

Health Promotion Partnerships for Trachoma Elimination

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Indigenous Australian children have better eyesight than non Indigenous children but as adults they have six times more blindness

Vision loss is 11% of the Indigenous health gap, trachoma is one of the four readily treatable eye conditions that cause 94% of vision loss

Taylor HR, Xie J, Fox SS, Dunn RA, Arnold AL, Keeffe JE (2010) The prevalence and causes of vision loss in Indigenous Australians: the National Indigenous Eye Health Survey. The Medical Journal of Australia 192, 312-318



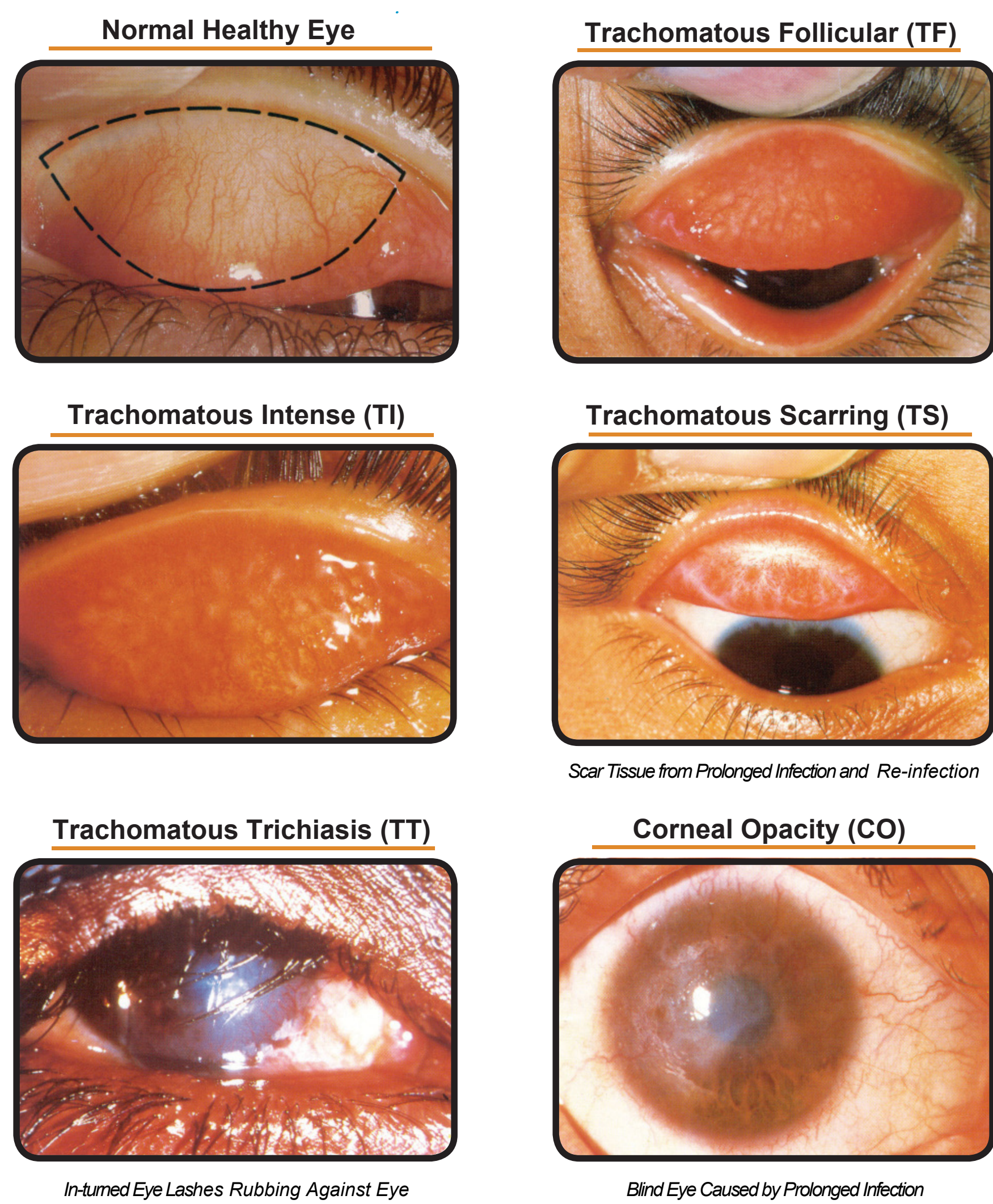
Developed by Indigenous Eye Health Unit (IEHU), Katherine West Health Board (KWHB), Centre for Disease Control (CDC), Northern Territory Government.

