shown a big improvement
in the number of patients
that are seen, increased
number of walk-in patients,
higher attendance rates for
appointments and lower
waiting times for surgery or
intravitreal injection.

Aboriginal Medical Service clinic staff are the enablers of Aboriginal and Torres Strait Islander patients at ophthalmology outreach appointments and the result is a highly effective collaboration between specialist eye services and a culturally appropriate Aboriginal Health Service.

Such models have the potential to help close the gap in visual outcomes for Aboriginal and Torres Strait Islander peoples.



Our Reconciliation Journey (cont.)

NEW SERVICE INNOVATION

Lions Outback Vision has been a global pioneer of telehealth technology to improve access to specialist care in remote and regional Western Australia, and the World Health Organisation's first global report on vision in 2019 featured a Lions Outback Vision case study Engaging rural and remote communities through telehealth.

Development of the Lions Outback Vision Kimberley Hub in Broome commenced in 2019 and now provides two ophthalmologists, an ophthalmology Fellow, a resident medical officer, an optometrist and an Aboriginal Eye Health Coordinator, located and residing in Broome.

The population of almost 100,000 people in the North West warrants three resident ophthalmologists when compared to urban service access; until the establishment of the hub there were none.

This progress has been made possible with the donation of a building and land by Wen Giving Foundation and Hawaiian, investment from the Commonwealth and State Governments and donations from The Fred Hollows Foundation and local Perth philanthropists. Importantly the hub will help tackle high rates of vision loss and blindness in indigenous

communities as well as help create local employment and build local capacity with Aboriginal Health Workers. A key partner is the Kimberley Aboriginal Medical Service. Aboriginal community Elders have been, and continue to be, engaged in the development.

The hub will release some of the time used by the Vision Van and enable more services throughout the Midwest, Goldfields and Wheatbelt, as well as extension of Lions Outback Vision work into the south of Western Australia to further improve access for Aboriginal and Torres Strait Islander rural and remote communities to specialist eye health services.

CHAMPIONS OF CHANGE



In 2018 Dr Kristopher Rallah-Baker made history while completing his Fellowship with Lions Outback Vision, becoming Australia's first Aboriginal ophthalmologist.

Dr Angus Turner is a member and chair of the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) Aboriginal and Torres Strait Island Committee and is a current member of Vision 2020 Aboriginal and Torres Strait Islander Eye Health Committee.

Dr Hessom Razavi is a member of the RANZCO Aboriginal and Torres Strait Island Committee.



PART OF NATIONAL CLOSING THE GAP WORK

LEI is committed to building capacity to advance research into eye diseases among Aboriginal and Torres Strait Islander peoples. We are part of the national effort to improve health outcomes among Aboriginal and Torres Strait Islander peoples through our active support for the Australian Government 2008 agreement to close the life expectancy gap within a generation.

LEI is a member of the peak body, Vision 2020 Australia, and is part of the Strong eyes, strong communities five year plan for Aboriginal and Torres Strait Islander eye health and vision released in 2019.

Our work toward reconciliation crystallised around the decision to commence work on a Reflect RAP in early 2019. This has since been converted to an Innovate RAP.

The first action was the formation of the RAP working group followed by brainstorming meetings to define what actions LEI could take that would assist in improving eye health outcomes for Aboriginal and Torres Strait Islander peoples.

Recognition of Aboriginal and Torres Strait Islander cultures and histories is a priority and an Acknowledgment of Country banner was designed and installed at the LEI Perth office in May 2019. A mandatory cultural awareness program for all staff was implemented early in 2020.

The organisation continues to consult widely with Aboriginal health organisations, many of whom are existing partners, and has accessed the knowledge of organisations who have completed their RAPs or established Aboriginal and Torres Strait Islander Consultative groups to extend our program of events and activity.



The RAP



Building strong relationships between LEI clinicians, researchers and staff and Aboriginal and Torres Strait Islander peoples is a critical factor in achieving better eye health outcomes. The partnerships with Aboriginal Health Service providers in Western Australia ensure culturally safe services and links specialist ophthalmology with front line Aboriginal Health Workers and community members. The goal of increasing understanding of eye disease and blindness in order to reduce incidence of eye disease is best undertaken in partnership with Aboriginal and Torres Strait Islander researchers.

