

Exploring non-clinical support roles and functions in Aboriginal and Torres Strait Islander eye health

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In the context of Aboriginal and Torres Strait Islander eye care, higher ophthalmic attendance rates and improved patient experiences are associated with the presence of support staff. However, research suggests that poor access to socioeconomic, linguistic, cultural, emotional and administrative support continues to create barriers to equitable eye care.

To explore evidence of non-clinical support roles in Aboriginal and Torres Strait Islander eye health, we conducted a review and qualitative analysis of literature and policy documents. Policy documents were sampled purposively and reviewed for references to non-clinical support roles. The literature review involved two components; an exploratory review of articles referencing non-clinical roles in Indigenous health, and a systematic review of peer-reviewed articles referencing non-clinical roles or functions in Aboriginal and Torres Strait Islander eye health.

The results revealed that non-clinical support functions are often spread across existing clinical roles, particularly Aboriginal Health Practitioners or Aboriginal Health Workers. In eye health, the role of the Eye Health Coordinator was most referenced, and noted to perform numerous functions including patient and community engagement, clinic coordination, health promotion and education, cultural brokerage, transport/accommodation support and interpreting.

The multiplicity within such roles reflects both their criticality and an overall lack of allocated support roles available to the health system (such as interpreters), resulting in family and community members providing ad hoc support in their absence. Barriers to the provision of non-clinical support in eye care include inadequate funding, poor clarity or recognition of job roles and responsibilities, staff burnout, poor engagement with families and communities, and a lack of culturally responsive service delivery.

Our findings reveal the importance of non-clinical support functions and roles in Aboriginal and Torres Strait Islander eye health, and the need to rethink how these may be adequately integrated into health systems, policies and budgets.