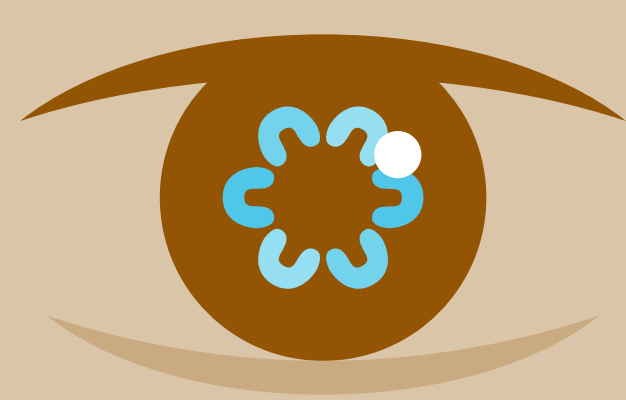




Minum Barreng
Indigenous Eye Health Unit
Melbourne School of Population Health

Clean Faces, Strong Eyes

Trachoma Health Promotion to Change Knowledge, Attitudes and Practice in Work Place Settings

Fiona D Lange, Josie Atkinson, Hayley Brown, Hugh R Taylor

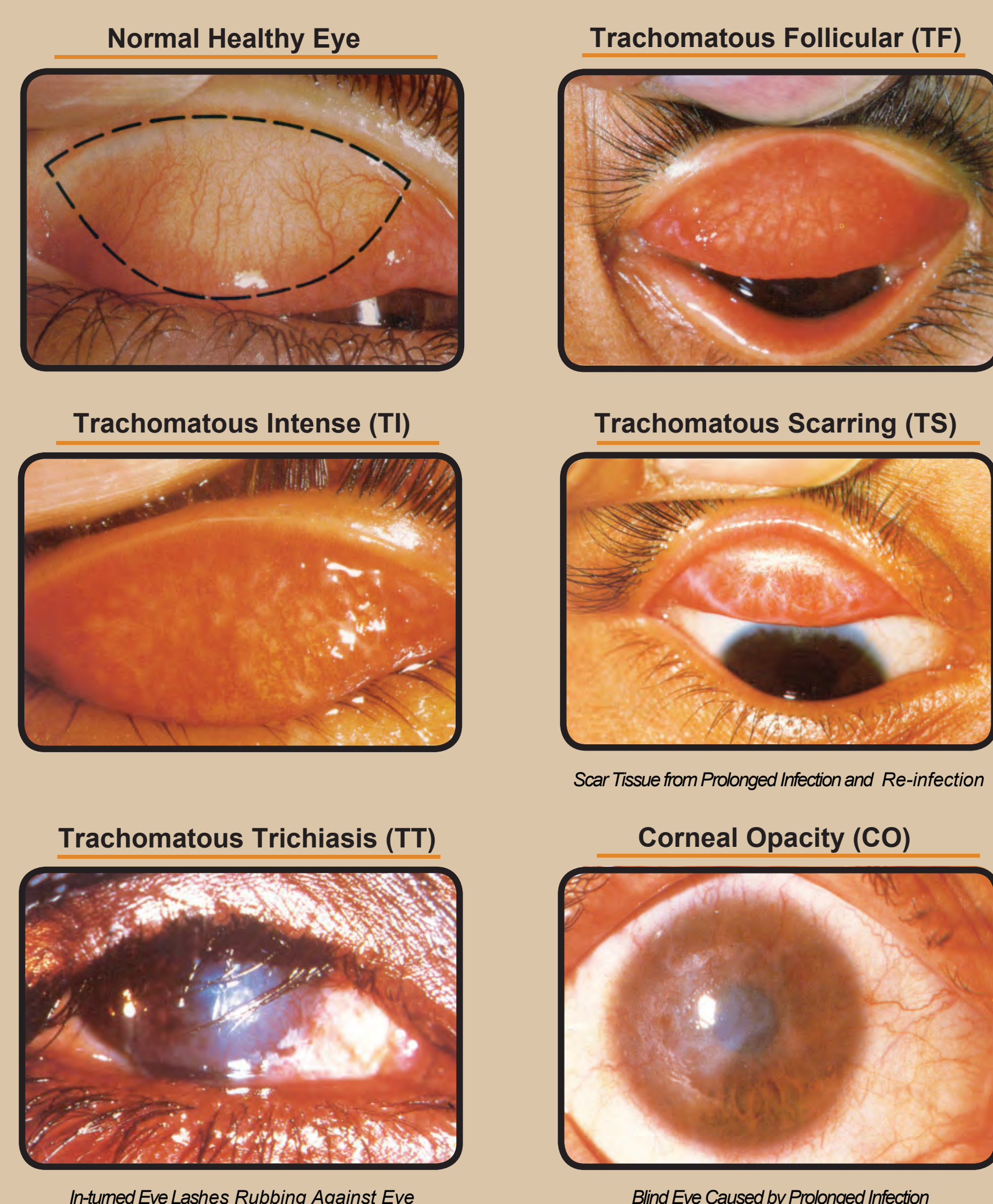


What is Trachoma?