ACTION	DELIVERABLES	TIMELINE	RESPONSIBILITY
1 Promote positive race relations	1.1 Conduct a review of HR policies and procedures to identify existing anti-discrimination provisions, and future needs.	June 2021	Director People and Culture
through anti- discrimination	1.2 Develop and implement an anti-discrimination policy for LEI in consultation with Aboriginal advisors.	December 2021	Director People and Culture
strategies.	1.3 Engage with Aboriginal and Torres Strait Islander staff and/or Aboriginal and Torres Strait Islander advisors to consult on our anti-discrimination policy.	December 2021	Director People and Culture
	1.4 Educate senior leaders on the effects of racism.	June 2021	Director People and Culture
Celebrate and participate in National Reconciliation Week (NRW) by providing opportunities to build and maintain relationships between Aboriginal and Torres Strait Islander peoples and other Australians.	2.1 Invite Aboriginal health workers engaged in external organisations: research, eye health, eye care, for information sessions and workshops around eye education.	27 May- 3 June 2021, 2022	Director Communications and Philanthropy
	2.2 Organise at least one internal (staff) event for NRW each year in Perth and one in Broome to build relationships between LEI, Lions Outback Vision and Aboriginal and Torres Strait Islander community members.	27 May – 3 June 2021 and 2022	Director Communications and Philanthropy
	2.3 Register all NRW events via Reconciliation Australia's NRW website.	By 27 April 2021 and 2022	Director Communications and Philanthropy
	2.4 LEI RAP working group representatives to participate in external NRW events – to recognise and celebrate NRW.	27 May- 3 June 2021 and 2022	Director Communications and Philanthropy
	2.5 Encourage staff, clinicians and researchers to participate in external events to recognise and celebrate NRW.	27 May – 3 June 2021 and 2022	Director Communications and Philanthropy

2 (cont.)	2.6 Download Reconciliation Australia's NRW resources and circulate to staff (via email).	27 May – 3 June 2021 and 2022	Director Communications and Philanthropy
Develop and maintain mutually beneficial relationships with Aboriginal and Torres Strait	3.1 Develop and implement an engagement plan to work with our Aboriginal and Torres Strait Islander stakeholders.	November 2021	RAP Coordinator
	3.2 Engage with Aboriginal Health Director from East, North, South and WA Country Health Services to develop strategies on prevention of eye disease and promoting inclusion of positive health messaging.	November 2021	RAP Coordinato
Islander peoples, communities and organisations to support positive health outcomes.	3.3 Meet with local Aboriginal and Torres Strait Islander organisations to develop guiding principles for future engagement – in particular with the four Community Advisory Groups established by the Aboriginal Health Directors.	November 2021	RAP Coordinator
	 3.4 Expand existing partnerships with Aboriginal service providers including: Derbarl Yerrigan Mooditj Djenna - Mooditj Koort Kimberley Aboriginal Medical Services. 	Scheduled meetings in place – review point July 2021	Director Lions Outback Vision
	3.5 Expand partnerships with Aboriginal Health Council of Western Australia, Indigenous Health Unit University of Melbourne, Vision 2020 Aboriginal and Torres Strait Islander Committee to increase focus on preventative health approaches that benefit eye health.	July 2021	Director Lions Outback Vision
Raise internal and external awareness of our RAP to promote reconciliation across our business and our sector.	4.1 Communicate our commitment to reconciliation publicly by implementing a communications strategy for launch of the LEI RAP, providing targeted information to researchers, clinicians and external stakeholders, placing the RAP on the website and promoting it at all public events.	June 2021	Director Communications and Philanthropy
	4.2 Explore opportunities to positively influence our external stakeholders to drive reconciliation outcomes.	Review point October 2021	RAP Coordinator
	4.3 Seek staff input for ongoing promotion and engagement of stakeholders in reconciliation activity.	June 2021	Director Communications and Philanthropy
	4.4 Implement strategies identified by staff in the survey to engage staff, clinicians and researchers in reconciliation.	December 2021	Managing Director
	4.5 Collaborate with RAP and other like-minded organisations to develop ways to advance reconciliation.	November 2021	RAP Coordinato
	4.6 Consult with Reconciliation Australia on national and state activities that can be supported by LEI to advance reconciliation.	November 2021	RAP Coordinator



Understanding and respecting culture helps us celebrate Aboriginal and Torres Strait Islander peoples, cultures, diversity, strengths and contributions to society and to deliver culturally safe services.

