

Healthy Skin workshop

Developing a framework to enable a coordinated approach in the Top End

Scabies is a proxy for poverty and disadvantage, affects populations with low visibility and little political voice, and causes stigma and discrimination.

Andrew Steer The Lancet 2014

What we know & what we don't

Timeliness and
access service
delivery

Gaps in care

Lack of knowledge
(patients, clinicians,
and community
members)

Lack of community
engagement



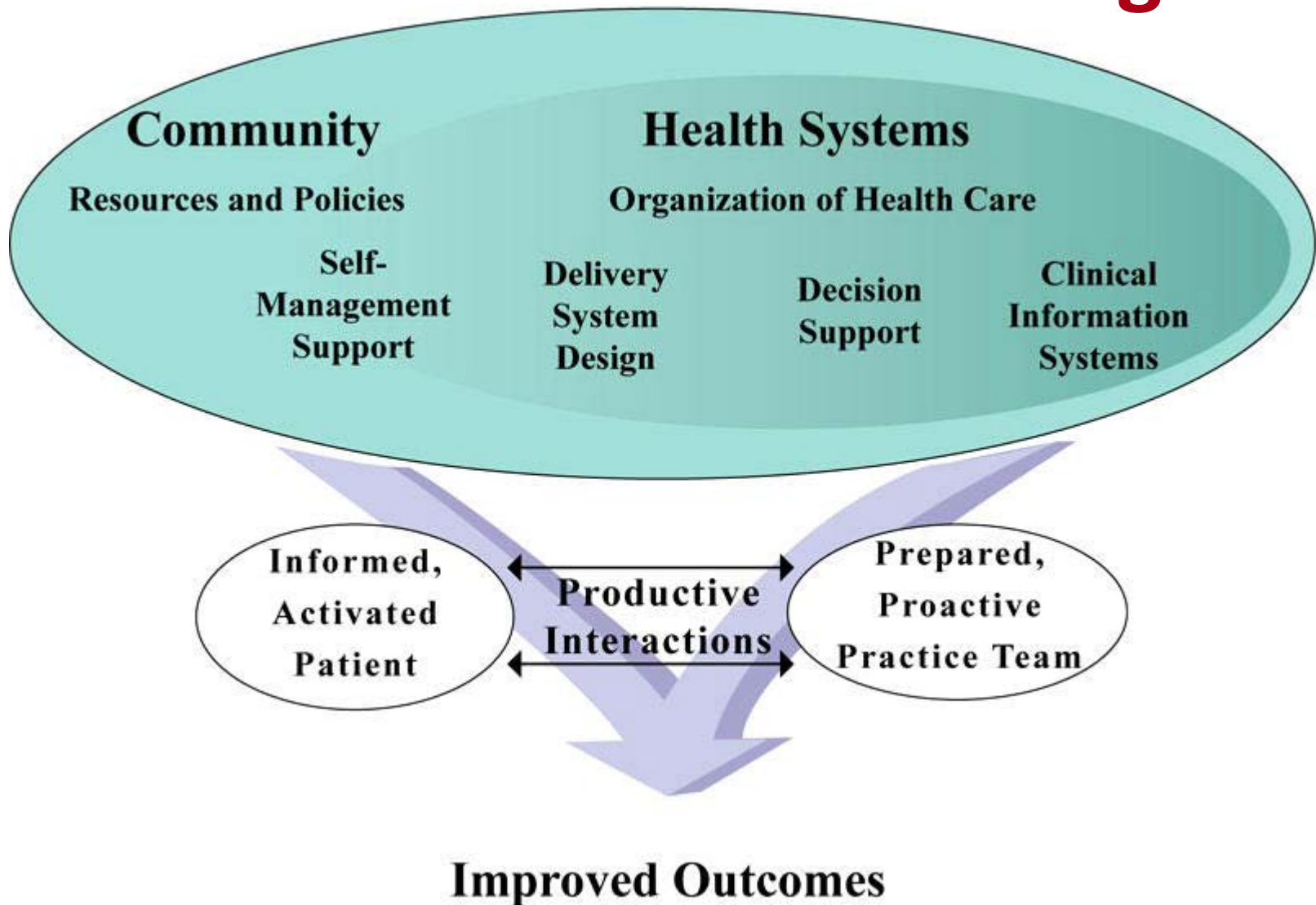
How do we
get here?