The leading cause of preventable blindness, the poorest people in 53 countries, 210 million are at risk and 110 million need treatment. Repeated bacterial infection with *Chlamydia trachomatis* proceeds through stages of eye inflammation, scarring, intense pain, in-turned lashes, damaged cornea and blindness.

The end in sight. 2020 INSight. International Coalition for Trachoma Elimination 2011

Stages of Trachoma



Adapted from: http://www.who.int/blindness/causes/trachoma_documents/en/index.html

How Trachoma is Spread

Usually by young children in close contact with others with infected nose and eye secretions, living in over-crowded houses, with dysfunctional sanitation and poor personal and environmental hygiene. There is a lack of knowledge trachoma exists and how to eliminate it and an acceptance that dirty faces are normal in young children.

Lange FD, Baunach E, McKenzie R, Taylor HR. Trachoma elimination in remote Indigenous Northern Territory communities: baseline health-promotion study. Australian Journal of Primary Health. 2012

How is Trachoma Eliminated?

Using the four-part World Health Organization endorsed SAFE Strategy. Surgery for in-turned lashes, Antibiotics treat active infection and decrease prevalence, Facial cleanliness reduces transmission and Environmental improvements reduce exposure and reinfection.

<http://trachoma.org/safe-strategy>



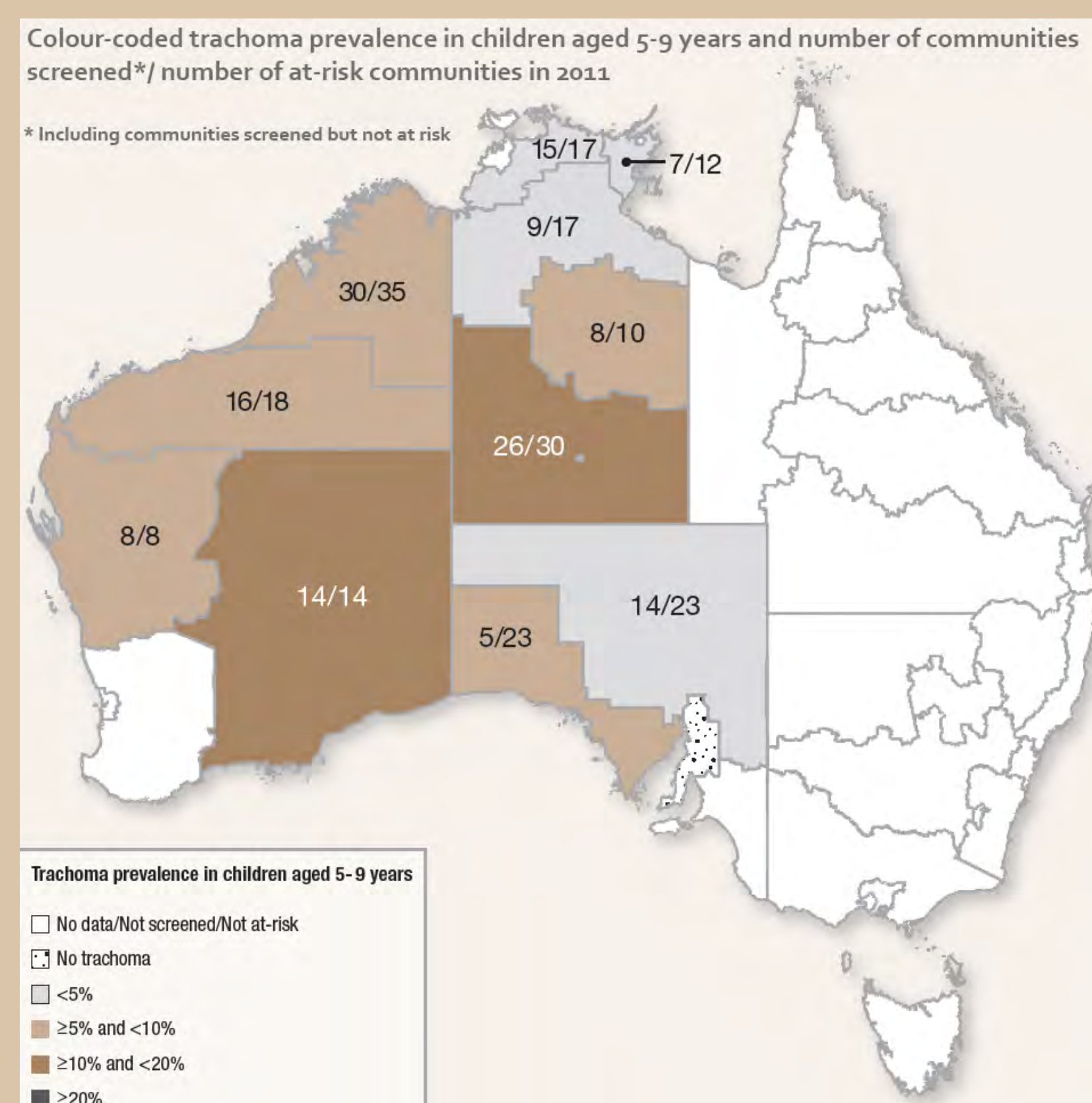
Trachoma in Australia

Australia is the only high-income country with trachoma. It is endemic in 60% of remote Indigenous communities where it causes 9% of preventable blindness and scarring and in-turned lashes are found across the country.