ACTION	DELIVERABLES	TIMELINE	RESPONSIBILITY
5 Engage staff, researchers, clinicians	5.1 Investigate opportunities to work with local Traditional Owners to develop cultural awareness training.	June 2021	Director People and Culture
and Board in cultural learning opportunities	5.2 Conduct a review of cultural learning needs within our organisation.	June 2021	Director People and Culture
to increase understanding and appreciation of Aboriginal and Torres Strait Islander cultures, histories and achievements.	5.3 Develop and implement an Aboriginal and Torres Strait Islander cultural awareness training strategy which defines cultural learning needs of staff in all areas of our business and consider various ways cultural learning can be provided. This includes identifying local cultural experiences and immersion opportunities via contact with Aboriginal organisations, and advertise these to staff, researchers and clinicians.	September 2021	Director People and Culture
	5.4 Identify appropriate cultural awareness training for LEI Board members and schedule a workshop before June 2021.	June 2021	Director People and Culture
	5.5 Identify appropriate cultural awareness training for LEI researchers and clinicians and schedule a workshop before June 2021.	June 2021	Director People and Culture
	5.6 Provide opportunities for RAP working group members, RAP champions, Director People and Culture and other leadership team members to participate in cultural training.	June 2021	Director People and Culture

Engage staff in understanding the significance of Aboriginal and Torres Strait Islander cultural protocols, such as Welcome to Country	6.1 Develop, implement and communicate a cultural protocol document for Welcome to Country and Acknowledgement of Country.	Endorsed by Board July 2021	Director Communications and Philanthropy
	6.2 Invite a local Traditional Owner or Custodian to provide a Welcome to Country or other appropriate cultural protocol at significant events each year.	July 2021	Director Communications and Philanthropy
and Acknowledgement of Country, to ensure there is a shared	6.3 Include an Acknowledgement of Country at the commencement of all important internal and external meetings.	July 2021	Chief of Staff
meaning.	6.4 Develop a list of key contacts for organising a Welcome to Country and maintaining respectful partnerships with the different contacts, including exploring further opportunities for collaboration.	Review annually November 2021, 2022	RAP Coordinator
	6.5 Increase staff understanding of the purpose and significance behind cultural protocols, including Acknowledgement of Country and Welcome to Country protocols by inviting Traditional Owners into the Perth LEI office to explain the significance of Welcome to Country and Acknowledgement of Country at the beginning of National Reconciliation Week.	June 2021	RAP Coordinator
7 Build respect for Aboriginal and Torres	7.1 Review policies to ensure that trainees and staff will be able to participate in NAIDOC events without barriers.	June 2021	Director People and Culture
Strait Islander cultures and histories by celebrating NAIDOC Week.	7.2 Provide opportunities for all Aboriginal and Torres Strait Islander staff to participate with their cultures and communities during NAIDOC Week.	First week of July 2021, 2022	Director People and Culture
week.	7.3 Consult with Aboriginal and Torres Strait Islander peoples to hold an internal NAIDOC Week event.	First Week of July 2021, 2022	Director Communications and Philanthropy
	7.4 RAP working group to participate in an external NAIDOC Week event.	First Week of July 2021, 2022	RAP Coordinator
	7.5 Promote and encourage participation in external NAIDOC events to all staff.	First Week of July 2021, 2022	Managing Director
8 Visibly promote Aboriginal and Torres Strait Islander cultures through artwork.	8.1 Commission Aboriginal artists from Broome to provide art installations at the new Lions Outback Vision Kimberley Hub.	March 2021	Director Lions Outback Vision
	8.2 Seek permission to re-use the Lions Outback Vision Kimberley Hub artwork in the Annual Report and other materials that are published by LEI.	March 2021	Director Lions Outback Vision



LEI is committed to reducing eye disease and blindness and recognises that Aboriginal and Torres Strait Islander health professionals are essential to achieving improved eye health outcomes among Aboriginal and Torres Strait Islander peoples. LEI will work to increase the number of, and knowledge and skills of Aboriginal and Torres Strait Islander health professionals working in eye care.

