



THE WEST AUSTRALIAN TRACHOMA STORYBOOK

CELEBRATING & SHARING
GOOD NEWS STORIES

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WA Country Health Service

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This Storybook would not have been possible without the support from the West Australian Country Health Service.

Finally, PHAIWA would like to sincerely thank Sunni Wilson and Melissa Stoneham from PHAIWA for providing the coordination and editing roles.

Cover

Chicky Clements is one of WA's longest serving and most experienced Aboriginal Environmental Health Workers from the Nirrumbuk Aboriginal Corporation in Broome. This is a mock photo of what Chicky would look like if he contracted trachoma. This photo was part of one of the #endingtrachoma awareness advertisements which can be viewed here:

www.youtube.com/watch?v=GyHefnXIQ9s

I am privileged to write the foreword for this incredibly important Storybook showcasing a selection of the many successful community-led and based health promotion programs and initiatives occurring within remote Aboriginal communities across Western Australia.

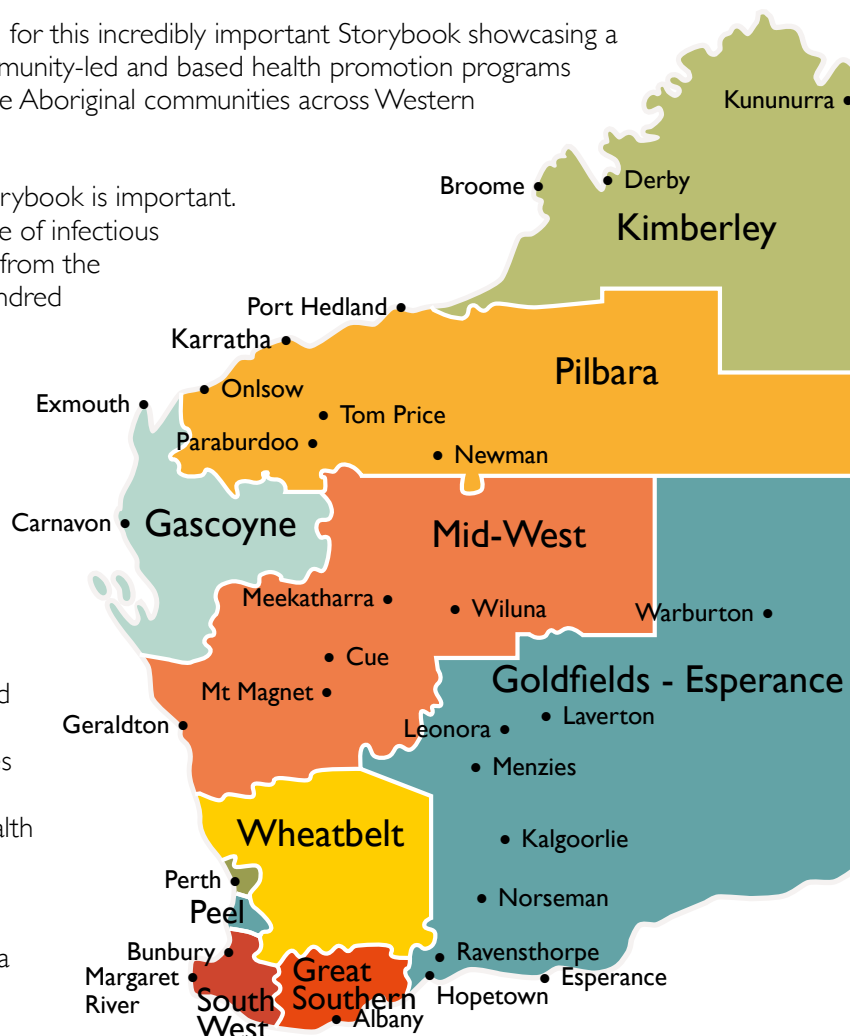
There are many reasons why this Storybook is important. Globally, trachoma is the leading cause of infectious blindness. Although it was eliminated from the wider Australian society over one hundred years ago, we are the only developed country with endemic trachoma. It is prevalent in remote Indigenous communities. We need to close this gap, and sharing ideas and stories that can be replicated or spark ideas in other communities on how this can be achieved, is critical.

To eliminate trachoma, a holistic approach is needed. WHO developed the SAFE strategy that reflects this comprehensive approach and includes S (surgery), A (antibiotics), F (facial cleanliness) and E (environmental health improvements).

When it comes to delivering and reporting community based trachoma activities, there is no doubt that screening is important. It provides almost instant data, is easily reported and understood. Health promotion, on the other hand, differs. Given the nature of health promotion in addressing determinants of health, it is more challenging to report on, the outcomes take longer to observe and are more difficult to measure. However, facial cleanliness and environmental health improvements are critical for sustained progress towards elimination. The 13 stories in this Storybook demonstrate that health promotion offers multiple, engaging approaches to help increase awareness and skills around face and hand washing. Some stories tell of how health promotion has been successful in allowing community members to better understand how trachoma is caused and that it is simple to treat. Other stories reinforce the importance of clean faces and hands and the need to support communities to increase hygiene practices to enable them to be healthy and strong. A number of stories discuss innovations around safe and functional bathroom and laundry facilities and health hardware to ensure people have the ability to wash. The importance of the local Aboriginal workforce and the higher level partnerships between Health and Housing are also showcased as critical success factors to reducing trachoma and ensuring healthy homes in remote Aboriginal communities.

All of the stories in this fantastic Storybook demonstrate that increasing knowledge can, and does occur in the short term. But changing social norms such as attitudes and behaviours and tackling the social determinants of health in a culturally secure way whilst working alongside Aboriginal communities is a long term commitment. The initiatives showcased in this Storybook prove this commitment is worthwhile and all the authors should be proud of their efforts. The contribution of community based health promotion programs to reduce trachoma is critical to ensuring a holistic approach to eliminating trachoma ... and the 13 stories in this Storybook prove that without a doubt.

Dr Melissa Stoneham – Lead of #endingtrachoma program and Editor of this Storybook



ROTARY'S ENDTRACHOMA WORK IN WA

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KEY WORDS:

Indigenous Health, environment and Health, community support, #endingtrachoma

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having been eliminated from mainstream Australian populations over 100 years ago. His research had shown that trachoma could and should be eliminated with coordinated action using the World Health Organisation endorsed SAFE strategy: Surgery to treat the in-turned eyelashes that were the result of scarring from recurrent infections; Antibiotics to treat the active bacterial infection; and Facial cleanliness and Environmental improvements to prevent the spread of this disease. The government committed funding to do this, and trachoma programs were developed in each of the affected jurisdictions.

And then one day...

when we looked closer, trachoma wasn't the only infectious disease circulating among these communities. Rheumatic Heart Disease / Acute Rheumatic Fever, otitis media, and scabies were some of the other infectious diseases affecting these communities. All classified as diseases of early

Once upon a time...

Rotary in Melbourne was told about the world's leading cause of infectious blindness – trachoma, by university professor Hugh Taylor. Professor Taylor had spent a lifetime diagnosing, treating and researching trachoma globally. Australia was the only high income country where this disease still persisted. The bacteria causing these eye infections, Chlamydia Trachomatis, was still infecting and re-infecting some of the poorest communities in Australia, remote Aboriginal communities in Western Australia, South Australia and the Northern Territory, despite



Rotary branding



Sukin

childhood, and all preventable through stronger hygiene and sanitation practices.

In 2016, we saw strong programs in place to coordinate the surgical treatment of in-turned eyelashes, and the screening and treatment of communities with antibiotics, at risk of or with endemic rates of trachoma. However, more could be done around the F&E components of the SAFE strategy, around prevention. Not only might preventive strategies affect trachoma, but improvements in community capacity to build stronger hygiene practices could also reduce the incidence of other infectious diseases.

On behalf of the Rotary Districts of Australia we undertook a period of observation and engagement with many different groups across the three jurisdictions. One of our first visits was to the remote communities in the APY Lands of SA where we learnt about the work of Nganampa Health Council and the Uwankara Palyanyku Kanyinjaku (UPK) program. The guiding principles of this program developed in 1987 identify nine healthy living practices required to provide a safe physical environment for improved health outcomes. Promoting access to functioning health hardware and increasing people's capacity to access it affordably, and for the long term, were key.

From Australian Bureau of Statistics data, we knew that the median income of individuals decreased with level of remoteness, meaning that our most remote communities are our most impoverished communities. Although Mai Wiru, the local not-for-profit community stores, had made strides in

improving community nutrition through the provision of affordable fresh food, essential personal care items remained prohibitively expensive.

In collaboration with the UPK coordinator Stephan Rainow, at Nganampa Health Council, we conducted a small pilot project to determine the demand for mirrors in homes. We noted that few homes had mirrors, but such a piece of hardware could be a powerful enabler of self-pride and personal care. With Nganampa, we also resurrected their health packs program, an effort to educate and equip patients presenting with infectious disease, with the means to prevent recurrence. These packs included a bath towel, face washer, soap and oral care products, and supported the health clinics to provide holistic care for their patients.

Our pilot saw mirrors in strong demand. The logic was simple. You cannot clean what you cannot see.

And because of that...

our project partnered with Rotary clubs across Australia, and with Bunnings to provide safe, acrylic mirrors to environmental and housing programs for installation in homes in trachoma-endemic regions across Australia.

At the time, Western Australia had a strong environmental health program supporting remote communities, called the #endingtrachoma program. Safe bathrooms and wash areas were not only being repaired, but local environmental health workers up-skilled to be able to manage future small works. Observations were made; the team told us that

mirrors would also be desirable in many of the homes in remote communities in WA; that many homes were without a place to hang a bath towel; and many members of the community did not own a bath towel because they could not afford to.

The #endingtrachoma team also conducted a small pilot of towel distributions in a remote Midwest community. Recipients were not only appreciative, but for some, these towels were the first that they had personally ever owned.

Matthew Lester, Manager of the Environmental Directorate, welcomed the addition of mirrors and towel hooks, and remarked that “10,000 bath towels in different colours would be a dream come true.”

Rotary clubs and businesses were approached for funding and support. Bunnings continued their long standing collaboration with Rotary, donating mirrors and towel hooks, as well as providing items at a lower cost. 3M made a contribution of towel hooks. Linen House worked with us to design and supply the most appropriate bath towels for the remote setting, at cost price. In addition, our project received a very generous donation of personal care Sukin products from Rotary for our partners to use in health promotion. In total, over 5000 mirrors, 2400 towel hooks, 10,000 different coloured towels and 70kg of Sukin personal care products were delivered to WA, to complement the #endingtrachoma SAFE bathrooms program.



Clean faces, strong eyes

And since that day...

these items have been used by the #endingtrachoma project as part of their safe bathroom audits and also in conjunction with any environmental health clinical referrals related to disease transmission within the home environment. Rotary is proud to be a partner in this project, which targets remote communities that are considered at risk of trachoma. Rotary's own project EndTrachoma aims to contribute to eliminating this disease, just as it has done with the End Polio Now campaign.

“Rotary is proud to be a partner in this project, which targets remote communities that are considered at risk of trachoma. Rotary's own project EndTrachoma aims to contribute to eliminating this disease, just as it has done with the End Polio Now campaign.”



USING TOOLS AND MASCOTS TO GET THE HEALTH MESSAGE ACROSS ..

A PRACTICAL STORY

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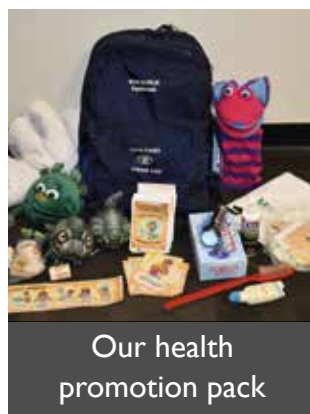
Cherry Yates, Hannah Dunn, Imanee Sambo, Kandice Whitehurst, Claire Woollacott

KEY WORDS:

Milpa, hygiene, health promotion



Petuna



Our health promotion pack



Cherry getting Milpa ready to go to the schools



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Indigenous Eye Health Unit (IEHU) at Melbourne University. Milpa means 'eye' in Warlpiri language. He loves to travel, sing and dance for the children across Australia, so the team asked Milpa if they would join the team as part of their school and community health promotion programs. The Health Promotion team also created some new activities for the students with local content and messaging to help Milpa promote his hygiene messages. To start with, Milpa and the team made a special action song for the children that focused on the importance of washing their face and hands: (to the tune of 'If you're happy and you know it, clap your hands')

"Wash your hands, wash your face, strong eyes,
Wash your hands, wash your face, strong eyes,
Brush your teeth, shoo the flies,
Blow your nose, have strong eyes,
Wash your hands, wash your face, strong eyes"

The children found the song and actions easy to learn, and enjoyed singing it with Milpa and the team. We have since added the words 'and ears' onto the end of the song as well.

