Health Promotion Partnerships for Trachoma Elimination

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Indigenous 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

Health Promotion Partnerships for Trachoma Elimination are found across the country. It has people in 53 low income countries and Australia. It has Trachoma is an infectious eye disease affecting poor communities, adults with scarring and in-tumed lashes are found across the country.

The stages of Trachoma: Blinding Trachoma Stages from the WHO Trachoma Grading Card.

The Stages of Trachoma.

IEHU, adapted from the WHO Trachoma Grading Card.


Trachoma’s Six Stages

Normal Healthy Eye

Trachomatous Follicular (TF)

Trachomatous Intense (TI)

Trachomatous Scarring (TS)

Trachomatous Trichiasis (TT)

Corneal Opacity (CO)

What Helps Spread Trachoma

Behaviour

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

Environment

» Lack of health hardware (safe, functional washing facilities)

Knowledge / Attitudes

» Lack of knowledge trachoma is prevalent
» Poor social, economic and environmental conditions
» Lack of health education sessions

Impact Evaluation: 271/261 Pre/post Survey Respondents from 73% of Communities at Risk of Trachoma in NT (unpublished)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

> 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

Trachoma Surveillance in Australia (NTSRU)

<table>
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<th>Year</th>
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<th>Communities</th>
<th>Attendance</th>
<th>Partner Organisations</th>
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The Big Five Principals of Behaviour Change

Motivation - Wants to do it

Modelling - Sees others doing it

Capacity - Have resources and self-efficacy

Remembering - Memory and prompting

Reinforcement - Positive or negative

Sexual Health and Wellbeing

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

> Challenges and change the tolerant attitude towards nose and eye secretions on children in remote Indigenous communities

Health Promotion Spectrum of Strategies NT

Individual Level

- Screening, Treatment and Risk Assessment
- Health Education and Skill Development
- Social Marketing and Health Education
- Community Action

Population Level

- Settings and Supportive Environments
- Annual screening and treatment strategies
- Evaluation of effectiveness

Trachoma Story Kit an Adaptable Health Promotion Resource for Australia

Reinforce action to promote and resource adaptations 2010-2013

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@ dramaticenquiry all at once push as many possible of the effective levers for behaviour change

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The SAFE Strategy

Surgery

Antibiotics

Facial Cleanliness

Environmental Improvements

Media

2009 2012

Trachoma Prevalence 1-9 years

14% 4%

Clean Faces Prevalence 5-9 years

74% 82%

Trichiasis Prevalence

4% 2%

Hot Spots 2012

25% proportion screened communities with over 80% clean faces (5-9yrs) = 58%

Trachoma still public health problem WHO target is 1:1000 (1.0%)

The Trachoma Story Kit an Adaptable Health Promotion Resource for Australia

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

Melbourne School of Population and Global Health