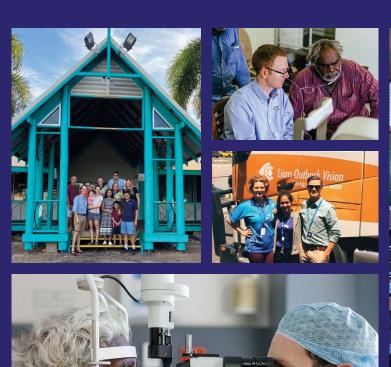
ACTION	DELIVERABLES	TIMELINE	RESPONSIBILITY
9 Improve access to eye health care for Aboriginal and Torres Islander patients and increase Aboriginal and Torres Strait Islander patient	9.1 Deliver information on providing eye health checks to Aboriginal programs and WA Public Health Alliance for distribution to GPs to promote an increase the number of eye health checks occurring in areas of high Aboriginal and/or Torres Strait Islander populations.	November 2021	Director Lions Outback Vision
	9.2 Reinstate school program in Broome area schools to educate children about healthy eating and impact of unhealthy foods on diabetes and resulting diabetic retinopathy as a cause of blindness.	February 2022	Director Lions Outback Vision
involvement in ongoing eye care.	9.3 Engage with local Aboriginal community groups, relating to both health and research as part of planning for an eye health care clinic in Midland that provides assessment and treatment for publicly funded patients.	August 2021	Director Community and Education
	9.4 Engage with new Optometry School at UWA to promote alignment with LEI initiatives for service models that enable better access and outcomes for Aboriginal and Torres Strait Islander clients.	November 2021	Managing Director
	9.5 Engage with local Aboriginal and Torres Strait Islander community groups, relating to both health and research as part of the new eye health care clinic in Broome providing assessment and treatment for publicly funded patients.	June 2021	Director Lions Outback Vision
Investigate opportunities to improve and increase Aboriginal and Torres Strait Islander employment outcomes within our workplace.	10.1 Increase the percentage of Aboriginal and Torres Strait Islander staff employed in our workforce including identifying a position for an Aboriginal and/or Torres Strait Islander trainee for client liaison and promoting eye health.	June 2021	Director People and Culture
	10.2 Advertise job vacancies to effectively reach Aboriginal and Torres Strait Islander stakeholders, as a minimum by including 'Aboriginal and Torres Strait Islander applicants are encouraged to apply' on adverts and advertising in appropriate media.	May 2021	Director People and Culture
	10.3 Conduct a review of HR policies and procedures to identify existing anti-discrimination provisions and future needs, and ensure there are no barriers to Aboriginal and Torres Strait Islander recruitment.	June 2021	Director People and Culture
	10.4 Build understanding of current Aboriginal and Torres Strait Islander staffing to inform future employment and professional development opportunities.	June 2021	Director People and Culture