Once upon a time...

the health promotion and public health teams in the Goldfields visited all the remote Aboriginal community schools in the region to teach them about an eye disease called trachoma, and how they could protect themselves and their families from the infection. Having clean faces and hands is the most important way to prevent person-to-person transmission of trachoma. But after a while, the team decided they needed some help to engage with the students and keep the health messaging fun and memorable year after year.

And then one day...

the Goldfields team met a super-sized Goanna called Milpa, who is the trachoma mascot from the

The team also developed a number of resources to leave with the students to reinforce Milpa's important messages. These expanded on the trachoma resources available from the Indigenous Eye Health Unit with the creation of activities and games, including a memory game using the six steps to stopping germs cards, and a large piece jigsaw puzzle using some of the Milpa posters. A "germ" puppet was used to teach the children how to wash their hands and a smaller "germ" ball was created to engage the students in a game of hot potato with reference to "how to not catch germs." The final resource we brought in for students was a set of large puppet hands, which were a fun and interactive way to emphasise the importance of hand washing. The hands were a real hit with the children as they were very visual with high recall on subsequent visits.

Milpa and his team of helpers showed the children that he had his very own towel and toothbrush (a rather large toothbrush!), and explained how important it was that children do not share their towels or toothbrushes. Even when Milpa's helpers tried to convince him to share the towel and toothbrush, Milpa and the children said he really could not do that. This activity was created to discuss with the students the type of germs that can spread by sharing these items.

The team also used the Glitterbug products so the kids were able to show Milpa how well they could wash their hands, and how germs can spread easily from person to person.

In some schools, Milpa also brought his special friend, Petuna, a colourful hand puppet with big eyes along to meet the students. Petuna was much more transportable than Milpa which made her easier to use and pop up in different schools or even around the community. She loved hanging around the children as they lined up to get their trachoma screening from the public health team. Petuna was able to talk (through her helper) and reassure any of the frightened children that it was going to be OK. Petuna often volunteered to be screened so she could show the children how easy it was and that it didn't really hurt.

And because of that...

the children have a very good understanding of who Milpa and his helpers are and why they often visit the school. They can recall the song lyrics about stopping the spread of germs, can demonstrate the order of washing their face and hands and the importance of using soap and not sharing towels and toothbrushes. They remember that trachoma can be easily spread from one child to another through infected eyes and



Remote school visit with Cherry, Milpa & team



Cherry helping Milpa to brush his teeth



There are always lots of hugs for Milpa!



Program evaluation from the students



Giant hands getting ready for the Milpa song



Some of the games and activities made from the IEHU Milpa resources

snotty noses. It can be difficult to make teaching on 'health and hygiene' engaging and fun, especially in remote communities. The use of these tailored health promotion tools was a really useful way to reinforce an important public health message and make it relevant to the target audience.

Our range of activities is now broad enough that it also allows the team to change up the sessions with the kids to reduce boredom or program fatigue within the team.

And since that day...

the children continue to sing Milpa's special song. As we revisit the schools, we see evidence that they have increased their knowledge of face and hand washing. We observe the way they wash their hands and also test their hand washing knowledge through a series of questions that the students answer by placing laminated Milpa stickers on the correct answer. We often see results up around the 97% mark!

We also sing Milpa's song before we screen the students for trachoma, so that it reminds them why we are screening them and links trachoma back to the hygiene messages.

We know that through our program which supports the teachers to encourage healthier kids, there is a greater understanding of how germs get into eyes, and how the students and teachers can reduce

and prevent this from occurring. The students also understand the importance of having a routine every day to blow their nose, wash and dry their hands and eyes, brush their teeth, and shower each day.

Milpa will continue to be a valued team member at the WACHS Goldfields Health Promotion and Public Health team.



Hot potato germs and puppets



More puppets

"Wash your hands, wash your face, strong eyes,
Wash your hands, wash your face, strong eyes,
Brush your teeth, shoo the flies,
Blow your nose, have strong eyes,
Wash your hands, wash your face, strong eyes."

#ENDINGTRACHOMA

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Indigenous Health, environment and health, community empowerment

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Curtin University



The #endingtrachoma team of Mel & Scott



prevalence by screening school children and providing treatment in accordance with the national guidelines, as well as addressing behavioural barriers and raising awareness of facial cleanliness (such as promotion of trachoma and the "clean faces" concept in schools). This approach has been effective in reducing trachoma to a point, but without changing the environmental conditions, such as having a functional bathroom in people's homes, it was felt that we would never eradicate the disease in WA.

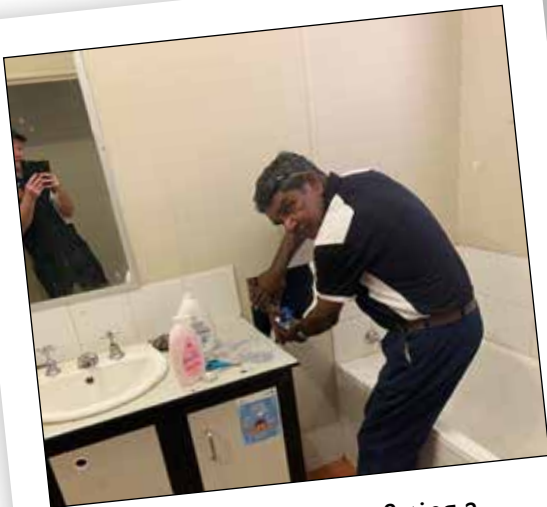
Once upon a time...

it was decided that as Australia is the only developed country to have endemic trachoma, something needed to be done. Trachoma is a leading infectious cause of blindness. It is responsible for the blindness or visual impairment of about 1.8 million people worldwide, and remains a public health problem in 42 countries. Of these 42 countries, Australia is the only developed country and almost 100% of our trachoma cases occur in Aboriginal communities.

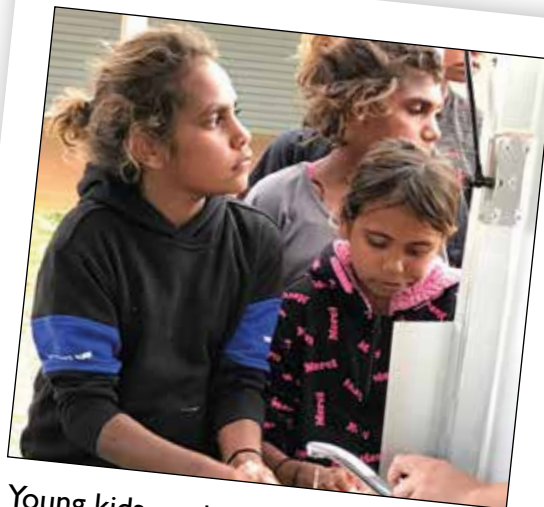
The World Health Organisation (WHO) set a target to eliminate trachoma worldwide by 2020, and to assist with this developed the SAFE strategy. The SAFE Strategy includes a comprehensive approach including surgery, antibiotic treatment, facial cleanliness and environmental improvement. In Western Australia, the WA Trachoma Program has traditionally focused on reducing trachoma

And then one day...

we developed the #endingtrachoma project. The Environmental Health Trachoma Project (#endingtrachoma) aims to reduce the incidence of trachoma and skin infections in 'trachoma at risk' Aboriginal communities in remote WA through environmental health strategies. We do this through a combination of long term planning with communities and hands on service provision and our key partners are the Aboriginal Environmental Health Workers who are employed within remote communities. The #endingtrachoma project is run out of the Public Health Advocacy Institute of WA (PHAIWA) which is affiliated with Curtin University. It aligns with the WHO SAFE Strategy but focuses on the E and F strategies, consisting of the following control measures: Surgery; Antibiotics; Facial cleanliness; and Environmental improvements (WHO) and focuses



One of the AEHWs fitting a mirror at child health



Young kids washing hands before they are permitted on the jumping castle

on the E and F strategies. Trachoma is a community disease clustered by individual families rather than a series of isolated cases. We know that poor hygiene, overcrowding and a lack of functional bathrooms and laundries contribute to trachoma. It seems sensible to address these issues through an environmental health lens. The #endingtrachoma project is doing just that.

The AEHWs are the most important part of the #endingtrachoma project. Their jobs are to conduct audits inside people's homes to assess if the bathrooms and laundries are functional. In some instances they conduct minor plumbing works such as replacing a shower rose or unblocking a drain, to enable people to wash themselves and their clothes. They also distribute soap to community members and organisations as part of the Squeaky Clean Kids project.

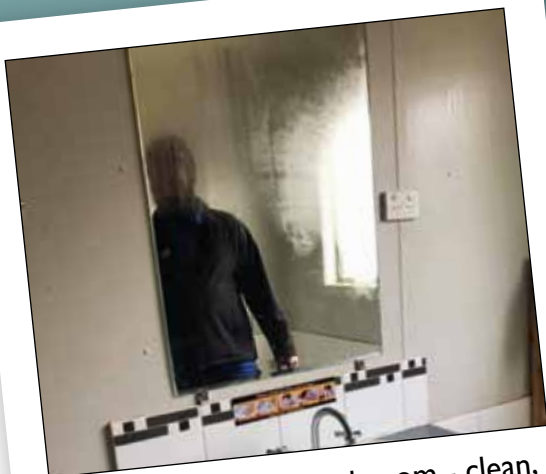
To support the AEHWs in this important work, we ran some workshops that looked at the importance of delivering messages and training on the bathroom audits. A total of 11 workshops were run in remote communities with over 60 AEHWs attending. They really appreciated the fact that we took the workshops to their communities and provided the training and resources they needed to make #endingtrachoma a reality. Throughout the #endingtrachoma project we continue to build the skills of the AEHWs. It is an important part of our job

so that when our funding runs out, we leave behind a skilled and confident workforce who can continue the work. Some of the training is hands on including bathroom audits, some of it looks at issues such as gaining entry into people's homes and other training is focused on processes such as how to deal with an environmental health clinical referral.

And because of that...

the #endingtrachoma team is working to support the development of Community led Environmental Health Action Plans (CEHAP) which will identify and plan for sustainable and realistic trachoma prevention strategies, housed within a broader environmental health context. To do this we are collecting baseline data on infrastructure, existing programs, partnerships and gaps. Once developed or amended, the CEHAP will guide the environmental health initiatives and actions delivered in remote communities, many of which focus on hygiene and environmental health infrastructure.

We also work with our partners to identify any "hot spot" communities which may correlate with criteria such as high trachoma screening results or motivation to act. We collaborate and consult with all the partners and the communities to identify any key F and E strategies that could assist in reducing trachoma and other hygiene related illnesses. The



A completed safe bathroom - clean, functional taps, soap, mirror and a hand washing sticker



Milpa the trachoma goanna at a giving back activity in community

strategies vary and are linked with the findings from the baseline data. Key messages within the #endingtrachoma project focus on prevention, hygiene and the importance of functional health hardware.

An important part of our project is working with community. A recent example was in two Ngaanyatjarra Lands (NG Lands) communities where audits of people's private bathrooms conducted by the AEHWs revealed many plumbing issues which were preventing families from practising good hygiene. The #endingtrachoma team worked with the plumbing contractors employed by Housing to coordinate a community visit while we were in community. As people's bathrooms and drainage were being fixed by the contractors, our team together with the AEHWs, installed mirrors at the height of a child, towel hooks, provided free soap and

installed hand and face washing stickers. We also took the opportunity to have a chat about the importance of hygiene and hand and face washing and checked out whether there was a working washing machine and clothes line. This was all achieved within people's homes and as we provided culturally appropriate services, led by the local Aboriginal Environmental Health Worker, we were not denied access into any homes where householders were present. At the end of that week, we had visited 51 of the 54 community houses and identified:

- 106 plumbing issues with 55% directly affecting the ability to wash;
- 11% of houses had no hot water;
- 35% of houses had no or a non-working washing machine;
- 8% of houses had no power; and
- 66% of houses had evidence of pests (mostly cockroach).

We also gave out 153 bars of soap in the wash areas, installed 28 towel hooks, 45 acrylic mirrors at child height, placed 39 stickers under the mirrors and had a conversation about the importance of why and when to wash your face and hands with 25% of the households.

And since that day...

we continue to visit our 41 remote Aboriginal communities and providing services like the one in the NG Lands.

Usually, when the team visits each community, we provide a community event where we can engage



"The Environmental Health Trachoma Project (#endingtrachoma) aims to reduce the incidence of trachoma and skin infections in 'trachoma at risk' Aboriginal communities in remote WA through environmental health strategies."



The #endingtrachoma team in Tjuntjuntjarra with community members

with the community and in the interests of reciprocity, thank them for hosting the #endingtrachoma team. It is not the aim of this engagement event to change behaviour but to thank the community and provide an opportunity to build the capacity of the Aboriginal Environmental Health Workers on how to organise and run a community event. The events include a community BBQ, a movie night and child focused activities. As part of this event, we ask children to wash their face before going on the jumping castle. We also ask community members to wash their hands with soap before they enjoy a burger. These are great opportunities to increase awareness and skills around hand and face washing and reinforces the key messages of other trachoma and hygiene programs.

