

Clean Faces, Strong Eyes

Influencing knowledge, attitudes and practice with health promotion and social marketing

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What is Trachoma?

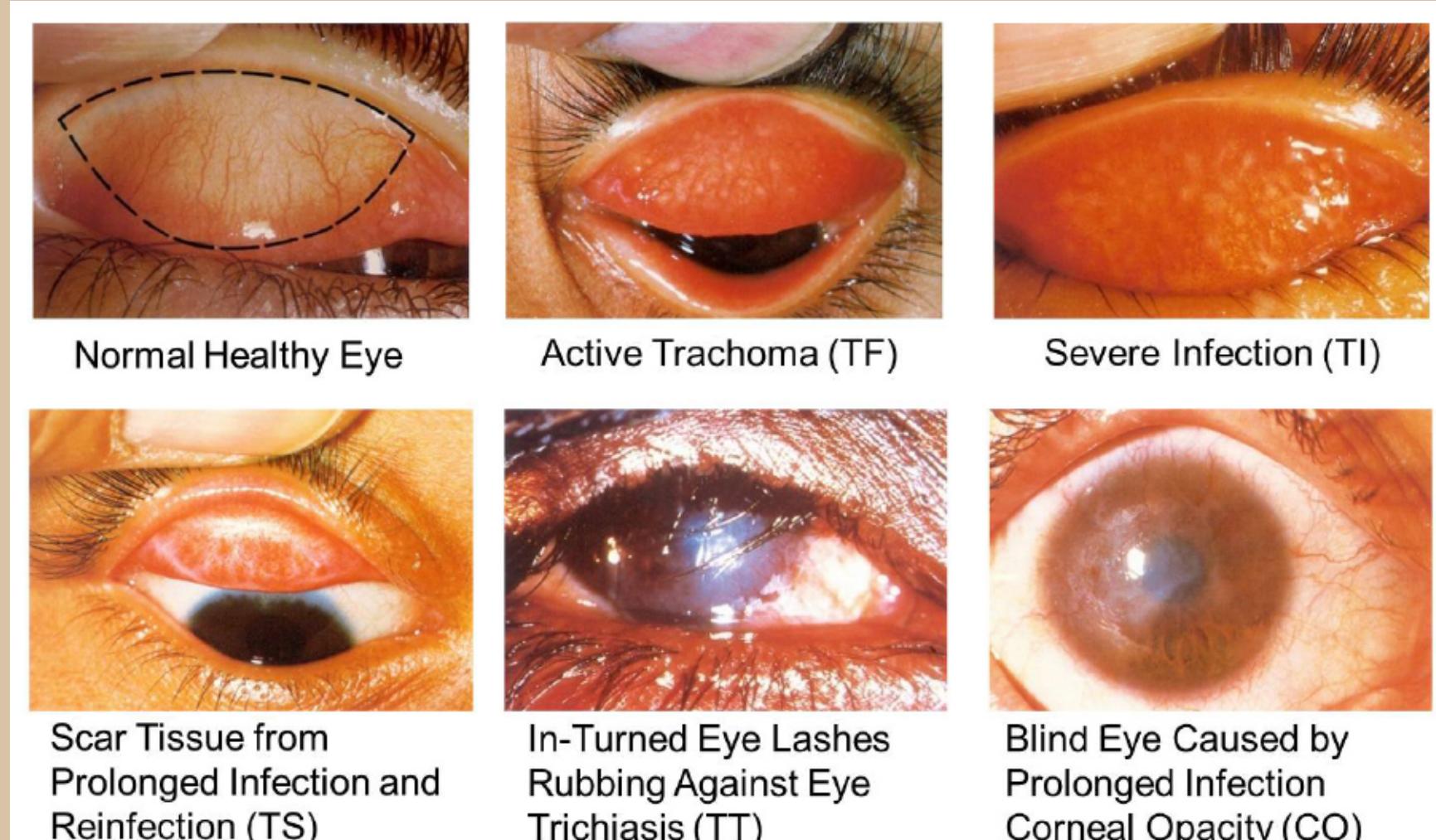
- Leading cause of infectious blindness in 59 of the world's poorest countries
- Australia is the only developed country with active trachoma
- 300 million people at risk and 100 million need treatment
- Caused by infection and re-infection with the bacteria Chlamydia Trachomatis