Large scale health
system
strengthening

Improvement in
delivery of PHC
(change at multiple
levels)

Community
participation

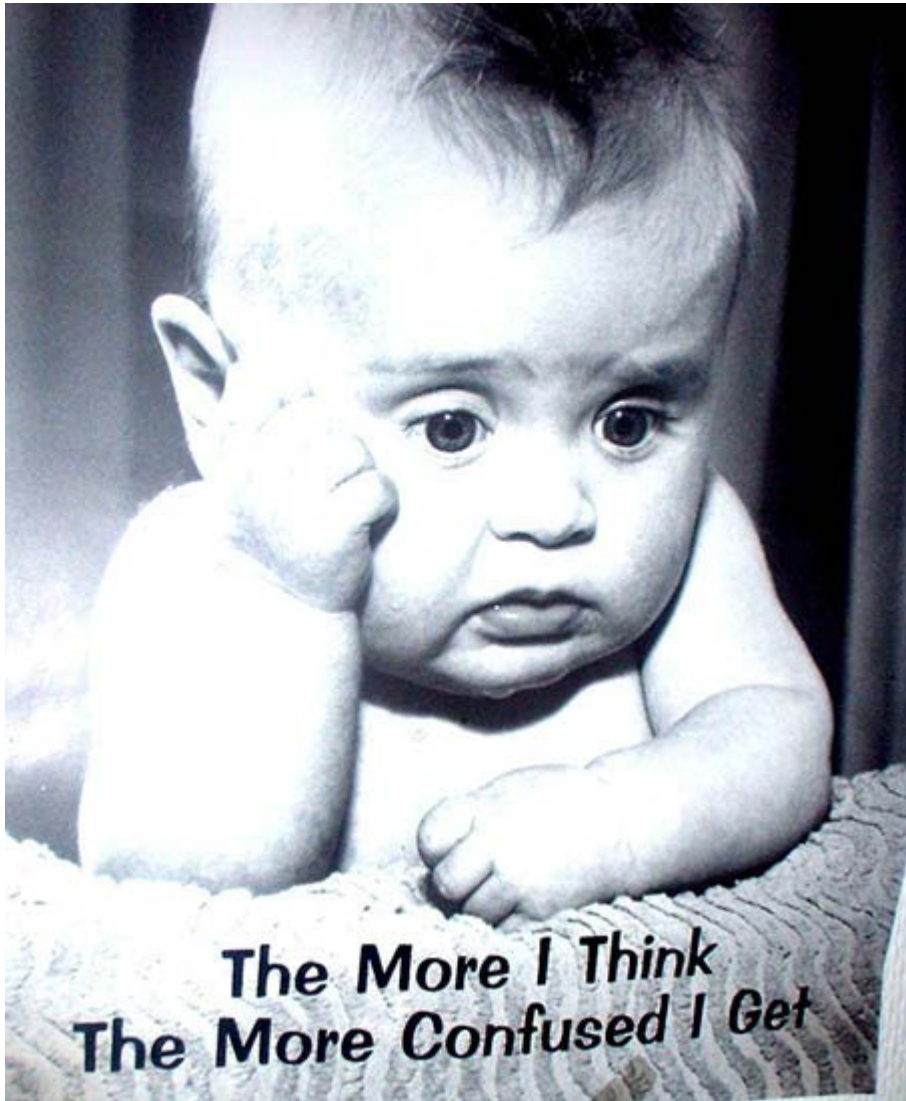