Although COVID-19 has prevented us from implementing some of our community engagement strategies, we will reintroduce these as soon as we can. These community engagement strategies are really important to thank the community and local stakeholders for hosting us in their communities while we work. The #endingtrachoma project has also developed three trachoma advertisements which have been designed to run before and after the community movie night ... just as a reminder about what we are trying to achieve in communities. We used our own AEHWs as many of the actors.

One of the most unexpected outcomes was the building of relationships between the AEHWs, the

Environmental Health Directorate and Housing. It is really wonderful to see the partnerships and friendships that have been forged through the project. These important partnerships will continue into the future and should enable a more efficient and effective mechanism to refer remote housing maintenance issues, to plan for improved environmental health services and to prevent trachoma.



Completing the safe bathroom audit

TRACHOMA EDUCATION IN ABORIGINAL COMMUNITIES

A CULTURAL APPROACH

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KEY WORDS:

Trachoma, education, children, prevention, communities, culture



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Environmental improvement. In order of priority, clean environments and clean faces are the key prevention strategies to combat trachoma.

Antibiotics are an important arm of the strategy by reducing transmission, but antibiotics alone will not eliminate trachoma from Aboriginal communities. Services and resources are limited to many Aboriginal communities due to their remoteness. Therefore, the focus has been on aiming to lower these numbers through health promotion, education and prevention.

And then one day...

I knew that I needed to build a rapport with the children whom I was delivering health messages to, so my approach was to engage them in lot of discussion, and then write a story together. We used the trachoma story kits, followed by hands on practical activities using the "germ light box", where children are dusted with fake germ powder and asked to wash their hands thoroughly. Once their hands are clean, they place them under a black light and fluorescent fragments are visible on the palms, the children can now recognise that they have not washed their hands correctly. This activity is followed by asking children where they have seen flies in their environment. We then write a story about the journey of Louie the fly and the germs he picks up along the way that end up on the faces of beautiful children at the school. Recapping on the activities alongside with writing a story, the children now identify the importance of keeping hands and faces clean.

...Louie lives at the rubbish tip and decides he wants to go exploring and when he does, he makes his way to one of the children's beautiful schools...

We brainstorm about where we have seen flies in the school and explain facts about flies; how they

Once upon a time...

my work as a Regional Eye Health Co-ordinator at the Kimberley Population Health Unit (KPHU) in Broome focuses on improving the identification, treatment, management and prevention of trachoma and trichiasis for Aboriginal people.

I deliver trachoma education and also conduct trachoma screening in Aboriginal communities throughout the region. I am very passionate when it comes to the education component of the program and enjoy visiting schools and working with children. During the past several months, I visited several remote Aboriginal community schools in the Kimberley to teach primary school children aged from five to nine about trachoma, and the importance of having clean faces and hands to prevent transmission of this eye disease.

Although trachoma was eliminated from most of Australia by the 1930s, some communities in the Kimberley still continue to experience very high rates. The World Health Organization's (WHO) strategy to eliminate trachoma is S.A.F.E, which stands for Surgery, Antibiotics, Facial cleanliness and



**Students engaged in their learning
with their teachers**

taste food with their feet and how they vomit on food to break down the solids into liquids so they can then drink it. We talk about how flies often breed in rubbish tips and sewage ponds and if they have come in contact with the eyes or nose of an infected person and then land on the children's eyes, trachoma spreads. This conversation helps the children to recognise and understand how germs are transmitted and the importance of keeping faces clean. We discuss the importance of getting rid of rubbish around the house and in the schools, and keeping our environment clean so the flies stay away. The story writing process helps the children make the connection between keeping clean and not getting trachoma.

I also use certificates with health messages printed on them, similar to the certificates they receive at school – which were found to be a great tool. The children not only learn the health messages but are taught to be responsible for taking ownership of keeping healthy and also teaching their family members what they have learned, such as the importance of putting rubbish in the bins. I love seeing the children's faces light up when they see the stickers and read the messages on their certificates.

I also used a PowerPoint presentation to emphasise my teachings. I shared personal stories and photos of my children when they were growing up. The photos and stories show them washing their faces and brushing their teeth before school. The children



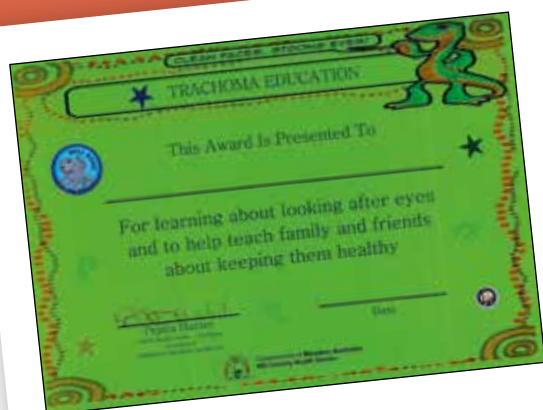
Students receiving their certificates

loved it and were so engaged. It's great to see their excitement when they look at photos of my children hunting traditional foods.

I emphasised how important it was to keep my children's faces clean when they were younger and now that they are older, they have healthy eyes which means they can still hunt and gather traditional food and play sports. Due to their upbringing they now teach their own children the importance of keeping faces clean and preventing trachoma. Another technique I used to build rapport and engagement is through the exchanging of names for traditional foods and language. I asked the children how they addressed their grandparents, parents, siblings and the names of traditional foods. I then taught them the same words in my language. The children were fascinated and attentive when we discussed and named particular animals or talk about the traditional foods and hunting techniques. I also found this approach very rewarding and enjoyable myself (as a saltwater woman), to have the opportunity to learn the different culture and languages. Being involved in the conversation and process is such an excellent way for children to learn rather than just being spoken to.

And because of that...

when I returned to some of the communities a couple of weeks later to conduct the screening, I received positive feedback from the teachers that the children's facial and personal hygiene had improved



Trachoma Certificate 2020

immensely since the education session. They were washing their faces, picking up rubbish more regularly, keeping their schools clean and sharing with pride what they had learned with their family. The teachers also stated that they had also learnt a lot about trachoma from the session.

The other aspect to this education delivery is around cultural food and hunting practices, which focus on the families and adults in the community, rather than the children.

Hunting for traditional food is something that is practised in many of the communities; however the traditional hunting practises and the methods used often differ, much like the languages we speak. Bush turkey, kangaroos or cattle carcasses may be discarded in families' backyards which attracts flies and creates unhygienic waste. Scaling fish and leaving the fish remains in the yard also attracts lots of flies. We teach families that it's better if the carcasses are taken to the rubbish tip and buried and disposed of correctly. From an environmental health perspective, it is really important that families have an understanding of keeping their backyards clean and dispose of animal carcasses correctly and appropriately while respecting it and taking pride in culture.

It's great that we have an opportunity to talk to the families because all the environmental health messages we share extend further than the backyard. If we have active cases of trachoma in the communities, we talk to the families and ask them what they know about trachoma. Unfortunately there are still a few families in each community that have little knowledge about trachoma. If they are

unaware, we reinforce the environmental health and hygiene messages, and the importance of functioning appliances such as washing machines and standard taps. When we approach households, (myself and the team of Health Promotional Officers and Environmental Health Workers) we are always respectful and inform them that it's not about being invasive, but more about assisting and supporting families.

We inform people about the Environmental Health Referrals and we conduct bathroom audits and refer them to Environmental Health Services if needed. If the issue is beyond the scope of Environmental Health Services, then the Department of Housing is contacted to organise plumbers or contractors to come and fix the bigger issues.

Using analogies with community members to explain what trachoma is, is a vital way to communicate. I explain that the skin sores that leave a scar on people's arms and legs is the same as the trachoma infection leaving a scar under the eyelid. Repeated infections leave a scar, resulting in the eyelash turning inwards which scratches the eyes (like a windscreen wiper on the windscreen – corneal opacity) causing trichiasis, which can lead to blindness if not corrected.

And since that day...

continuing to deliver education is such an important aspect of my work. All the messages we are reinforcing and teaching the children is so they don't have to deal with the same issues that their Elders did (and in some cases are still facing today) – losing their eyesight. Our aim at KPHU is to work towards reducing the prevalence rates and eventually eradicating trachoma completely.



"Continuing to deliver education is such an important aspect of my work. All the messages we are reinforcing and teaching the children is so they don't have to deal with the same issues that their Elders did – losing their eyesight."

PAPULANKUTJA BLACKSTONE (NG LANDS) MURAL PROJECT

NAME:

Papulankutja Blackstone (NG Lands) Mural Project

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KEY WORDS:

Trachoma, eye health, Aboriginal culture, art, collaboration, health promotion, hygiene

PROGRAM/PROJECT PARTNERS:

Indigenous Eye Health University of Melbourne (IEH), Indigenous Hip Hop Projects (IHHP), Papulankutja community members, Papulankutja Artists, Blackstone School, Blackstone Store, Blackstone Pool, Youth Program Pitjantjatjara, Ngaanyatjarra, Yankunytjatjara Women's Council, Environmental Health Trachoma Project



It all started with the Papulankutja community meeting.....

Once upon a time...

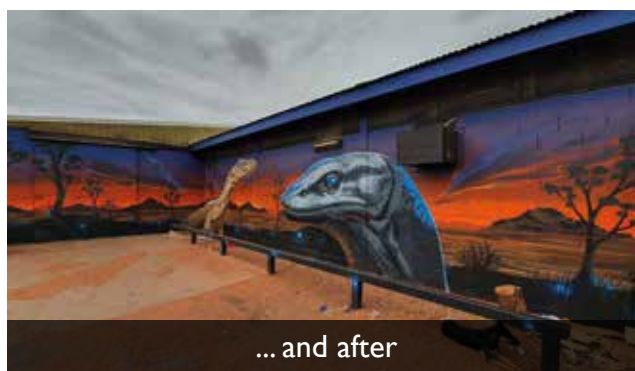
through our work in Aboriginal communities over the years, we knew that there was a high prevalence of trachoma within sections of the population.

In the community of Papulankutja (Blackstone) in the Ngaanyatjarra Lands, we wanted to increase local understanding about how to stop trachoma and other hygiene-related sickness. We thought a good way would be to talk to the community about a collective project. The idea for a mural came about because we wanted a creation that also had meaning for the community and which would remain visible for a long time. Murals are popular in remote communities and provide a bright focal point of interest.

Previously, we had worked with the Warburton community and Indigenous Hip Hop Projects (IHHP) to design and paint a mural of two local children featuring their strong healthy eyes, on the community store. This mural is important still and the community members make sure it stays free of graffiti for all to enjoy.



Before the mural ...



... and after

We spoke to IHHP who knew the Ngaanyatjarra Lands communities well from their work over ten years. IHHP travel across Australia with Indigenous and non-Indigenous dancers, musicians and artists to highlight health and social issues through dance, music, art, and video, always emphasising strong culture.

IHHP invited Elders, community members and services staff to talk about the idea of a mural that could involve local artists and students to work alongside two visiting street artists. There was a great turn out of about 20 local community members with two strong leaders, Elders Winston Mitchell a traditional owner and community pastor and Maimie Butler a past NPY Women's Council Chairwoman and a well-known translator. The School, Papulankutja Artists, Community Store, Swimming Pool Ngaanyatjarra Council Aboriginal Corporation and Ngaanyatjarraku Shire were also involved.

The creation of the design began at that meeting as people shared the importance of a local Tjukurpa (Dreaming/Law) story and the significance of the Papulankutja Ranges. To help us understand more, we were taken out on Country by Winston Mitchell, Maimie Butler and others where the Wati Kutjarra (two young goanna-men) Papulankutja dreaming story is set. The Nganurti (bush turkey), was another culturally significant image the community wished to include. At Singing Rocks we saw awesome ancient rock art and other rocks that made different tones when tapped - the IHHP musicians were rapt. We knew it was special to be in this sacred place and permitted to incorporate special elements of Country in the mural. The trip out to Singing Rock marked the beginning of the project, which ran for three months from October to December 2019.

And then one day...

IHHP sent international street artists Andreas Welin from Denmark, Tom Ceran (TETAL) from France and IHHP director Michael Farrah to Papulankutja. They met up with Colin Moore from IEH and community members to begin working together on the mural over a massive four walls of the Papulankutja Store. Community members again invited the artists to visit country and came by daily to share knowledge and keep the street artist's work on track. Children helped with the mural and entertained the visitors during the heat as summer approached. The generous local shop keepers kept artists and staff hydrated, school students got involved and the art centre helped with design support.