10 (cont.)	10.5 Consult with existing Aboriginal and Torres Strait Islander staff on employment strategies and professional development to inform further employment and retention approaches.	August 2021	Director People and Culture
	10.6 Develop and implement an Aboriginal and Torres Strait Islander recruitment, retention and professional development strategy.	July 2021	Director People and Culture
11 Increase Aboriginal and Torres Strait	11.1 Review and update procurement policies to ensure there are no barriers for procuring goods and services from Aboriginal and Torres Strait Islander businesses.	June 2021	Chief Financial Officer
Islander supplier diversity to support improved	11.2 Develop and implement an Aboriginal and Torres Strait Islander procurement strategy.	August 2021	Chief Financial Officer
economic and social outcomes.	11.3 Develop and communicate to relevant staff a list of Aboriginal and Torres Strait Islander businesses that can be used to procure services.	August 2021	Chief Financial Officer
	11.4 Develop at least one commercial relationship with an Aboriginal and/or Torres Strait Islander owned business.	December 2021	Chief Financial Officer
12 Increase opportunities for	12.1 Provide training and information on preventing eye disease by working with the Aboriginal Health Council.	March 2022	Director Community and Education
Aboriginal and Torres Islander professional engagement in improving eye health care.	12.2 Actively mentor Aboriginal medical students placed with LEI through all stages of their healthcare and research learning and development up to completion of qualifications.	Review point December 2021	Managing Director
	12.3 Work with WA Department of Health to include positive and preventative messaging around eye health in existing Aboriginal Health Promotions programs.	December 2021	RAP Coordinator
Collaborate with Universities to promote eye health care training of Aboriginal and Torres Strait Islander people.	13.1 Work with the University of WA to gain support for enabling a scholarship through UWA scholarship fund for Lions Outback Vision under the Rural Clinical School or other relevant scholarships.	December 2021	Managing Director
	13.2 Work with Notre Dame University to collaborate on eye health programs.	December 2021	Managing Director
Increase the capacity to prevent eye disease in Aboriginal and Torres Islander peoples through culturally appropriate research.	14.1 Increase capacity of Lions Outback Vision to engage in research that is focussed on addressing and treating eye diseases in Aboriginal and Torres Strait Islander communities in alignment with priorities in the LEI Research Plan 2020-2023.	June 2021	Managing Director
	14.2 Involve Aboriginal and Torres Strait Islander community members in remote areas in collecting information about community member eye health by providing training in data collection and data interpretation.	June 2022	Director Lions Outback Vision
	14.3 Establish research principles for culturally secure research practice.	November 2021	Managing Director



ACTION	DELIVERABLES	TIMELINE	RESPONSIBILITY
Establish and maintain an effective RAP working group to	15.1 Maintain Aboriginal and Torres Strait Islander representation on the RAP working group.	March 2021, 2022, 2023	Manager Lions Outback Vision
	15.2 Establish and apply Terms of Reference for the RAP working group.	March 2021	Manager Lions Outback Vision
drive governance of the RAP.	15.3 Meet at least four times per year to drive and monitor RAP implementation.	March 2021, quarterly	Manager Lions Outback Vision
	15.4 Establish a formal external Aboriginal and Torres Strait Islander Reference Group, inviting representatives of community and key stakeholder groups, as part of the overarching Consumer and Community Advisory Panel.	August 2021	Consumer and Community Advisory Panel Coordinator
16	16.1 Define resource needs for RAP implementation.	March 2021	RAP Coordinator
Provide appropriate support for	16.2 Engage our senior leaders and other staff in the delivery of RAP commitments.	March 2021	Managing Director
effective implementation	16.3 Define and maintain appropriate systems to track, measure and report on RAP commitments.	March 2021	RAP Coordinator
of RAP commitments.	16.4 Appoint and maintain an internal RAP Champion from senior management.	March 2021	Managing Director
17 Build accountability	17.1 Complete and submit the annual RAP Impact Measurement Questionnaire to Reconciliation Australia.	30 September 2021, 2022	Director People and Culture
and transparency through reporting RAP achievements, challenges and learnings both internally and externally.	17.2 Report RAP progress to all staff and senior leaders quarterly.	June 2021, September 2021, December 2021, March 2022, June 2022, September 2022, December 2022	RAP Coordinator
	17.3 Publicly report our RAP achievements, challenges and learnings annually. Include achievements from the RAP in the LEI Annual Report and publish as a report on the LEI website.	August 2021, 2022	Director Communications and Philanthropy
	17.4 Investigate participating in Reconciliation Australia's biennial Workplace RAP Barometer.	May 2022	RAP Coordinator
Continue our reconciliation journey by developing our next RAP.	18.1 Register via Reconciliation Australia's website to begin developing our next RAP.	October 2022	RAP Coordinator

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