Source: International Coalition for Trachoma Elimination; <http://trachoma.org/world%20%99s-leading-cause-preventable-blindness>

How Trachoma is Spread

- By contact with nose and eye secretions from an infected person
- In communities with poor social, economic and environmental conditions
- In over-crowded houses/sleeping spaces
- From a lack of functional health hardware (plumbing etc.)
- Through poor personal and community hygiene
- By lack of knowledge of trachoma and how to eliminate it
- From a tolerance of dirty faces as normal in young children

The Stages of Trachoma



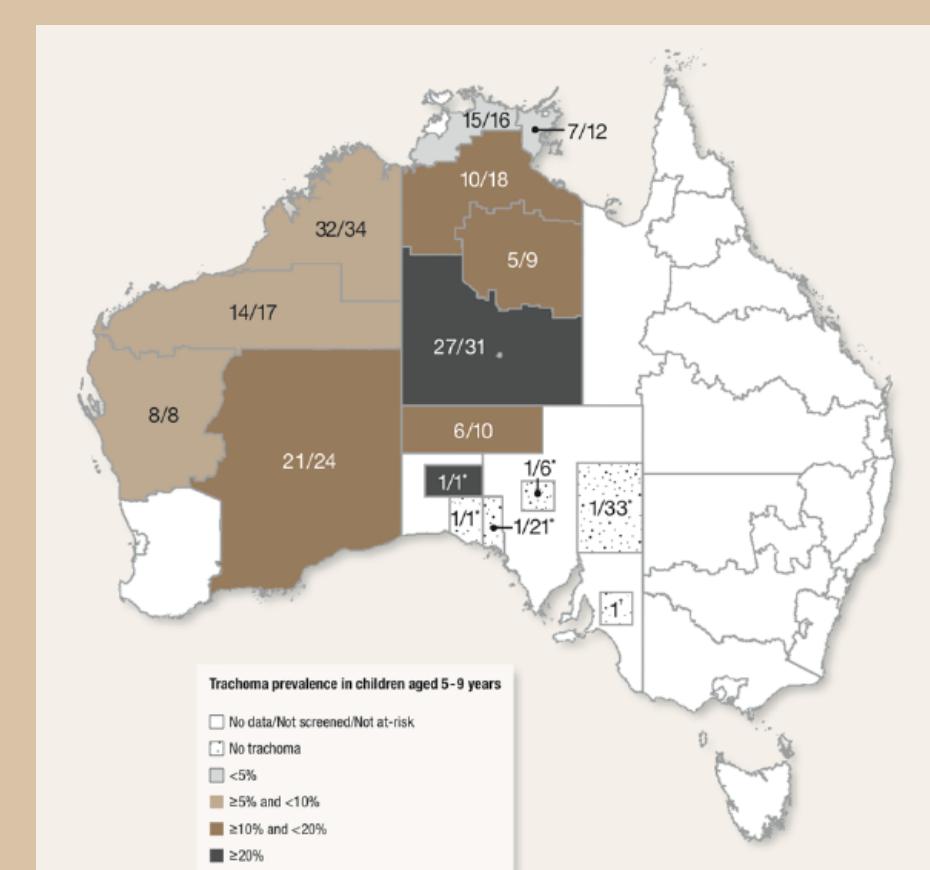
Adapted from: http://www.who.int/blindness/causes/trachoma_documents/en/index.html

Trachoma in Australia

- Endemic trachoma is found in 60% of very remote communities
 - Scarring and in-turned lashes are found across the country
 - Trachoma causes 9% of blindness in Aboriginal people
- National Indigenous Eye Health Survey 2008
- Australia is signatory to Global Elimination of Trachoma by 2020 (GET 2020)
 - Initial Australian Government funding of \$16m to improve and expand elimination program (2009-2013)
 - GET 2020 goal:
 - trachoma <5% in children aged 1-9 in a community
 - no operable trichiasis in <1% population

Trachoma in Australia 2010

- 240 communities at risk
 - but only 150 screened (63%)
- Over half of the screened communities >5% active trachoma
- 11% of 1-14 year olds had trachoma
- 20% of 1-14 year olds did not have clean faces
- Highest prevalence in children under 10 years