The health promotion goal was to help everyone understand about trachoma and other preventable infections. A hygiene station encouraged clean faces and hands and Colin explained how germs made people sick and how everyone could stop trachoma and other germs with good hygiene practices. NG Media came over from Wingellina and made a fun video clip to help spread the message about the project.

Also, during 2019 Papulankutja and other NG Lands communities helped to develop Milpa's Six Steps to Stop Germs resources and we were lucky to have Maimie Butler beautifully translate the Steps into Ngaanyatjarra language. Milpa the Trachoma Goanna was included in the mural to remind everyone about the importance of clean faces and good hygiene practices.

And because of that...

IHHP and IEH kept in touch with the school principal and art centre manager to try to keep things rolling along but it was hard without having a staff member out in community to lead the project. The Art Centre and School did an amazing job supporting senior students to design and paint one large wall including plentiful local bush tucker and Milpa. An art competition was held to design the 2020 football and softball jerseys and the winning football jersey of the mighty Blackstone Demons was selected for a special place on the mural.

In late December, we returned to finish up the mural, IHHP made a video of the project and IEH launched the Ngaanyatjarra language version of Milpa's Six Steps to Stop Germs. The Christmas Party and Mural Launch were held together which was a huge community celebration. Milpa helped Father Christmas give out presents and prizes and everyone worked together to put on a wonderful night. The WA Environmental Health Trachoma Project brought the fantastic blow-up slide, a huge BBQ and face and hand washing stations. Special recognition was given to Jarret Hogan the Captain of the mighty Blackstone Demons for his support for trachoma elimination with a signed Melbourne Demon's jersey and in return he gave his Demons jersey to IEH for the trachoma program. There had been some challenging times in the community throughout the year and everyone was delighted to end the year on a high note.

Finally community members and service providers reflected on the project. All thought the murals were fantastic and involved community members of all ages. But better timing was needed for school term and a lead person based in the community would keep the project on track and help with communications.

And since that day...

Papulankutja's impressive mural represents important culture and beautiful country. The amazing art remains on four store walls for everyone in the community to enjoy as they walk past and it's our hope that Milpa's Clean Faces, Strong Eyes messages are a prompt to help prevent infections and help to eliminate trachoma.



Matty Mastratisi of IHHP, Jarret Hogan young local leader and Captain of the Papulankutja Demons and Colin Moore of IEH



The evening cook up was delicious



Amber Lane, Jarret and Trishelle Hogan, Saphrina, Ningbell Lyons, Sherona Jackson and Paula Lyons with Milpa's Six Steps to Stop Germs in Ngaanyatjarra language



"Many ideas were shared during the meeting and the consensus was that a mural would be a wonderful way to engage the community as it would highlight and share an important cultural story from the area. For the Papulankutja Community, their story is a traditional dreaming story about two goanna's, who are spirit people."

Milpa's Six Steps to Stop Germs

CLEAN FACES, STRONG EYES!



Milpa's Six Steps to Stop Germs was developed by Indigenous Eye Health at the University of Melbourne as part of their work to support trachoma elimination programs in Australia with resources, activities and advocacy since 2010. IEH worked with 34 organisations in Australia including community members from the Ngaanyatjarra lands to make a new suite of health promotion resources in everyday language that reflect the best practice key actions to help eliminate trachoma and numerous other hygiene related health conditions. Maimie Butler and Jan Mountney assisted with the Ngaanyatjarra language translation of Milpa's Six Steps to Stop Germs.

See more in the IHHP video here:
<https://vimeo.com/395845303>

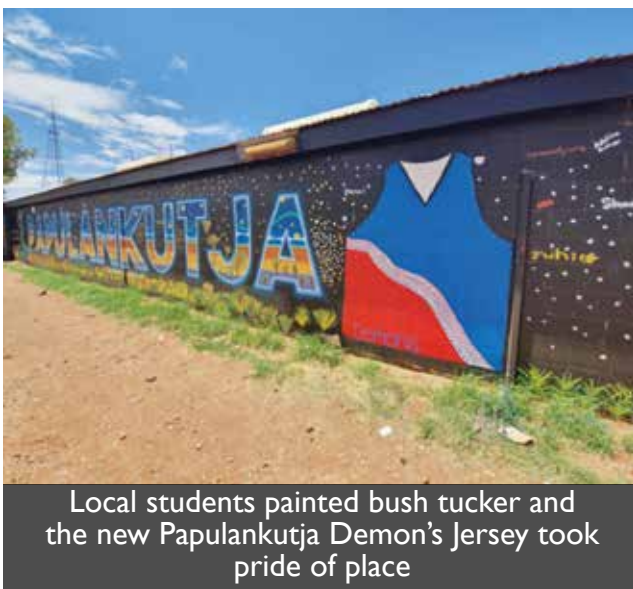
For free resources to Stop Germs including COVID:
<http://go.unimelb.edu.au/d8ei>



Community members wanted to check out the Store walls for the mural



Kids loved the Environmental Health Trachoma Project's huge slippery dip



Local students painted bush tucker and the new Papulankutja Demon's Jersey took pride of place

Health Promotion and Listening Right Way - Colin Moore

The Mural was to help raise awareness about trachoma and was designed with the community. During my third visit to Papulankutja, I was out with community and our project partners visiting significant sites. During this time the local people asked if we would like to meet in the evening to cook some bush tucker and share stories about the Tjukurpa. We accepted and packed three carloads and went out when planned. We had senior Lore women present, we helped community members prepare the fire and food, and we sat in the red dirt while the tucker was cooking in the fire.

My colleagues and our partners began to try to capture project related information from our hosts. Unknowingly, they started to seek information which was culturally inappropriate based on the gender and kinship cultural dynamics. Part of the Mural included male specific Tjukurpa, and another part related to a lineage of totem and kinship belonging to other people not present at the cook up.

I was able to encourage us to take a different approach by accepting what is shared and given freely rather than seeking what we think we need. From this place, we can be open to learning something new. This helps to enjoy and share the moment, and allows what needs to unfold, do so naturally or organically. We did that and watched the storm dance around from the west as the night fall drew near.

<https://mispgh.unimelb.edu.au/centres-institutes/centre-for-health-equity/research-group/ieh/roadmap/share-your-story/colin-moore-personal-reflection>

CLEAN FACES, STRONG EYES

NAME:

Midwest Public Health Unit

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PROGRAM/PROJECT PARTNERS:

Trachoma Health Promotion Project

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KEY STAFF / PEOPLE INVOLVED:

- Lyn Symonds – Public Health Nurse
- Gloria Jones – Aboriginal Health Officer
- Qasim Rehman – Health Promotion Coordinator
- Kumar Deep – Regional Public Health Manager

KEY WORDS:

Trachoma, public health, environmental health, collaboration



Government of Western Australia
WA Country Health Service



T-shirts painted by the kids

Once upon a time...

there lived a bacterium named Chlamydia trachomatis that caused trachoma, a serious eye infection. Trachoma spreads from one person to another and has been prevalent in Western Australia's Midwest region since 2010. Repeat trachoma infections can cause scarring in the eye and lead to irreversible blindness. Trachoma is reported in some remote Aboriginal communities in the northern areas of WA, mainly in the Kimberley, Pilbara, Midwest and Goldfields regions.

Transmission occurs through facial contact and hand to eye contact via contamination of personal items such as towels, clothing and bedding. Poor environmental health conditions such as poor hygiene, overcrowding and lack of functional bathrooms are recognised as key contributors

to trachoma in remote Aboriginal communities. Trachoma can be prevented through community education on the seriousness of the disease and its transmission, with a strong emphasis on maintaining good personal hygiene.

And then one day...

the Midwest public health team worked in partnership with key organisations such as schools, Buniyarra and Yulella Aboriginal Corporations, Environmental Health Directorate and the Public Health Advocacy Institute of WA to address the risk factors associated with trachoma.

The Public Health Nurse along with the Aboriginal Health Officer commenced annual screening, which is usually conducted around the end of August and early September. In collaboration with the

Midwest Employment and Economic Development Aboriginal Corporation (MEEDAC), Bundiyarra and Yulella Aboriginal Corporations, environmental health assessments were routinely carried out during the screening, with a focus on health promotion messages.

To complement the screening and environmental health assessments, education sessions were provided to school students and community members at risk of trachoma. The Public Health team used the school flip chart created by Indigenous Eye Health to talk about Milpa the Goanna (the mascot for trachoma awareness) and his key message “Clean Faces, Strong Eyes”, including introducing the trachoma bug and detailing how it is transmitted and damages the eye. Other activities undertaken in school sessions were hand and face washing techniques using dolls, playing the ‘Don’t catch the germ’ game and the Glitter Bug UV light activity.

Team members visited Midwest towns and communities and discussed the benefits of

maintaining hygiene practices. They also distributed wellbeing packs for household use.

Health promotion and education sessions are also provided to community members in a setting outside of school. These sessions include interactive activities such as hand washing, painting on a t-shirt to engage community members and the distribution of wellbeing packs.

And because of that...

working with schools led to improved partnerships with the local communities, resulting in a Hip-Hop video that featured children from the Mt Magnet community. Released in October 2018, the video promotes key messages around trachoma prevention such as Clean Faces, Strong Eyes. To date, the video has had over 4600 views on [YouTube](#).

The trachoma control program has been implemented from the Public Health Unit core funding in trachoma-endemic regions since the 1980s.



T-shirts painted by the kids



"The Midwest is committed to promoting good health and hygiene practices to eliminate trachoma and other skin health issues from remote communities and will continue to work in partnership to achieve better health outcomes for the local population."

In 2009, the overall prevalence of active trachoma in the communities screened in WA was 15%, with all four endemic regions having a prevalence of active trachoma greater than 5%.

And since that day...

Trachoma screening and health promotion is ongoing on an annual basis in the Midwest at risk communities. The program is now being expanded to incorporate skin health and wellbeing to address broader conditions such as impetigo, scabies, tinea and crusted scabies. These skin conditions are associated with bacterial skin infections usually caused by *Staphylococcus aureus* that have high fatality rate and Group A streptococcus that result in acute rheumatic fever (ARF) and acute post-streptococcal glomerulonephritis (APSGN) in children. The Midwest is committed to promoting good health and hygiene practices to eliminate trachoma and other skin health issues from remote communities and will continue to work in partnership to achieve better health outcomes for the local population.

Watch the YouTube video:
Mount Magnet Trachoma Free Scene

<https://www.youtube.com/watch?v=dKvascMsXJQ>



Face washing activity in classroom using doll's head model and water bottle with Milpa printed. Gloria Jones, Aboriginal Health Officer



Wellbeing packs



SQUEAKY CLEAN KIDS

ORGANISATION NAME:
WACHS

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KEY WORDS:
Indigenous Health, environment and health, community empowerment

PROGRAM/PROJECT PARTNERS:

The WA Country Health Service, Soap Aid, PHAIWA, the Department of Health's Environmental Health Directorate, the Aboriginal Health Council of WA, regional Aboriginal corporations, regional schools and local governments



Government of Western Australia
WA Country Health Service

Once upon a time...

it was decided that as Australia is the only developed country to have endemic trachoma, something needed to be done.

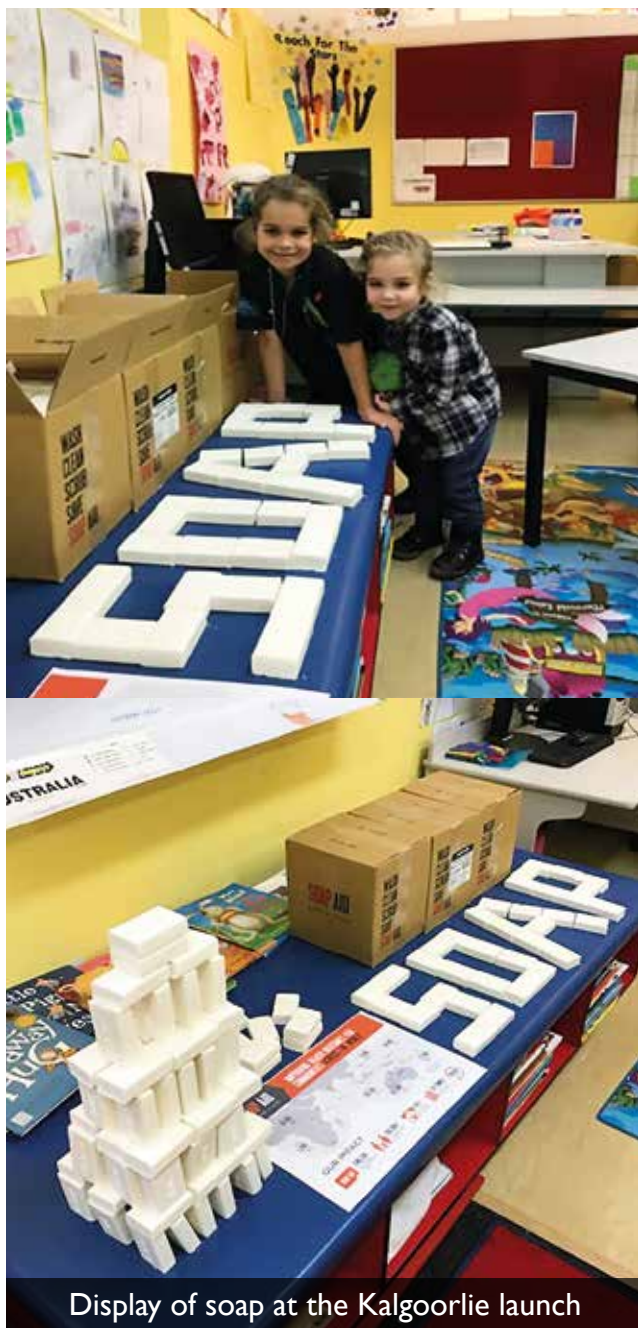
Trachoma is the leading infectious cause of preventable blindness. It is responsible for the blindness or visual impairment of about 1.9 million people worldwide, and remains a public health problem in 44 countries. Of these 44 countries, Australia is the only developed country and almost 100% of our trachoma cases occur in Aboriginal communities.

