Bulletin # 38
MAY 2017

Indigenous Australia Program

DEVELOPMENT EFFECTIVENESS

INDIGENOUS LIAISON OFFICERS

AN IMPORTANT LINK BETWEEN HEALTH PROFESSIONALS AND THE COMMUNITY

Investigating the value of the Indigenous Liaison Officer position as part of an Outreach Ophthalmology team has shed a very clear spotlight on how health professionals value these types of positions. Menzies School of Health Research (Menzies) was engaged to focus on the project in the Top End of the Northern Territory where the Indigenous Australia Program (IAP) has been supporting the Ophthalmology Outreach Team.

The team includes an Ophthalmology Fellow (Fellow), Outreach Ophthalmology Coordinator (OOC) and an Indigenous Liaison Officer (ILO). The ILO's role is to engage Aboriginal and Torres Strait Islander people in eye health services and to assist clinicians to provide a culturally appropriate service. The team travels extensively to deliver ophthalmology services to remote communities and regional centres across the Top End of the Northern Territory. In the first quarter of 2016 the team travelled to 13 communities (encompassing 18 clinics) and two remote hospitals, treating 282 patients.

This bulletin highlights some of the key points to come out of an assessment undertaken by Menzies to determine the usefulness or benefit of the ILO position. It can be read in conjunction with Bulletin #13, May 2014, 'Indigenous Liaison Officers - *Increasing access to eye care services'.*

A patient centred perspective

The IAP works to improve the eye health outcomes for Aboriginal and Torres Strait Islander people in rural, remote and underserviced areas across Australia. The program supports a model of care that aims towards a seamless and supported patient journey from community-based to primary, secondary and tertiary eye care. (See over)

It represents the right care, at the right time, by the right team and in the right place. This approach allows eye care services to be fully integrated, not just as part of Primary Health Care or Chronic Disease Management, but across all levels of eye care, including visiting eye care services and surgery.

The ILO supports Aboriginal and Torres Strait Islander people to engage effectively with eye health services. These roles are key to getting better health outcomes particularly in rural, remote and underserviced areas.

'...WE HAD MORE PEOPLE COMING IN FOR SURGERIES, MORE PEOPLE TURNING UP IN THE CLINIC...IN FACT WE HAVE CREATED A BACKLOG AND WAITLIST'

Stakeholder comment from an interview as part of the Menzies School of Health Research assessment of the Indigenous Liaison Officer position.

The Fred Hollows Foundation
Indigenous Australia Program
08 8920 1400 | reception@hollows.org | www.hollows.org

‘ ...CONSTANTLY PEOPLE SAYING TO US HOW HAPPY THEY WERE WITH THE SERVICE, THEY WERE SO GLAD THAT WE LOOKED AFTER THEM. AND ALSO THE FACT THAT PEOPLE COME BACK TO US, THEY ATTEND THEIR FOLLOW UP APPOINTMENTS BASICALLY DEMONSTRATES THE CONFIDENCE AND TRUST THAT THE COMMUNITY HAS IN THE SERVICE’

Stakeholder comment

Background

The IAP funded the Top End Health Service - NT Government (TEHS) in 2014 to establish the project. The funding was provided to employ three positions to:

- increase the delivery of outreach ophthalmology services, through an expanded specialist workforce
- improve service coordination
- increase access to culturally appropriate eye care

As a result of having a monitoring strategy from the start of the project, in 2015 the ILO was recognised for providing cultural brokerage and enhanced patient attendance but was not officially part of the team. However, the monitoring revealed that among the other positions there was an initial 'lack of understanding of the ILO working style and lack of acknowledgement of the importance of the role in improving patient engagement'. Menzies recommended to embed the role of the ILO as part of a team and to 'Create an effective and culturally safe program to facilitate patient engagement and uptake of eye health services'. In addition to other recommendations to improve the project, the following strategies were suggested:

a. The role of the ILO as a cultural broker and adviser needs to be respected
b. Provide cultural awareness training including working with interpreters for each new Fellow and on a regular basis to the entire ophthalmology team
c. Forward plan clinics with an understanding of the need for interpreters or family members to assist with translation/ interpretation
d. Support the ILO to undertake pre-clinic community visits to improve community engagement and provide eye health awareness education

The assessment

In addition to the ongoing monitoring, in 2016 Menzies was engaged to assess the usefulness or benefit of the ILO position to the team, patients, primary health care centres and other eye health stakeholders. Qualitative methods included in-depth interviews with key stakeholders as well as document reviews. Thirteen people were interviewed from the TEHS, remote health clinics, remote hospital sites, Aboriginal Community Controlled Health Organisations and a representative from an eye health research organisation. Documents included the ILO trip reports, the OOC's quarterly report and TEHS Jan-June 2016 report. These were reviewed to validate data collected via interviews. Limitations included:

i) insufficient time to develop an ethics application that would be required to interview ophthalmology patients;
ii) no quantitative data to triangulate the probable outputs and outcomes nor verify an increase in attendance or decrease in Did Not Attends (DNAs);
iii) focus was on one person in a particular position and represents only a snapshot in time.