Reference NTSRU 2010; <http://www.med.unsw.edu.au/NCHECRweb.nsf/pageprintfriendly/TrachomaSurvRep?opendocument>

Acknowledgements

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Three Trachoma Story Kits



Launched August 2010
700 Kits distributed across Australia (NT, SA, WA, QLD)

Development of The Trachoma Story Kits

Partnership between the Indigenous Eye Health Unit (IEHU), the Centre for Disease Control (CDC) NT Department of Health and Katherine West Health Board (KWHB) and Ngumpin Reference Group (NRG)

Consultation and development of resources included:

- 60 Trachoma resources assessed
- 12 Months consultation and resource development
- 87 Individuals consulted
- 7 IEHU visits to NT (93 days)
- 4 KWHB and 2 NT communities visited

Support from private donors, Harold Mitchell Foundation, Ian Potter Foundation CBM Australia, Cybec Foundation Aspen Foundation

The NRG expertise enabled:

- SAFE strategy translated for everyday use
- Appropriate health literacy with realistic illustrations
- Kits were created for Clinic, School and Community settings

The extensive consultative process and resulting resources:

- Ensured confidence in offering Kits to other remote communities
- Provided the basis for a social marketing program
- Produced the foundation for other program engagement tools
- Was the starting point for adaptation for different communities

"The Kit is really good because it actually shows you how they get trachoma and 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"

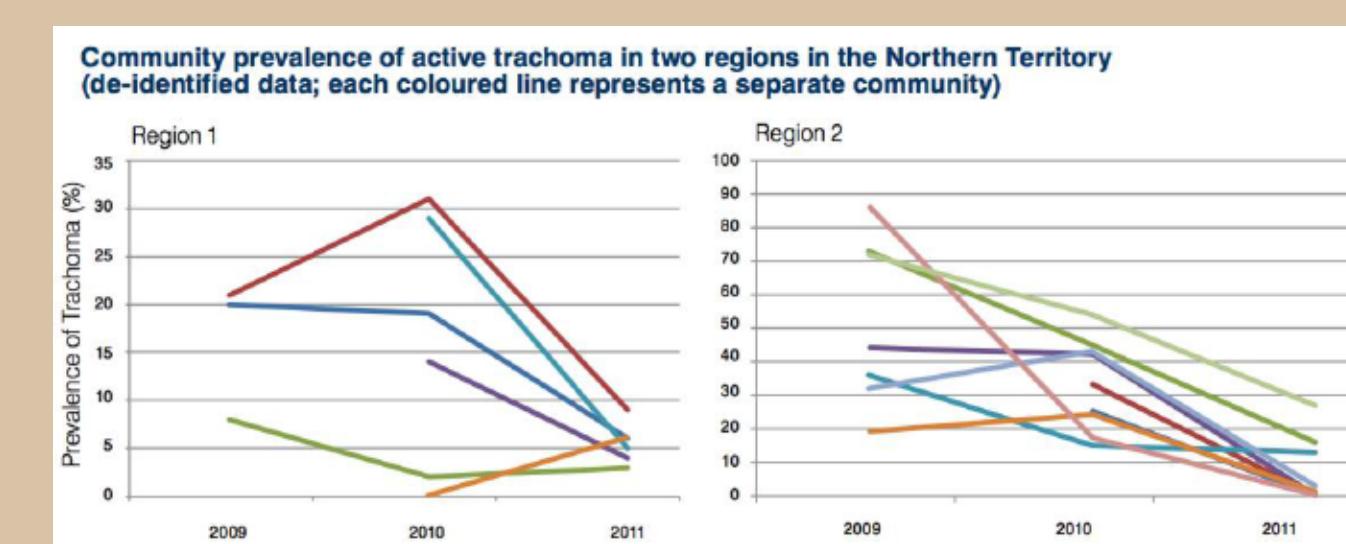
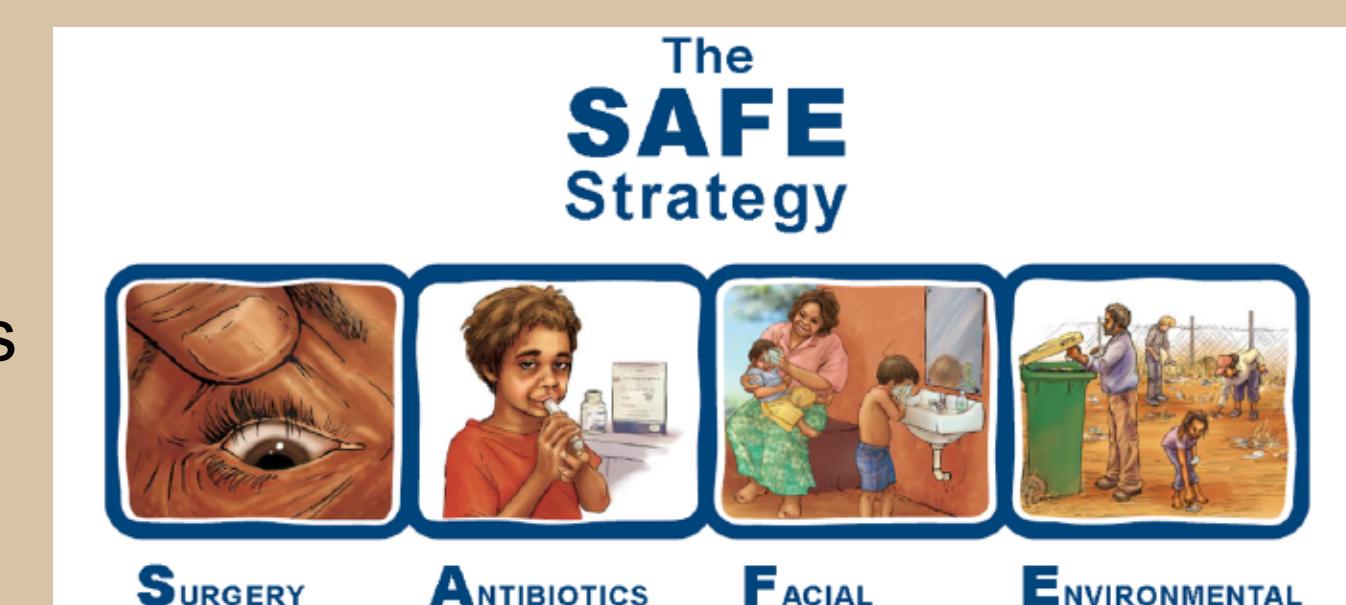
- Aboriginal Health Worker, KWHB