The World Health Organisation (WHO) set a target to eliminate trachoma worldwide by 2020, and to assist with this developed the 'SAFE' strategy. The SAFE Strategy includes a comprehensive approach including surgery, antibiotic treatment, facial cleanliness and environmental improvement.

In Western Australia, the WA Trachoma Program has traditionally focused on reducing trachoma prevalence by screening school children and providing treatment in accordance with the national guidelines, as well as addressing behavioural barriers and raising awareness of facial cleanliness (such as promotion of trachoma and the "clean faces" concept in schools). This approach has been effective in reducing trachoma to a point, but without changing the environmental conditions, such as having a functional bathroom in people's homes; it was felt that we would never eliminate the disease in WA.

And then one day...

the "Squeaky Clean Kids" (SCK) project, which is a WA Country Health Service (WACHS)-led primary prevention program was implemented. The Goldfields region hosted a state-wide event and the Minister for Health Roger Cook officially launched



Display of soap at the Kalgoorlie launch



AEHW Chicky Clements shows off the locally produced hand and face washing sticker



Kalgoorlie launch with Mr Germ

the project. It was a great day at the East Kalgoorlie School. The Goldfields Public Health Unit also ran a short handwashing activity with the students. SCK officially rolled out in July 2016 and June 2018 in the four northern health regions that are endemic for trachoma - Goldfields, Kimberley, Midwest and Pilbara. This health promotion program focuses on the 'F' and the 'E' from the SAFE strategy, so all activities were centred on personal hygiene and environmental improvements in bathrooms in WA trachoma endemic regions. SCK aimed to support remote Aboriginal communities to overcome barriers that contributed to the environmental and behavioural risk factors for trachoma transmission by provision of free soap, hygiene education messages in schools and households, and bathroom improvements by supporting local environmental health practitioners.

The soap for the project was provided free to communities and was donated by Soap Aid. Put simply, this organisation collects and recycles soap from hotel rooms, then melt it down, sanitise it and make it into bars. In the Squeaky Clean Kids project, homes and community facilities including but not limited to schools, Health Services, Women's Centre and Environmental Health Offices in remote Aboriginal communities are offered free bar soap. There was also a limited supply of liquid soap offered to community facilities to initiate the installation dispensers enabling sites to progress to ordering their own supply of liquid soap. The health promotion messages that are being used in all communities focus on existing resources that have been developed with Aboriginal people. The project also developed some tailored resources for different regions to ensure the

message gets traction. An important development was tailoring of the existing No Germs on Me hand washing sticker to ensure we included face washing as an important step in preventing trachoma. The program moved to using the University of Melbourne Indigenous Eye Health 'Milpa's Six steps to stop Germs' sticker in 2020.

The bathroom audits are one of the most important elements of this project. The Aboriginal Environmental Health Worker (AEHW) workforce, which consists of around 70 practitioners located in regional and remote location across WA, has been instrumental in making sure these bathroom audits are conducted within communities. A bathroom audit tool was developed and the AEHWs, who are well respected within their communities, conduct these audits inside people's homes. It involves inspecting the bathrooms and repairing minor plumbing issues, such as replacing



Goldfields children doing hand washing exercises



Kimberley workshop to talk about the bathroom audit processes



Minister Roger Cook at the Kalgoorlie launch

spindles or fixing leaky taps. They also have a chat to the householder about the importance of hand and face washing and if required provide free soap bars and soap socks, fit soap holders, install mirrors and a hand and face washing sticker above the wash hand basin. All work is only carried out if consent is obtained from the tenants. The AEHWs are an integral part of the Squeaky Clean Kids project. Their job is to provide advice on where the soap should be stored in each community, locations for the soap to be distributed in community, provide advice on how much soap is being given out in each community, to conduct the bathroom audits and give face and hand hygiene messages. They are the link between the community and SCK.

To support the AEHWs in this important work, workshops that focussed at the importance of messages within the SCK project and some training on the bathroom audits were provided in communities. A total of 11 workshops were offered in remote communities with over 60 AEHWs attending. Feedback from participants was

that they really appreciated the fact that we took the workshops to their communities and provided the training and resources they needed to make SCK a reality.

And because of that...

we now have 53 remote communities across WA which are participating in the SCK program. The Squeaky Clean Kids project has provided a platform to assist communities to overcome the common barrier to the environmental and behavioural determinants that increase trachoma and other disease transmission. During the roll out of the project we have seen some really great collaboration between services led by supported by the WA Trachoma Reference Group. The collaboration included WACHS Central Office, the Public Health Units in the Goldfields, Midwest, Pilbara and Kimberley, the Environmental Health Directorate (EHD), Public Health Advocacy Institute of WA (PHAIWA), Soap Aid, Aboriginal Health Council of WA (AHCWA) and the Indigenous Eye Health Unit.



The six steps to stopping to stopping germs sticker is now provided to community members during bathroom audits



One of the remote AEHWs installing a soap dispenser



Pilbara workshop to discuss trachoma prevention



Bucket sink used in remote locations for hand washing

And since that day...

the project has distributed more than 533,000 bars of soap donated by Soap Aid to the WA trachoma endemic regions. Of the 53 participating communities, 92% of those communities are considered endemic for trachoma the remaining 'at-risk' of resurgence. The program has reached 49 schools and day care centres with health promotion materials and activities. Environmental health training has been conducted with approximately 70 community based Environmental Health Practitioners who support the program.

SCK continues to provide free soap in remote Aboriginal communities together with health promotion messages is a pragmatic step to encourage behaviour change, with families receiving material assistance promoting preventive health practices. In addition, it is hoped that the provision of training and reinforcement to Aboriginal Environmental Health Practitioners will lead to the desire to have improved bathroom facilities. General enthusiasm and widespread advocacy for SCK has resulted in WACHS and its partner organisation Soap Aid, agreeing to continue to support the program by providing an additional 150,000 bars of soap to communities up until June 2021. This extension of the SCK is a clear demonstration of the positive partnerships and goodwill that has been one of the outstanding achievements over the life of the program.



"The AEHWs are the most important part of the Squeaky Clean Kids project. Their jobs are to provide advice on where the soap should be stored in each community, locations for the soap to be distributed in community, provide advice on how much soap is being given out in each community, to conduct the bathroom audits and give face and hand hygiene messages."





Pilbara children using the buckets



A sink in one of the communities



Squeaky clean kids display in the Midwest



Pallets of soap ready for distribution across WA



Trachoma prevention in schools is a key strategy and this is some of the kids art

STRENGTHS TO STRENGTH

NAME:

WACHS – Pilbara

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PROGRAM / PROJECT PARTNERS:

Environmental health teams including Mawarnkarra Health Service, Meta Maya, Puntukurnu Aboriginal Medical Service and Shire of Ashburton

KEY WORDS:

Trachoma, environmental health, community, partnerships, collaboration



Hand hygiene in community with Gerry the Germ



Government of Western Australia
WA Country Health Service

resources to support ongoing daily hygiene programs in schools and playgroups. Ongoing hygiene resources include soap, face wipes and hygiene posters. Schools and playgroups were identified as a setting where a daily hygiene program could tie in with an existing breakfast program each morning. This will provide a solid start ensuring children are ready for learning while teaching them skills to build their capacity that will empower them to make positive behaviour changes.

Interactive education sessions include a brief discussion about keeping children's eyes and bodies healthy, a demonstration of how to wash hands properly, an interactive activity and concludes with a summary of key messages. The health promotion team developed a suite of activities for specific age groups. Some of the activities include handwashing with UV light, different types of soap making, playdoh activity making germs out of playdoh, deodorant paste, face masks and memory cards just to name a few.

Localised resources were developed by the health promotion team including a trachoma education poster that encompassed all the preventive health messages and prevention messages attached to magnetic or compact mirrors. These are frequently used in education sessions along with the 'No Germs on Me' and Indigenous eye health resources developed in the Northern Territory and Victoria to complement the program.

Another part of their program is the upskilling of teachers and other staff through the use of lesson plans and resources. They provide lesson plan booklets and resources for teachers and staff to run the program and activities when the teams are not in community. This is a sustainable approach and enables

Once upon a time...

in the Pilbara, WA Country Health Service health promotion and public health teams identified a need for hygiene prevention education and resources to be delivered to remote communities to support the prevention of trachoma, skin and other health conditions.

Through this program they addressed aspects of the World Health Organisation SAFE strategy including the 'F' facial cleanliness and 'E' environmental improvements. Daily face washing is one of the key prevention messages they use and their partnership with environmental health through the Squeaky Clean Kids program (SCK) enables them to address the environmental health component.

Health promotion strategies identified to support ongoing program sustainability included offering interactive education sessions to schools, playgroups and community organisations as well as providing



continuation of the trachoma prevention messages in the community.

The health promotion team developed pictorial posters that are used in post trachoma screening as they are easily understood by children and community members. The posters are a great conversation starter and enable the team to provide feedback on the rates of trachoma for that year and key messages around hygiene with communities.

The health promotion messaging in this program has a high recall rate with children and community members. The observable change in hygiene habits since the start of the program has been noticeable and demonstrates a positive change in behaviour.

And then one day...

while the key prevention messages of these activities are important, it was identified if children are unable to carry these behaviours at home and complete basic hygiene tasks due to issues with bathroom hardware or plumbing issues, then the messages and behaviours will be impossible to complete.

This is where the Squeaky Clean Kids project, a primary prevention program aimed at addressing

these gaps. The project began around three years ago and contributed to bringing together different organisations which each addressed facial cleanliness and environmental health improvements to improve the likelihood of children and families being able to make positive behaviour changes at home.

And because of that...

through the Squeaky Clean Kids program (SCK) it has led to a strengthening of our relationship with environmental health. Together with environmental health, the program is able to work collaboratively



"Partnerships play a huge role in the success of any program and in this instance we believe it has helped to build knowledge, awareness, skills and experience, and foster active community involvement."



Looking for germs with
Gerry the Germ

to visit communities together with public health to screen communities for trachoma. This has allowed them to work side-by-side with the environmental health officers, including conducting bathroom assessments which have been helpful in identifying home hardware issues. While the health promotion and public health teams screen the community and provide hygiene education, if a child tests positive for trachoma, the environmental health teams are able to do an on-hand bathroom assessment while the health promotion and public health teams can explain the key prevention messages to the family.

And since that day...

the collective approach that the health promotion and environmental health teams have used has enabled them to address the facial cleanliness and environmental health components of the SAFE strategy. As this program comes to an end, they have already embedded the key messages and activities into their core business and continue with a sustainable holistic approach. So the key messages of trachoma prevention will carry on, and so will their valuable partnership.



Compact face mirror with hairbrush
promoting clean faces, strong eyes message



Bucket sink used for handwashing

Environmental Health Worker - Pilbara Meta Maya Regional Aboriginal Corporation

From our environmental health perspective, the trachoma program has given us the ability to forge a closer bond with the WACHS staff who are involved in the program. It has provided us with the ability to foster and build on new and existing relationships.

The program has given us a better health insight into trachoma and also reaffirmed the links between the environment and health and how important health promotion is to alleviating trachoma. The WACHS team were really welcomed because we understood that they are genuinely there to help.

The program also gave us an opportunity to have more of a presence in the local schools, aside from our environmental health roles.

Knowing your community members also really helps to alleviate some of the barriers (language barriers, new/unfamiliar faces in the community, communication methods, what's happening in community etc).

Partnerships play a huge role in the success of any program and in this instance we believe it has helped to build knowledge, awareness, skills and experience, and foster active community involvement.