Key findings

Menzies concluded that the ILO makes a valuable contribution to the Ophthalmology Outreach team and overall project outcomes by:

- communicating well with all stakeholders and in particular providing a communication link between patients and the ophthalmology team
- preparing patients for surgery, explaining procedures in an easy-to-understand format
- providing cultural brokerage between patients and clinicians to clarify misunderstanding/ miscommunications and diffuse potentially tense situations
- promoting a culturally safe service through advice and guidance to the rotating Fellows (often from interstate) regarding interactions
- facilitating genuine informed consents
- assisting the team with the scheduling and coordination of patients in remote clinics to facilitate patient flow.
- assisting with reporting requirements
- offering continuity for patients

Health practitioners and health administration staff placed great importance on the ILO role. The level of positive support is consistent with the IAP's program experience and resonates with our findings in other contexts. (Bulletin 17 & 34)

Practical benefits

Menzies found that although there is a combination of factors contributing to the valuable outputs and outcomes, many of them fall to or have been driven by the ILO as others in the team are busy with their clinical and administrative roles. Negative feedback on the role was limited and it was mostly concerned with the view that a hospital based role might be more valuable as opposed to an outreach position.

A summary of the practical benefits of the position include:

Health staff in remote locations reported patients felt comfortable enough with the ILO to ask questions and over time, noted an improvement in health literacy and engagement with eye health services. For patients, building trust, feeling comfortable and accessing the service is about being able to ask the ILO for assistance when needed.

> **"The ILO is there to explain it more in their language or more slowly to get them to understand it more properly…In those days (prior to ILO)we used to get the consent somehow but probably half of the people didn't understand, they just say yes cause they want to say yes to the doctor. But now they come with better understanding."**

An improved understanding of surgery reduced individual's anxiety and was likely to have impacted on post-operative outcomes.

> **"[She was] always able to communicate extremely well in explanation in regards to what had happened. That they were actually going to have an operation or that they were planning for one. They [the ILO] also had the time to do that."**

For the other members of the Ophthalmology team, the ILO greatly assisted with improved patient flow and the provision of a culturally safe service with genuine informed patient consent. Team members indicated that the presence of the ILO also had an effect on decreasing the "Did Not Attend" rates over the period of the project.

> **"…the doctor might change but the ILO will know the last visit and remember and there'd be a continuing face for the community representing the ophthalmology team which is also important in building that trust and continue the participation in the program."**

As a result of the ILO work, there was improved community understanding of eye health and better communication between clinic, patient and the team regarding patient care.

> **"They [the ILO] are bridging the gap between the doctors and the nurses and the community. It's a bridge, the communication and culture kind of bridge."**

Challenges and Complexities

The challenges for the individual in the role include a demanding travel schedule, employment insecurity and issues concerning the level of cultural awareness. The ILO was unable to embed cultural awareness within the team due to high turn over and lack of support for cultural awareness training for the other team members. These aspects put increased strain on the ILO role. The IAP has advocated to rectify the longer term employment security for the role, however, this matter has still not been resolved. Many positions established as part of pilot projects, particularly in eye health, are by necessity, short term arrangements. They have an element of uncertainty and can lead to instability in the program which may ultimately have an impact on the patient journey and health outcomes.

While it is generally recognised that there is a need to embed culturally competent health staff across all aspects of the health system, there does not appear to be a high priority placed on cultural awareness training during orientation.

The broader challenge of establishing a stable workforce with high turnover, both in the outreach team and the remote clinics, also had an impact on the role of the ILO. This increases the chances of poor communication and reduces patient familiarity especially in remote settings. Language barriers can also limit the effectiveness of outreach health care.

> ‘ IT’S GOOD TO HAVE AN ABORIGINAL PERSON ASSISTING IN THAT ROLE. IT MAKES ABORIGINAL PEOPLE FEEL A BIT MORE SAFE ABOUT BEING THERE’

The role of the ILO and the environment in which he/she works is a complex one. Talking to team members about culturally appropriate behaviour can be a difficult issue to broach as their readiness to accept advice or acknowledge their lack of competence may be low. The ILO position works closely with the eye health team which has an hierarchical organisational structure. This structure is complicated with the senior most member being transient as they rotate 6 monthly from interstate. The structure is further complicated as the ILO is managed externally from the Eye Health Program by the ILO manager. The role therefore requires a great deal of self-motivation and the ability to make decisions independently which can be challenging.

Future considerations

This assessment highlighted the importance of skills critical to the effective function of the ILO and included the ability to liaise with a variety of people in the workplace and the community and move fluidly between the two. While other skills such as report writing and computer literacy skills were considered important, the main function of the ILO necessitates strong and high level communication skills. Being able to communicate effectively with people from a range of educational and cultural backgrounds are key to building a rapport with patients and community health staff and building knowledge around eye health.

The benefits of an ILO over a non-indigenous coordinator stem from the unique knowledge and experiences that an Aboriginal person brings to the position. For instance, it is assumed that an ILO would have a good understanding of Aboriginal history and lived experience of interactions with mainstream health services, leading to an appreciation of factors shaping Aboriginal people’s uptake of health services. They may have experience living or working in remote communities and an intimate knowledge and understanding of Aboriginal cultural practices and languages. These lived experiences cannot be emulated by non-Indigenous people and therefore place the ILO in a position of knowledge and trust.

In this respect, views countering the benefits of the ILO as part of the outreach team are an argument for where the position can make the greatest gains - as an Outreach team member or as part of the hospital based team. Some stakeholders noted that most patients were comfortable enough to visit outreach services in their own communities but felt overwhelmed in regional and urban hospitals by the various appointments they needed to attend and finding their way around the foreign environment. This is in alignment with the findings from the 2014 Bulletin #13 where it was found that ILOs increased cataract surgery completion rates and reduce ‘no-show’ nonattendance rates for eye health services by strengthening the social, emotional and cultural support provided to patients.

In light of previous IAP programming experience and the results of this recent assessment, the IAP would strongly argue that an ILO position is needed in both outreach and in a clinical setting.