How is Trachoma Eliminated?

- WHO approved four-part SAFE Strategy
- Culturally appropriate health promotion resources
- Social marketing strategies

This allows:

- Increased number of communities screened
- Treatment coverage improved
- Increased number of children screened



Conclusion

- Facial cleanliness and good hygiene practices help eliminate trachoma and reduce other childhood infections
- Social marketing complements trachoma elimination
- Increased screening and treatment programs have led to a measurable reduction in trachoma rates

'Clean Faces, Strong Eyes' Health promotion and social marketing

- Increase awareness that children's nose and eye secretions can lead to trachoma
- Encourage taking action to "wash faces whenever they are dirty" as part of holistic hygiene

The "Clean Faces = Strong Eyes" social marketing campaign

- Respects Indigenous culture
- Ensures "clean faces" messages are clear and holistic
- Involves local people, environment, popular culture
- Motivates through respected role models
- Reinforces by being in places and times that are noticed
- Creates local employment opportunities for Indigenous people
- Is memorable
- Is repeated frequently
- Is a "call to action"



Milpa the Trachoma Goanna

Milpa (Walpiri for eye), the program mascot, is a cheery-eyed, green and orange goanna encouraging children to care for eyes and wash their faces every day. Milpa and the "clean faces, strong eyes" message is now a recognised brand. Milpa is now a life-size character representing healthy eyes and good health across the Northern Territory.

Trachoma Knowledge, Attitudes and Practice Survey NT evaluation baseline data (n275)

21% Clinic staff 39% School staff 21% Community staff	Not aware they work in a trachoma endemic area
44% Clinic staff 30% School staff 42% Community staff	Consider dirty faces normal
Most Clinic, School and Community staff feel comfortable talking about hygiene	

Reference NT Survey for trachoma knowledge attitudes and practice 2011 IEHU