YA GOTTA WASH YA FACE TO COME TO MY PLACE

NAME:

Kimberley Population Health Unit

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PROGRAM/PROJECT PARTNERS:

Shire of Derby West Kimberley, PHAIWA,
Nirumbuk Environmental Health Service (NEHS)

KEY WORDS:

Indigenous health, environment and health,
community empowerment, healthy skin

KEY STAFF/PEOPLE INVOLVED:

- Timothy Bond - Environmental Health Coordinator, KPHU
- Sonny McKay - Environmental Health Officer
- Iris Prouse - Aboriginal Environmental Health Manager, KPHU
- Clayton Bell - Environmental Health Officer, KPHU
- Sarah Macnee - Public Health Manager, KPHU
- Pippa Broughton - Health Promotion Coordinator, KPHU
- Georgie Kelly - Public Health Liaison Officer, KPHU
- Troy Edwards, Senior Public Health Nurse, KPHU
- Dr Melissa Stoneham - Director, Public Health Advocacy Institute WA
- Melinda Edmunds - Senior Coordinator, Public Health Advocacy Institute WA
- Katina Coffin - Health Promotion Officer
- Matt Taylor - Health Promotion Officer



Once upon a time...

in 2014 – 2016 the community of Kalumburu in Western Australia experienced an outbreak of Acute Post Streptococcal Glomerulonephritis (APSGN), a rare condition in developed countries, however like trachoma, one that is prevalent in remote Aboriginal communities. Skin and eye infections in the Kimberley, underpin a number of significant chronic health conditions if not detected and treated with early intervention, some of which cause permanent kidney and heart disease and blindness

As a result of this outbreak and in an effort to educate the community about health risks and the importance of preventive measures such as hygiene and environmental factors to prevent these types of diseases, we brought all key community and service provider stakeholders together. The result of this initiative was a reduction in one major skin infection (scabies) in children, from 9.5% to 2.2% as recorded by clinic presentations. (APSGN outbreak, Scabies, MRSA, Australian Indigenous Health Bulletin Vol 16 No 4, October – December 2016).



Women's pamper session

Whilst educating children and parents during this outbreak, it was evident that 16 to 35 year olds were falling through the gaps. Additionally, the Kimberley has the highest rate of sexually transmitted infections (STIs) in Western Australia with over 1,000 WA STI notifications in 2016. Those at highest risk and the most represented group are 15 – 35 year olds, aligning well with our target group and the inclusion of sexual health education in this project. An innovative approach was designed to engage this group, typically not well engaged with health care, with You Gotta Wash Ya Face to come to My Place project. The aim of this project was engage young people and community service providers to increase and promote hygiene.



And then one day...

during a two day workshop for Environmental Health staff across the Kimberley, held in Halls Creek in 2016, Tim Bond, Sonny McKay and two other Environmental Health Officers conceptualised the project. The project focused on educating young people from the Kalumburu community on personal hygiene, skin health and sexual health and how this relates to improved health outcomes, disease prevention, finding a partner and living a happy and healthy life. While having a strong message on personal hygiene, including hand and face washing, it also addressed local health needs and incorporated sexual health and self-respect in a light, fun and culturally appropriate way. An additional key aspect of this initiative was providing targeted skin health and sexual health education to school staff, clinic staff and community members to support workforce capacity. Skin health sessions were also run in the Kalumburu School and a poster competition as a way to discuss important health messages.

It was only a matter of time before the word spread and people wanted to be involved. A working group of staff was then established with representatives from KPHU's Environmental Health, Health Promotion and Public Health teams, PHAIWA and the Shire of Derby West Kimberley. Other key partners joined the project with the principle sponsor Western Australian Primary Health Alliance (WAPHA) funding the project, the Environmental Health Directorate donating basketballs and other resources, and not least Share the Dignity donating three pallets of personal hygiene products. Staff from Kimberley Mental Health and Drug Service,

"The empowerment and enthusiasm of the community in getting involved and taking ownership of the project was a highlight of the project. Establishing strong partnerships with community organisations and stakeholders across a range of sectors was another of the project's success stories."

Nirrumbuk, two amazing hairdressers volunteering three days of their time to cut hair; Australian actress Ningali Lawford volunteering as Master of Ceremonies, a local photographer and many more volunteers and staff committing valuable resources and time to the project.

The project ran over a one week period with key events commencing with a mural painted by Kalumburu artists on the newly commissioned community laundry and a formal 'opening' for the whole of community. Children at the school were also involved by designing posters around personal hygiene and happy healthy homes that were displayed and presented at the main event and dinner. Children were further engaged with a bouncy castle and soap making activities that ran over several days. For the target audience of 16 – 35 year olds, young people were invited to participate in a week long program. Head lice treatments and skin checks were undertaken, followed by haircuts, beauty and make up sessions, foot spas and gift bags containing hygiene products and key skin and sexual health messages. Donated free clothes for the celebration event were set up in a pop-up shop for participants to choose a new outfit for the community dinner.



The extensive wardrobe!

The week of activities provided a platform for staff to engage in small group and one-on-one settings to convey key health information and education on self-care, personal grooming, self-esteem, suicide prevention and mental well-being. Similar sessions were held for both male and female participants with the women's yarnning sessions centring on soap and body scrub making workshops, and a fishing trip for the men. The week of events culminated with a community dinner provided by the Kalumburu Strong Women's Centre (with emphasis on healthy food). The evening featured a local band and a high profile 'Master of Ceremonies'. Project participants' achievements were celebrated and an emphasis on key health messages was showcased in a photography slideshow of the week's activities. Both the Chairman of the Kalumburu Community and Strong Women's Group spoke of the value to community of the event.

And because of that...

for a very small community the overwhelming support and contribution from individuals and agencies was amazing. The Kalumburu Strong Women's Group hosted the women's sessions for the week long project and catered for the 200 person community dinner and awards night. East Kimberley Job Pathways set to work building tables for the community dinner and awards night and providing transport for the men's fishing trip. Kalumburu Remote Community School participated in education sessions, the poster competition, soap making workshops and a bouncy castle for the kids. The Kalumburu Clinic, Resource Centre, HACC centre and the Kalumburu Mission all contributed resources and support over the week of the project.

The staff who came together to work tirelessly over the week of events and the contribution from so many agencies was a truly collaborative effort. One of the greatest challenges in undertaking this project was the remoteness and isolation of the community of Kalumburu with limited access by road for many months of the year. Most of the resources and equipment were driven up on the back of four wheel drive vehicles, a two day drive over rough terrain. The remaining luggage including suitcases of donated clothes, musical equipment, bulk food for catering, and the majority of staff were chartered in by small aircraft. Once in Kalumburu there was no mobile phone or internet coverage, with staff relying on satellite phones and the local clinic's goodwill to use their office. This meant that every last detail of the project needed to be in place before the events began, a considerable feat of coordination from all members of the working group not least Tim Bond who was the project lead.

"The week's activities created a strong community feeling of community and connectedness both between the community and service providers in Kalumburu."

"I noticed a number of women who don't regularly come to the Strong Women's Centre also came to events at the centre that week and had the opportunity to access health education which is really positive."

**Fi Sproule, Coordinator
Strong Women's Centre**

As a result, the response to the project from the community was overwhelmingly positive with community requesting for the events to take place every year. The empowerment and enthusiasm of the community in getting involved and taking ownership of the project was a highlight of the project. Establishing strong partnerships with community organisations and stakeholders across a range of sectors was another of the project's success stories.

And since that day...

the project has gained much momentum since it was delivered in 2017. It was run again in August 2018 and November 2019, with an emphasis placed on the community taking a more leading role from the initial planning stages through to the main event. Many other agencies have approached Tim and KPHU team to be a part of these events, building on the key themes of skin and eye health and sexual health with additional health themes including drug and alcohol, mental health, and more men's health yarning.



Community dinner and awards night



Tim Bond and Sonny McKay

WILUNA HOUSING PROJECT: HEALTHY NGURRA, DEADLY MARTU

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KEY WORDS:

Trachoma, Aboriginal health, environmental health, partnerships, collaboration

PROGRAM/PROJECT PARTNERS:

Ngangganawili Aboriginal Health Service (NAHS), Wiluna Remote Community School, Goldfields WA Country Health Service (WACHS), WA Country Health Service, Environmental Health Directorate (EHD), Public Health Advocacy Institute for WA (PHAIWA), Department of Communities and Housing, Lakes Maintenance, Bega Garnbirringu



The team is made up of Ngangganawili Aboriginal Health Service (NAHS), Bega Garnbirringu Health Service, PHAIWA and the Environmental Health Directorate



Government of **Western Australia**
WA Country Health Service

Once upon a time...

the Goldfields region was part of the National surveillance program to eliminate trachoma in Australia by 2020. To begin with, this program involved visiting remote Aboriginal communities one or two times a year to screen the kids and treat any trachoma, in addition to health promotion activities in the schools and community to highlight key infection prevention strategies. This approach has reduced the overall trachoma prevalence but has not been able to eliminate it from all of the remote Aboriginal communities in the Goldfields.

It is becoming more and more evident that a healthy home is essential to support healthy families and communities. Infectious diseases such as trachoma, rheumatic heart disease, skin disease, and otitis media



Community BBQ and bouncy castle fun with Milpa the Goanna

continue to burden remote Aboriginal communities, and lead to poor health and developmental outcomes for the growing families. These conditions can be prevented by improving personal hygiene and the environmental conditions of the home. Regular housing maintenance in Aboriginal communities is infrequent, inadequate and contributes to a cycle of poor environmental health and hygiene related infections.

Our public health and health promotion team historically did not have any programs specifically in the Aboriginal environmental health and housing area, although we occasionally partnered with those teams at times.



Ngangganawili Aboriginal Health Staff helping with cleaning the homes after their assessments



Kiddo checking out her new mirror to look at her face

And then one day...

it was realised that our current approach alone was not going to address poor environmental health issues in the home. Our team needed to increase its involvement in advocating for Aboriginal environmental health and do more to ensure appropriate and sustainable solutions were found to promote community and household health.

We started to collaborate more with our Aboriginal Medical Services and corporations and the Environmental Health Directorate, to find some innovative approaches based on what the community needs were.

An initial project was developed from consultation and partnership with representatives from the



Public Health and Health Promotion team from WACHS Goldfields, with Scott Mackenzie from PHAIWA

Ngangganawili Aboriginal Health Service (NAHS) including the environmental health service staff, HACC staff and Aboriginal Council Chair people, Wiluna Remote Community School, Goldfields WA Country Health Service (WACHS), the Environmental Health Directorate (EHD), the Public Health Advocacy Institute for WA (PHAIWA), the Department of Communities and Lakes Maintenance. Bega Gambirringu (Bega) also strongly supported the roll out of the project.

The goal was to target environmental health issues in the home that contribute to the transmission of infectious disease, in particular trachoma.

This project had two main objectives:

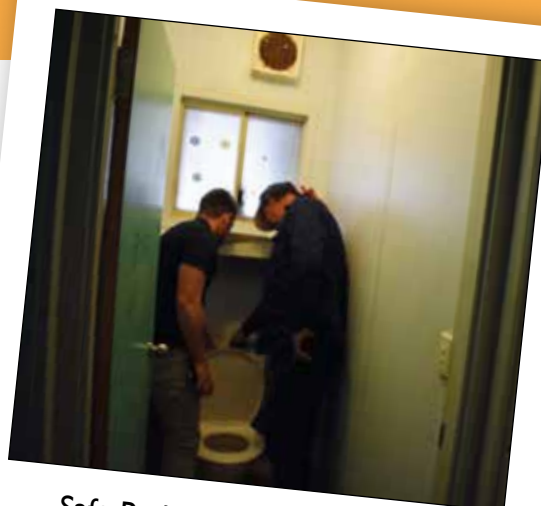
1. Safe Bathroom Checks, plumbing maintenance and home clean up offered to each community house.
2. Health Promotion and community engagement with families and the school.

And because of that...

the project was very well received by the community, stakeholders and contractors. Every community house was given the option to participate in the project – all 47 tenanted houses from both communities agreed to participate. About 75% of homes had plumbing issues and 88 work orders were submitted to Housing and Lakes maintenance, which were attended to during the same weeks by plumbers.



“This project has led to stronger working relationships and collaboration with the Department of Communities and Housing and their contractors, and is changing service delivery for housing maintenance across Western Australia.”



Safe Bathroom Checks being carried out by the team

The project allowed for a full audit of community house plumbing to be undertaken, as well as discussion with the tenants about their experience with housing maintenance. It was identified that houses have irregular plumbing maintenance and the waiting period can be months, often with minimal communication or feedback from housing. Additionally, the plumbing systems in the home do not cope with overcrowding in the home, possibly due to poor housing infrastructure. Most families were aware of the phone number to report housing issues to, but previous poor experiences in reporting meant they did not always report issues when needed. Finally, there was frustration among tenants from living in such conditions and feeling unable to fix them.