Australia is a signatory to the Global Elimination of Trachoma by 2020, GET2020 to reduce trachoma to >5% in 1-9 year olds and have no operable trichiasis in >1% of Australian Indigenous population.

Taylor HR, NIEHS team, Keffe JE, Arnold A-L, et al. National Indigenous Eye Health Survey – Minum Barreng (Tracking Eyes), Melbourne: Indigenous Eye Health Unit, Melbourne School of Population Health, The University of Melbourne in collaboration with the Centre for Eye Research Australia and the Vision CRC; 2009

Prevalence of Trachoma 2011



Trachoma Surveillance	2009	2010	2011
Community Screening Coverage	57%	63%	73%
Prevalence Trachoma 1-9 years	14%	13%	6%
Prevalence Clean Faces 5-9 years	77%	76%	76%
Trichiasis Prevalence	4%	2%	2%

Adams KS, Burgess JA, Dharmage SC, Taylor HR. Australian Trachoma Surveillance Report. Commun Dis Intell Q Rep 2010;34: 375-395 National Trachoma Surveillance and Reporting Unit, The National Trachoma Surveillance Reference Group. Australian Trachoma Surveillance Report (2010 & 2011). The Kirby Institute for Infection and Immunity in Society, The University of New South Wales, NSW 2011 & 2012.

Impact in Workplace Settings

Trachoma Elimination in 3 Settings Impact Evaluation (n272/261)	Clinics		Schools		Community	
	Pre (%)	Post (%)	Pre (%)	Post (%)	Pre (%)	Post (%)
Is Trachoma Endemic in Community	80	82	63	75	84	89
Is Trachoma Infectious	90	95	61	78	75	85
Is Trachoma Simple to Treat	90	97	63	86	79	94
Are Dirty Faces Normal in Children	42	26	31	39	41	31
Comfortable Talking About Hygiene	92	93	79	93	93	89
Willingness to Teach Trachoma Prevention	76	89	50	73	60	80

Health promotion and social marketing strategies supported trachoma elimination in three workplace settings in the NT over 18 months. Clinics had significant changes in knowledge of trachoma 35%-63% (P<0.001) and trichiasis 51%-74% (P<0.001).

- All settings reported improved understanding of trachoma and how to eliminate it.
- Normalisation of dirty faces in young children decreased in clinics and community work places but increased in schools.
- Staff in clinics and community work settings could teach trachoma prevention.
- Nine out of ten staff were comfortable discussing hygiene issues.

Lange FD, Brown H, Taylor HR. Unpublished Manuscript. Trachoma Elimination in the Northern Territory – health promotion progress. 2013

Conclusion

Facial cleanliness is the key to trachoma elimination and needs to be included with hygiene related health programs for remote Indigenous communities. “Wash your face whenever it’s dirty” is the key health promotion message across all work place settings.

- Continue trachoma awareness for all settings
- Endorse clean faces as the social norm in all settings
- Community hygiene programs include facial cleanliness
- Input to health curriculum in schools
- Increase trachoma resource availability

The Trachoma Story Kits

The SAFE strategy is the basis for an extensive suite of resources for clinics, schools and community work place settings. Developed with the Ngumpin Reference Group at Katherine West Health Board, Centre for Disease Control NT and the Indigenous Eye Health Unit, the resources are suitable for many work place settings in remote Indigenous communities.

Baunach E, Lines D, Pedwell B, Lange F, Cooney R, Taylor HR. The development of culturally safe and relevant health promotion resources for effective trachoma elimination in remote aboriginal communities. Aboriginal and Islander Health Worker Journal, Vol. 36, June 2012.



“The Kit is really good because it actually shows you how they get trachoma, what happens and how you can prevent it. It’s all about education, screening, treatment and the importance of follow up. If you don’t follow up with the hygiene, well you may as well be flogging a dead horse”
Aboriginal Health Worker, Katherine West Health Board

Social Marketing and Community Adaptations

The Trachoma Story Kits have become the basis of a multimedia social marketing campaign and dozens of community adaptations that recognise strengths and emphasise empowerment. These strategies include community members and are based on community goals. The tailored approach allows for differences in settings as well as affirming and reflecting culture, language and regional diversity.

Australian Health Promotion Association Conference: ‘Changing Settings; livable, vibrant, healthy places’. Sydney, June 2013

Trachoma Story Kits are now free of charge. For information contact Fiona Lange

Indigenous Eye Health Unit
Melbourne School of Population and Global Health
The University of Melbourne
T: +61 3 8344 3920
E: flange@unimelb.edu.au
W: www.ieu.unimelb.edu.au

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