Chronic Care Model – Wagner

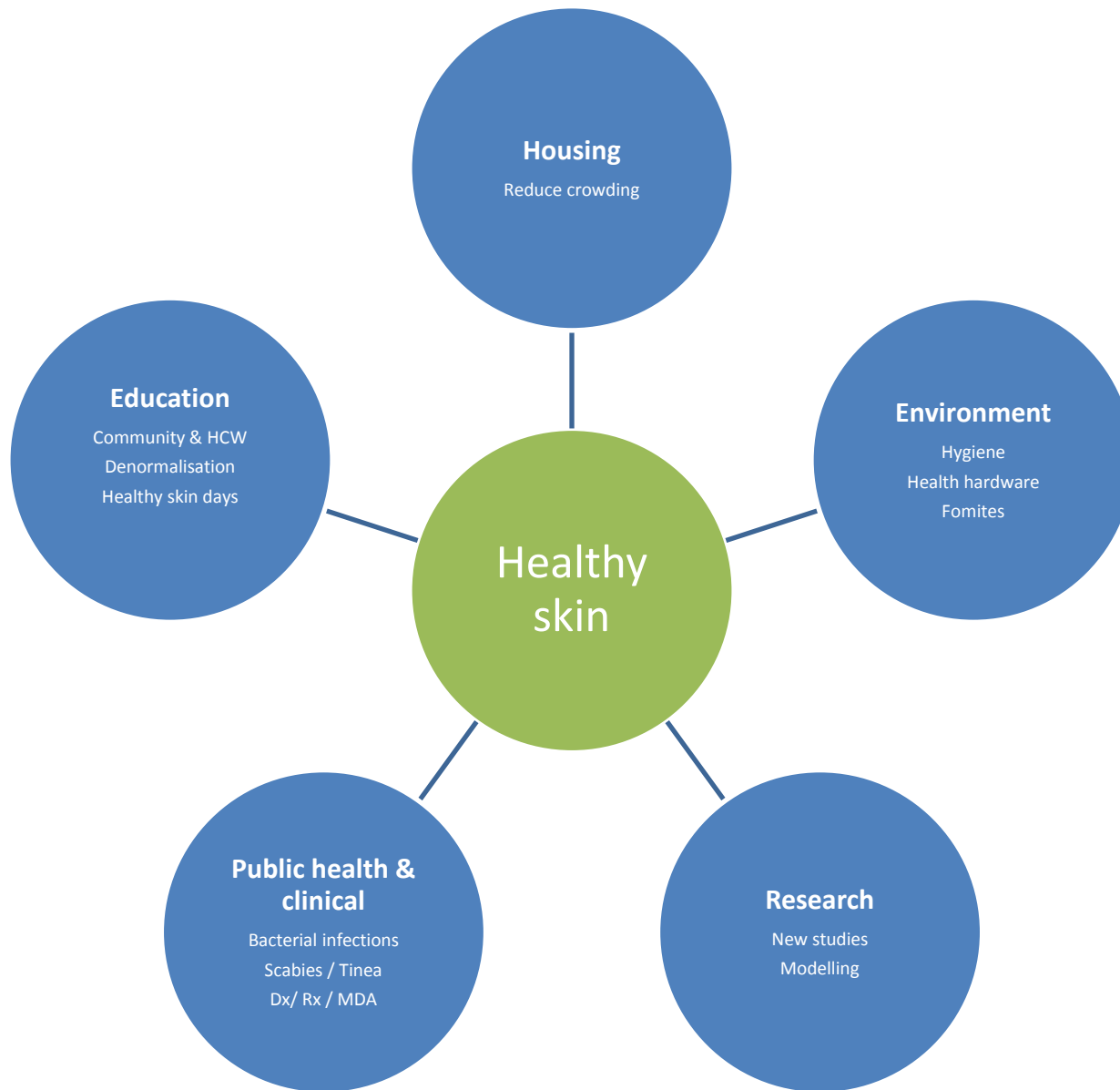


What can we learn from the Chronic Care Model – recommended elements?