Locally developed media resources on healthy homes and the process for reporting plumbing issues were created during the project. The teams worked with local Environmental Health Workers (EHWs), health service staff and community members to create several resources that show the steps to reporting housing issues and maintain their homes. The resources include a short 40 second film for use on the clinic waiting room television, a poster and stickers. The local EHW team developed the project slogan “Healthy Ngurra, Deadly Martu”, or healthy home, deadly people.

During the project, trachoma health education sessions were delivered at the Wiluna school for ages from five to 16 years, with conversation around



Plumbers attend to work orders submitted by the team

hand and face hygiene, and introducing the concept of healthy homes. Activities included the kids creating their own homes.

A community BBQ and bouncy castle event was held on one night of each project week for the families and stakeholders to say thank you for allowing us to undertake the project in their community. Milpa the trachoma goanna made appearances and everyone could play on the bouncy castle or have a sausage sizzle once they did a hand and face wash.

The long term environmental health strategy for Wiluna and Bondini is still being developed, and will be incorporated into the Community Environmental Health Action Plans (CEHAPS). The #endingtrachoma team (PHAIWA and EHD) collected baseline data regarding environmental health assets, resources and programs to use when advising on the development of a CEHAP. In addition, intensive meetings with the EH Contractors and their managers were held to progress the development of trachoma specific activities to be included in the CEHAP for Wiluna and other communities.

And since that day...

in subsequent visits to Wiluna and Bondini, NAHS continues to partner with the community and services to improve housing maintenance frequency. There has been an improvement in access to hygiene products and health hardware, and more awareness in the community about the importance of a healthy home.

This project has led to stronger working relationships and collaboration with the Department of Communities and Housing and their contractors, and is changing service delivery for housing maintenance across Western Australia. Similar projects have now been rolled out in other remote Aboriginal communities in the Goldfields, as well as outside the Goldfields region.

Our team now link in with other chronic and infectious disease programs including rheumatic heart disease and ear health, to ensure holistic promotion of health and particularly in the reduction of preventable childhood illness.



School activities showing kids what is needed in a home to promote hygiene

TRACHOMA SCREENING WITH NOTRE DAME

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The University of Notre Dame Australia

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PROGRAM/PROJECT PARTNERS:

Ms Claire Woollacott, WA Country Health Service, Dr Sarah Ferrier, Dr Tess Hooper, former medical students, The University of Notre Dame

KEY WORDS:

Trachoma, placements, medical students, collaboration, learning, Aboriginal communities



Tess Hooper and the Balgo team

Once upon a time...

around 10 years ago, Notre Dame University began providing placements for medical students to assist WA Country Health Service (WACHS) staff with the screening and treatment components of the trachoma control program. The two week practicums offer students the opportunity to spend two weeks working with WACHS and local primary health care staff with the screening and treatment component in Aboriginal communities in the Goldfields, Kimberley or Midwest regions in Western Australia. The medical students are carefully selected to ensure they are the right fit. It's really important that we place students who have the ability to successfully undertake the placement which includes making sure that they will not try to do anything that is outside the scope of what they are permitted to do. We explain to the students exactly what is involved so even if they

have been offered and accepted the placement, they have the opportunity to pull out. If they do take the opportunity, they have a comprehensive briefing beforehand and WACHS provides them with an orientation package so they arrive on site 'work ready'.

The value and significance of this practicum is so that students can learn how to work in remote Aboriginal community controlled settings. Often what the students don't know is that so much work takes place in the background in these community settings so it's important that they understand the importance of the work that is undertaken by a cohort of health professionals. This includes environmental health staff, Aboriginal health practitioners, community health and remote area health staff who all work together to deliver trachoma screening, which as a medical student, you are not aware of unless you are exposed to it.

And then one day...

on a practical level, the students undertake a range of activities which encompasses much more than just the screening. We want them to leave with a good understanding of the holistic process of screening rather than trachoma in only a clinical sense. Under the team's supervision, they get lots of practice communicating with children and their families to provide key health messages and assisting with treatment. The other aspect to this work that students assist with is filling in the environmental health referrals that are administered for each trachoma case. At this stage, if possible, WACHS will attempt to get the students to go into the homes to see some of the primordial causes of trachoma, which is important because the link between environmental health and trachoma is clearly evident. The students fill many different roles; whether it's carrying bags or reassuring children while they are being examined or treated, giving them a hug or teaching them how to wash their faces - which all contributes to their learning outcomes.



Sarah Ferrier trachoma screening

This learning experience is possible because they are working alongside really experienced practitioners so they have the opportunity to see how the practitioners work, how they relate to the community and how they relate to individual Aboriginal people and their families. As a doctor in training this is incredibly beneficial because they think, "I'm coming in sort of at the top of this process, however, I can learn how to approach this type of work by having seen it firsthand, and this really is a completely different way of working." This is why it's such a wonderful opportunity for those students that get to go out to the communities; its strength is also its weakness because it's inherently not scalable. These are relationships that are built on love and respect. When it's scalable, it doesn't necessarily have the emotional validity to it. This process is about building relationships person to person which institutions cannot do. People within institutions can, but institutions in and of themselves cannot. It's only through the doing and knowing that what you are doing is meaningful and important, that you can learn.

One of our 4th year students, Sarah Ferrier, had this to say about her experience: "In the past, I've been extensively involved in rural and Aboriginal health, I spent last year in Kalgoorlie and attended

various Aboriginal community controlled clinics, and I also accompanied the paediatric team to Leonora, Laverton and Mount Margaret. However, because my placement resided in hospitals or clinics, I was only exposed to the end product of social determinants of health. I didn't experience seeing a patient in their environment or housing to fully appreciate how significant these issues may impact their well-being."

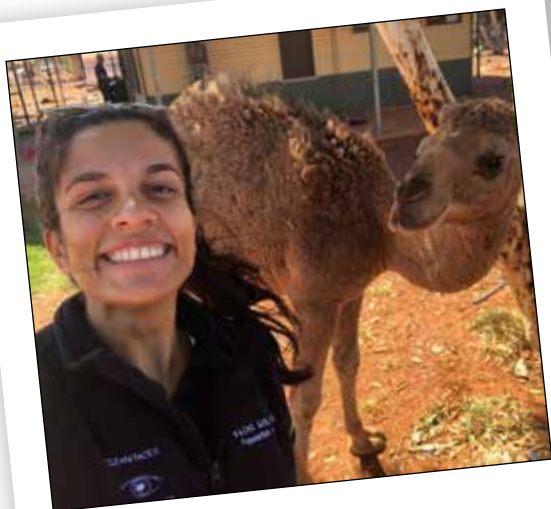
An ex-student, Tess Hooper - who is now a junior doctor, said something very similar to Sarah. Both students spent a year at Rural Clinical School, Sarah in Kalgoorlie and Tess in Broome, before doing their community placements. Their experience was that they had spent a year in a remote region but had learned more about the social determinants of health in two weeks in an Aboriginal community than they had learned in a year.

And because of that...

whoever gets to attend this placement is actually pretty privileged and they are aware of that. So even if we are only able to send a few students every year, they have to be the right people. As an educator the question is; how do you provide the opportunity for this kind of learning process to every student? Simply, you can't - as much as you might want to. You can't take a whole group of a medical students into this situation as it only works because it's intimate, it's either one on one or two on one which is the most effective way to learn and it suits the Aboriginal communities if there are only a couple of students at time as well. We've got to ensure we provide this



"This learning experience is possible because the medical students are working alongside really experienced practitioners so they have the opportunity to see how the practitioners work, how they relate to the community and how they relate to individual Aboriginal people and their families. As a doctor in training this is incredibly beneficial."



Sarah with the local camel!

experience to appropriately selected students who we think can take it somewhere and use it for good at the individual doctor/patient level, and at a more institutional, structural level.

And since that day...

the placement process continues to work well. At this stage, we won't necessarily be increasing the capacity and will likely keep our placements to four students per year; but this could change in the future. We are not sure what will happen to the trachoma surveillance program going forward but the important thing is that we continue to tailor the program to meet the needs of the WACHS staff and the communities so that the students will keep having the opportunity to learn and develop. For some of our students, this experience really is a career-defining moment because it has such a huge impact on them, and for others it reinforces that it is what they want to do with their life.

It's very important because if you don't give people opportunities to reinforce career paths that are not highly prestigious, they can get caught up in and distracted by, for example, the bright lights of ICU or medical research. However, if the interest is there to start with, and we can reinforce that this is something we value highly at the medical school that will provide them with a unique opportunity, then you can perhaps help to keep them on that path, which means they can keep their dream alive.



In their words...

Sarah Ferrier, 4th year medical student, Notre Dame University

"For me, it was very different seeing patients outside of a clinical setting, outside of a hospital or a clinic and I haven't had that exposure before. I feel like that provided a really unique and valuable perspective for a medical student and it will inform how I'll practice as a doctor in the future."

"I think I have a real appreciation now when I see a patient in the hospital or in the clinic that it is a journey - and how they got here might not have been because of physical factors only, but the influence of the environment and social factors on their current physical health. So this process helps to encapsulate a more holistic view of health and having that kind of opportunity was really incredible."

"With Aboriginal patients, it's the importance of their spiritual, emotional, and physical and community well-being. I experienced seeing people in their community and because it's not just the Aboriginal patient's health, it extends further - it's also their community's health. I got to witness that more unified approach and appreciate the importance of the social determinants of health. Seeing things first hand versus reading information is very powerful."

"Engaging with the Aboriginal communities is really powerful because it teaches you about cultural awareness and cultural safety as well as the importance of community empowerment."

"I think it's important for a doctor to know the community that they are residing in - the demographic and the cultural background - so they can better understand the holistic health - the trachoma screening placement gave me that knowledge and understanding."

Claire Woollacott, Clinical Nurse Specialist - Public Health (Trachoma) - WACHS, Goldfields

"For some of the students this experience has a really big impact on them. I think that's why Notre Dame has continued to implement the program, because it's that one opportunity that medical students may have to actually see what it's like on the ground for these patients, who might be flying into the Perth hospital that they are working in, but without having an understanding of what the patient is flying home to – so it really does help to broaden their knowledge and experience."

"It's great to have an extra pair of hands which we definitely need when we're doing the trachoma screening. We always need a couple of people to help be a kid wrangler and help with just filling out the paperwork as we go. Their help is really valuable."

"We've never had negative feedback from the students. They generally always have a really good time being out in the communities and getting out of the hospital setting and doing something different."

Tess Hooper, Junior Doctor

"It was one of the most incredible student opportunities I've ever had. It was obviously really challenging because you see a lot of people living in some really tough conditions which is really sad and I was aware of that going into it but it still didn't make any it less confronting. You understand the frustrations around how expensive it is to buy food at the community shop and how hard it is for people to get into town – all those little things that just add to the frustrations, but I felt so lucky to go and am still very grateful to Donna for selecting me."

"It's so special to be invited to any remote community and it felt even more special to be in these communities with a local team of people that were all working towards this common goal. We were with the public health nurses who knew all the community people and environmental health workers who knew all the residents by name. We were working with the health professionals at each clinic in each community and then working with the teachers in the school."

"There is definitely lots of ways that this placement has influenced my work as a junior doctor now. One of them would be the teamwork aspect - just having that special role in a team that you apply daily to your work in the hospital is really important and you can see yourself as a small part of a really big whole ... I think often doctors can fall into that trap of thinking they are the top of the hierarchy - the be-all and end-all in the treating team, but it's about so much more than you. So that's really important."

"Now that I'm a junior doctor, I think that sort of collaborative effort is so important in a hospital setting and you're constantly working in the multidisciplinary team, but you don't often get the chance as a student or a junior doctor to learn about public health in a practical sense. You learn theoretically what public health is but you very rarely get the chance to partake in an actual public health program, so that was a very unique opportunity. I think down the track I'll just keep on drawing on the opportunity in terms of what it means to be a part of a public health program and the impact that you can have."

"I work at Royal Perth hospital and we get more Aboriginal patients than any other tertiary hospital in Perth and it's one of the reasons I wanted to work there. I have come across so many residents from remote Kimberley communities that I've visited and I just get so excited when I hear where people are from or I see it on their identification sticker - to be able to say, "I know where you're from - I've been to your community, I've shopped at your shop, I've seen your special waterhole." I think for Aboriginal patients from remote communities that get flown down to Perth, it can be such a scary experience. I hope that having someone who can relate to where they're from can make even five minutes of their day better than it would have been."

#ENDINGTRACHOMA'S PORTABLE WASHER AND DRYER TRAILER

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KEYWORDS:

Trachoma, ability to wash, Indigenous health, partnership

PROGRAM / PROJECT PARTNERS:

WA Country Health Service, Rotary, Orange Sky, Department of Health's Environmental Health Directorate, regional and remote Aboriginal corporations and local governments



Curtin University



The finished product, complete with integrated logos



Brand new washing machines



Once upon a time...

while visiting remote communities in WA, it became evident that many community members did not have the ability to wash their clothes. One of the strategies in our project is to enter peoples' homes, together with Aboriginal Environmental Health Workers, to support the ability for community members to wash themselves and their clothes and bedding. During these home visits we observe if there is a working washing machine in the house. These strategies are important in preventing trachoma and many other diseases, and as you can't just go to the local community store and purchase a washing machine, it got us thinking!