Conclusion

Australia is on track to eliminate trachoma by 2020 with the SAFE Strategy if we do the following:

- » Include facial cleanliness in all hygiene programs
- » Encourage "Washing faces whenever they are dirty"
- » Provide mirrors and safe and functioning health hardware in early childhood centres, schools and homes
- » Challenge and change the tolerant attitude towards nose and eye secretions on children in remote Indigenous communities

Trachoma's Six Stages



The Stages of Trachoma. IEHU, adapted from the WHO Trachoma Grading Card. http://www.who.int/blindness/causes/trachoma_documents/en/index.html

Australia is the only Developed Country with Trachoma

Trachoma is an infectious eye disease affecting poor people in 53 low income countries and Australia. It has been found in two-thirds of remote Indigenous communities, adults with scarring and in-turned lashes are found across the country.

The Trachoma Story Kit an Adaptable Health Promotion Resource for Australia



Baunach E, Lange FD, Lines D, Pedwell B, Cooney R, Taylor HR. The development of culturally safe and relevant health promotion resources for effective trachoma elimination in remote Aboriginal communities Aboriginal & Islander Health Worker Journal. 2012;36(2).

The Big Five Principals of Behaviour Change



Hill D, Dixon H (2010) Achieving behavioural changes in individuals and populations. In 'Cancer control'. (Eds JM Elwood and SB Sutcliffe) pp. 43-61. (Oxford University Press: Oxford)

"All at once push as many possible of the effective levers for behaviour change"

What Helps Spread Trachoma

Behaviour

- » Nose and eye secretions on children's faces
- » Poor personal, household, environmental hygiene
- » Direct contact, touching, bedding, sharing sleeping spaces

Environment

- » Lack of health hardware (safe, functional washing facilities)
- » Poor social, economic and environmental conditions
- » Over crowded housing/sleeping arrangements

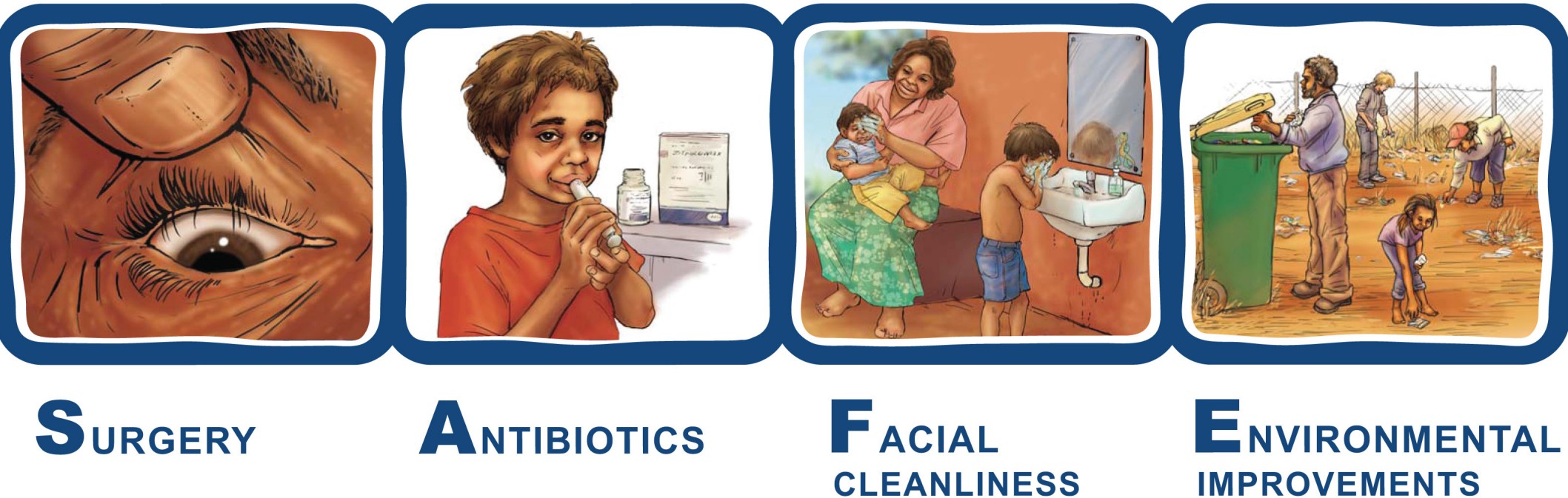
Knowledge / Attitudes

- » Lack of knowledge trachoma is prevalent
- » Acceptance that children's facial secretions are normal
- » Not talking about hygiene practices

