

IMPACT OF DEDICATED ABORIGINAL EYE HEALTH COORDINATOR FOR URBAN ATTENDANCE AT ABORIGINAL MEDICAL SERVICE COMPARED TO A PRIVATE CLINIC

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Purpose

To identify the outcome of the support provided by the Aboriginal Eye Health Coordinator (AEHC) at Lions Outback Vision (LOV) to Aboriginal patients attending eye appointments.

Methods

Data was gathered recording appointment attendance rates between two urban health services, Derbarl Yerrigan Health Service (DYHS) in Perth and the Lions Eye Institute (LEI) in Nedlands.

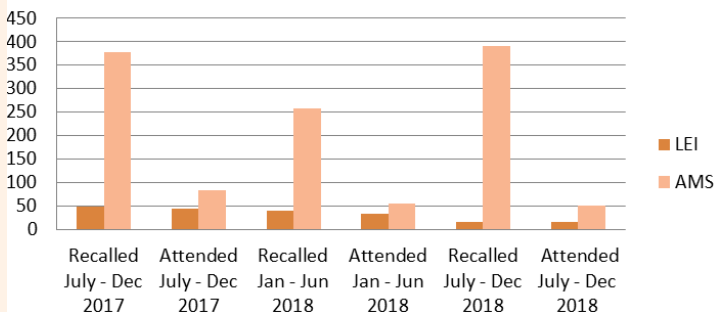
The support provided by the AEHC differs between the two health services. At LEI the AEHC contacts the patients directly, sends appointment letters, organizes transport and provides support during the consultation. For DYHS the AEHC sends a patient recall list for the Aboriginal Health Worker (AHW) to contact.

Attendance rates are recorded for each clinic by the AEHC.

Results

The recall list for DYHS was longer than the recall list for LEI for 2017 / 2018. The percentage of the patients that attended DYHS in July and December was 22% and for the same period at LEI 92% attended. In January to June 2018 attendance for the DYHS was 22% and LEI was 85%. In July to December 2018 the attendance at DYHS was 13% compared to LEI, 94% attended.

Outcome of attendance rates 2017-2018



Works Cited—Stephen Copeland, D.A. (2017). Understanding Indigenous patient attendance. A qualitative study. *The Australian Journal of Rural Health*, 7.

Conclusion

LEI is better attendance than DYHS for the same patient demographic. Therefore the AEHC support has a significant impact. The AEHC role focuses on supporting the patient to attend appointments by removing barriers and supporting the patient through their health journey.

Discussion

Role of the AHW compared to the role of the AEHC.