And then one day...

after speaking with organisations like Orange Sky which do amazing community based laundry programs in remote communities in the eastern states, we thought it was worth adapting their model to the suit some of our WA remote communities. Orange Sky was very open to sharing information and specifications about the most appropriate washing machines for harsh conditions and also got us thinking about how to access water, power and other issues such as storing the waste water.

Before we went too much further, we consulted with a number of remote communities to make sure this service would be something they felt was needed. We knew that turning up and parking a mobile laundry in a community without the right consultation



"The trailer is now an integral piece of equipment within our program. We have based this washer/dryer trailer in the Goldfields region. Over time, we may relocate to other regions but thought it was important to get the processes right first."

process would be a fast track to failure so we were mindful of the importance of working with key groups in communities to support their work as well as garner support for our project.

And because of that...

the trailer is now an integral piece of equipment within our program. We have based this washer/dryer trailer in the Goldfields region. Over time, we may relocate to other regions but thought it was important to get the processes right first. The trailer is primarily used in two ways.

In times of Sorry Business where there are camps in communities or where there is an out camp happening (and the community invites us in), the trailer can be transported to these locations. Sorry camps are a cultural practice of great importance relates to our attitude to death in Aboriginal families and generally involves many community and family members joining together to share the sorrow of mourning a lost one. Ceremonies and mourning periods can last days, weeks and even months depending upon the beliefs of the language group and the social status of the deceased person. Given the length of Sorry Business and distances that may need to be travelled, it is important that community members have the ability to wash their clothes.

Another important use of the washer/dryer trailer is to use them as part of a clinical environmental health referral. When a clinic or discharging hospital diagnoses a condition that is likely to be caused by a hazard within the home environment, a clinical referral is made, triggering a visit to that home from an Aboriginal Environmental Health Worker (AEHW). The AEHW role is to identify any risks or hazards within the home environment that will reduce or stop further transmission. They are able to provide minor plumbing maintenance, pest control and other services and if they consider that bed linen or clothes

need to be washed, then the trailer is taken to that house or a location close by.

And since that day...

we launched the washer/dryer trailer in Kalgoorlie. It was a great event, with local service providers, politicians and workers coming together to celebrate the first washer/dryer trailer for WA. The Hon. Kyle McGinn officially launched the trailer and Rotary's Bruce Dufty spoke of the importance of partnerships. The #endingtrachoma team provided a demonstration of the trailer and highlighted all the elements including the BBQ, wash hand basin, jumping castle, waste water storage and of course the washer/dryer combo units. An instructional video on how to select a site and use the trailer has also been made. This trailer will remain in the Goldfields region and is stored at the Kalgoorlie Curtin University Campus.

The #endingtrachoma team continues to visit remote Aboriginal communities and plan to extend the mobile laundry services. Whether this be through our program, Orange Sky or community organisations like Rotary, is not important. What is important, is that remote communities that do not have access to functional washing machines or community laundries can access these services as way to improve and maintain their health.



The washer dryer unit in action in community



The washer/dryer trailer launch in Kalgoorlie

TROY HILL: A PERSONAL JOURNEY

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KEY WORDS:

Environmental health, education, empowerment



Controlled burning on Country

Once upon a time...

the World Health Organisation (WHO) set the goal of eliminating trachoma by 2020. In 2018, the national committee for trachoma control recommended that the current screening and treatment programs need to be complemented by enhanced activity in the areas of health hygiene promotion and environmental improvements to achieve trachoma elimination. Aboriginal Environmental Health Workers (AEHWs) are instrumental in ensuring environmental improvements are able to be carried out in remote communities, where trachoma is present. Healthy living conditions are a major contributor towards good health in a community. Environmental health infrastructure in community, is critical to provide adequate and safe water supply, waste removal and treatment systems and safe and hygienic housing. Adverse health outcomes associated with poor waste disposal and drinking water quality, inadequate bathing and washing facilities and overcrowding include respiratory infections, scabies, skin infections, gastrointestinal disease, hepatitis and trachoma. AEHWs usually live in the community they work in, and develop lasting relationships with the community and various government agencies. They



Troy at the Kalgoorlie Health Expo, 2011



Troy graduates from Batchelor Institute



Troy's family



Recycling tyres

are instrumental in improving environmental health in homes and giving hand and face washing messages to residents. This personal journey outlines the story of one of WA's AEHWs. During the mid-1970s in Perth, Troy Hill was born. Troy is the youngest of six children but he is the first to admit that his childhood was challenging. He remembers his younger years as going "house to house, party to party, taxi to taxi." He recalls always waking up in someone else's house. When he was around 14 years old, Troy decided that if he was to move ahead in life, he needed to live with his Aunt Mary Laylan. He did that and that is when his life started to turn around. Yet, despite Troy's tumultuous upbringing, he has managed to excel in his career and is the only fully qualified Aboriginal Environmental Health Officer in Western Australia.

Although graduating from Lockridge High School in Perth, Troy has lived most of his life in places outside of Perth - in Meekatharra, Geraldton, Kalgoorlie and Port Hedland. He considers Meekatharra to be a very special place to live. Throughout his childhood, Troy can recall a number of people who influenced him positively and gave him hope. His father and several other supporting family members with good work ethics including his uncle Graeme Sisson from Meekatharra, who was a registered builder, taught him construction and maintenance skills. Troy earned money by helping his uncle complete odd jobs

“My motivation to complete my studies as an Aboriginal EHO came from wanting to understand the bigger picture around people, and particularly around Aboriginal families. I could see Aboriginal people attending far too many funerals and the cause of death was almost always linked to environmental health risk factors. Sometimes I felt like shouting - and asking my people to stop, look around them and ask themselves - why are we always burying our mob? I wanted my people to acknowledge that this ‘is not normal.’”



around “Meeka” and learning the value of money was an important life lesson for Troy. A couple of teachers from Troy’s high school also took an interest in him and offered opportunities where he could “use his hands”. His mates from the Bassendean Football club were very important to Troy and he “made friends for life from that mob – they were like a big family.”

And then one day...

In 1993, Troy moved back to Meekatharra to live with his cousin Andrew Binsiar. As an older brother, it was Andrew who gave Troy some valuable lifelong lessons. Troy began a training program linked with the Meekatharra Shire “LEAP” (land, environment action program) which aimed to beautify the town leading up to the centenary celebrations. It was during this time, that Troy started to think about how he could give back to the community. In 1994, Troy started working for Yulella Aboriginal Corporation on the CDEP Program where “Linno Gilla” taught Troy how to weld. It was during his CDEP days he was then introduced to the environmental health arena by Tim Riley. Tim pulled up in a car and said “there’s an environmental health job available you should apply for it” so Troy had become employed as an environmental health worker while with Yulella. He completed a Certificate 2 in Aboriginal Environmental Health with Pundulmurra College over two years (1995-1997).

And because of that...

In 1995 Troy’s oldest son Kristian Kyanga was born in Meekatharra hospital. The birth of his first son was joyous but Troy was determined to keep his career moving. Under instruction and guidance from Greg McConkey, who he describes as “his mentor”, he completed a Certificate 3 qualification in 2001. This

training and his practical experience allowed Troy to be employed as a Field Support Officer with Yulella. In 2002, while living in Meekatharra, Troy “stole” his partner Corrina from Yulga Jinna community and they had a son together. However, Troy felt he was trapped in a viscous cycle in Meekatharra – his professional life was rewarding but his social life was still full of challenges – Troy was drinking heavily, partying hard and always playing up on weekends. In 2003, Troy wanted to break that cycle, and moved to Kalgoorlie where he started working as a Field Support Officer with the City of Kalgoorlie-Boulder. He was enjoying this position but then life dealt a hard blow and in 2005 Troy lost his mother due to throat cancer. Not to be deterred, in 2006 Troy began his study with Batchelor Institute in Darwin.

In 2009, while studying and working for the City of Kalgoorlie-Boulder, Troy suffered another blow. His eldest son Kristian, who was born in 1995 with epilepsy, underwent 13 hours of surgery on his brain to eliminate his drop attack seizures. He then had to overcome some unexpected swelling on the brain two weeks later. This was serious for Troy. Devastation kicked in as he was not prepared to lose his oldest son. The strength of character of the Hill family shone though and after 4 long months of learning to walk and talk again, Kristian was released from hospital. Troy continued his study at the Batchelor Institute of Indigenous tertiary education course in environmental health. He found the academic work extremely difficult, but he was stimulated and committed to completing his degree and making the most of the opportunities he had created.

Troy received valuable support from staff at the City of Kalgoorlie-Boulder, as well as funding and support from the Office of Aboriginal Health at the WA Health Department. He describes his experience





Mr Bennett from Warakurna



Dog Health program in Tjuntjuntjarra Community

at Batchelor as one of the “best things he ever did.” While studying at Batchelor, Troy was introduced to some family members who he had never met. They were close relatives on his dad’s side. Troy had waited his whole life just to meet this side of the family. It was a proud moment. Despite all of his challenges, Troy completed his tertiary degree course in 2012, combining part-time study with full-time work at the City of Kalgoorlie-Boulder. While he was studying, he said that being the first fully qualified Aboriginal EHO in WA never entered his mind it just unfolded that way. Troy says his motivation was wanting to understand the bigger picture around people, and particularly around Aboriginal families. He knew that Aboriginal people attended far too many funerals and the cause of death was almost always linked to environmental health risk factors. Troy says he sometimes felt like shouting - and asking his people to stop and look around them and ask themselves why are we always burying our mob? He wanted Aboriginal people to acknowledge that this “is not normal.”

One of the important life choices that Troy made while working in Kalgoorlie was to purchase a home of his own. Given his unstable life as a child, it was an aim of Troy’s to ensure he had a safe and stable home for his partner and kids. He wanted to ensure they had somewhere that they could call home. After an eight year career at the City of Kalgoorlie- Boulder, Troy started work with the Ngaanyatjarra Health Services as the Environmental Health Coordinator. He was responsible for delivering services across the Ngaanyatjarra lands area of WA, in some 12 communities in the Central Desert near the SA/NT border. During this time, Troy was also the National WA Aboriginal representative on the Working Group for Aboriginal and Torres Strait Islander Environmental

Health (WGATSIEH), which is responsible for organising the national Aboriginal Environmental Health conferences.

Unfortunately...

while studying at Batchelor, he lost many of his friends and family, partially from the impact of environmental health conditions, and this made him very determined to complete his degree.

And since that day...

there have been several changes in Troy’s life. In 2016 he moved to the Gascoyne Region to work as the Environmental Health Coordinator for the Carnarvon Medical Service Aboriginal Corporation. In October 2017 he completed his Certificate 4 Primary Health Care Work. His rationale for this is his desire to have knowledge right across the health spectrum from environmental health prevention to clinical treatment, because this will make him more of an asset. This dedication seems to be rubbing off on his family members, as his youngest son Sebastian was awarded the prestigious Edmund Rice Medallion in 2018 in recognition of his outstanding contribution to the Christian Service Learning Program at the Clontarf School. In his personal life, Troy enjoys spending time with the kids and taking them out on trips fishing, hunting and camping, cooking on an open fire and taking the time to talk about things in life, provide them guidance in life or discuss whatever they may have on their minds. It’s bonding time. Troy talks to them as a friend not only as a father. Troy often reflects back over the past 25 years on what he has achieved. Troy has delivered Environmental Health Services to more than 75 remote Aboriginal Communities across WA and he has serviced every remote aboriginal community south of the Kimberley region.

The #endingtrachoma project has produced a range of education and awareness raising resources and videos that are free to use.



Take a look at these resources and see if you can integrate them into your clinic waiting room videos, your community based projects or within an organisational program.

Trachoma is a silent disease (30 seconds)
<https://www.youtube.com/watch?v=GyHefnXIQ9s>

Trachoma prevention – face & hand washing (37 seconds)
<https://www.youtube.com/watch?v=xGjcAlgBnKQ>

Six Steps to stopping Germs (31 seconds)
https://www.youtube.com/watch?v=qTs_MlgvR4

#endingtrachoma Northern Goldfields Project (1 min 25sconds)
<https://www.youtube.com/watch?v=NLtMVaXz8rQ>

Chicky talks on the importance of trachoma prevention
 (1 minute 34 seconds)
<https://www.youtube.com/watch?v=NdreTHZgooE>

Thank you to the public health professionals during COVID-19 (2mintues 16 seconds)
<https://www.youtube.com/watch?v=7XbG0sY8lzg>

A handwashing cartoon we developed (43 seconds)
<https://youtu.be/SIzRysRqHdU>