Health Promotion Spectrum of Strategies NT

Individual Level		Population Level		
Screening , Treatment and Risk Assessment	Health Education and Skill Development	Social Marketing and Health Education	Community Action	Settings and Supportive Environments
Annual screening and treatment	Trachoma Story Kit 2010 for clinics, schools and community work settings	Trachoma Newsletter	Community based worker program	Safety mirrors in schools, clinics and community work settings
Healthy school aged kids checks	CERA Trachoma grading tool	Radio CSA's	Trachoma murals and weaving	Trachoma Story Kits are NT, WA, SA school curriculum based
Healthy adult checks	Clinical training	Five-part women's radio feature	Hip hop and music videos	Learning Links teacher materials available
1-1 health education sessions	School and community awareness and education	Footy Posters	Trachoma language DVD for community	Electronic trachoma primary school lessons Transition to Grade 6
	Remote Area Health Corps Trachoma E-Module	TV Commercials	Reporting back posters	Clean Faces, Healthy Places modules for Secondary College students
	Trachoma Story Kit DVD 2013 has local multimedia, community initiatives, adaptations	Hygiene art and craft booklets for schools	4 step hygiene audio poster in language	Assessment student competencies includes face washing
		The Trachoma Story Book in language		National school curriculum including wash faces/hands 2014 onwards
		Free access to Trachoma Story Kit artwork		Trachoma included with hygiene messaging in Families as First Teachers guidelines
		Music, performances, art workshops with visiting NGOs		Decal stickers for bathroom mirrors in refurbished houses
		Milpa the Trachoma Goanna - four character costumes		
		Football Clinics - annual trachoma education and awareness with school aged children and families in remote NT with AFL Game at TIO Stadium Darwin		

The SAFE Strategy



Monitoring Data of Football Clinics

Year	Footy Clinics	Communities	Attendance	Partner Organisations	Media Coverage
2010	1	1	125	3	4
2011	1	8	170	3	10
2012	5	12	564	10	18
2013	5	24	1087	12	25

Impact Evaluation: 271/261 Pre/post Survey Respondents from 73% of Communities at Risk of Trachoma in NT (unpublished)

- » Significant changes in knowledge of trachoma (35% to 63%) and trichiasis (51% to 74%) observed in clinics. All settings reporting significant improvement in understanding of trachoma and how to eliminate it.
- » Staff who considered it normal for children to have dirty faces decreased in clinics from 42% to 26% and in community workplaces from 41% to 31%.
- » Despite time constraints and resource availability for some, the study found that culturally appropriate health promotion with clear and consistent messaging and a platform for local community engagement and adaptations has strengthened trachoma elimination programs in remote Indigenous communities in the NT

Lange FD, Brown H, Taylor HR Trachoma Elimination in the Northern Territory - health promotion supports good progress. Unpublished Impact Evaluation Indigenous Eye Health Unit. 2013.
Lange FD, Baunach E, McKenzie R, Taylor HR. Trachoma elimination in remote Indigenous NT communities - baseline health promotion study. Australian Journal of Primary Health. 2012; <http://dx.doi.org/10.1071/PY12044>.

Trachoma Surveillance in Australia (NTSRU)

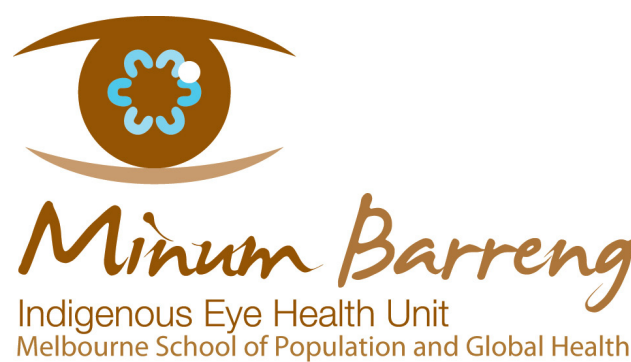
	2009	2012
Trachoma Prevalence 1-9 years	14%	4%
Clean Faces Prevalence 5-9 years	74%	82%
Trichiasis Prevalence	4%	2%

Hot Spots 2012

Communities to still exceed 5% threshold = 25%

Proportion screened communities with over 80% clean faces 5-9yrs = 58%

Trichiasis still public health problem WHO target is 1:1000 (0.1%)



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