- Self-management and support
- Delivery system - redesign
- Decision support systems
- Clinical information systems
- Organisation/reengineering healthcare systems
- Community engagement
- Integrated PHC services

Ed Wagner's Chronic Illness Model provides a framework for an effective and accessible primary health care system





PUBLIC HEALTH & CLINICAL

Effective diagnosis and treatment of scabies, skin sores and tinea requires a proactive approach. The skin can be examined opportunistically when a patient presents for other reasons, and as part of routine health checks.

Examples:

- Guidelines
- Surveillance
- Health promotion
- Implementation
- Evaluation

GROUP
ONE
Steve &
Pippa

Ref: *Healthy Skin program*: Guidelines for Community Control of Scabies, Skin Sores, Tinea and Crusted Scabies in the Northern Territory

ENVIRONMENT

Health authorities recognise that many diseases experienced by Indigenous people are directly linked to poor environmental health conditions in their communities. If the overall health levels of Indigenous people are to improve, the environmental health and general living conditions that currently exist in many communities must be raised to a satisfactory standard.

Examples:

- Water supply
- Rubbish storage, collection & disposal
- Pest control
- Community education
- Animal management



GROUP
TWO
Russell &
Mel

Ref: Environmental Health Practitioner Manual:
A resource manual for Environmental Health Practitioners working with Aboriginal and Torres Strait Islander Communities 2010 Cwth

HOUSING

Factors related to housing, such as overcrowding in housing, housing tenure type and homelessness, have potential impacts on health. The effects of overcrowding occur in combination with other environmental health factors such as poor water quality and sanitation, which are associated with increased risk of infectious diseases such as meningitis, ARF, TB, and skin and respiratory infections .

Examples:

- Washing clothing and bedding
- Waste removal
- Reducing Crowding
- Reducing impact of animals, vermin & insects

GROUP
THREE
Jason/Cath

*Refs: ATSI HEALTH PERFORMANCE FRAMEWORK 2012
10 YEARS OF HOUSING FOR HEALTH IN NSW 2010*

EDUCATION

Environmental health work will receive a much better response from the community if the people understand why the work is being done and how it is likely to improve their health. For example, by explaining that dog dipping is being done because it will result in less scabies and skin infections.

Examples:

- Community education
- Health worker education
- Clinician education – *boiled frog analogy*
- Health promotion

GROUP
FOUR
TK/Roslyn
& CJ

Ref: *Environmental Health Practitioner Manual:*
A resource manual for Environmental Health Practitioners working with Aboriginal and Torres Strait Islander Communities 2010 Cwth

RESEARCH PRIORITIES

Examples:

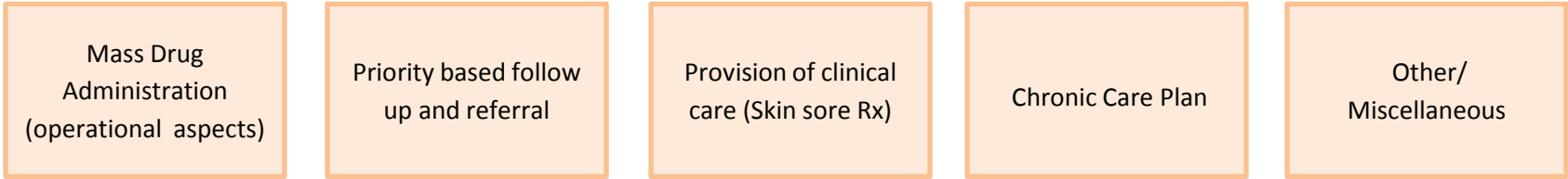
- New regimes
- MDA
- Modelling
- Antimicrobial use
- Antimicrobial resistance



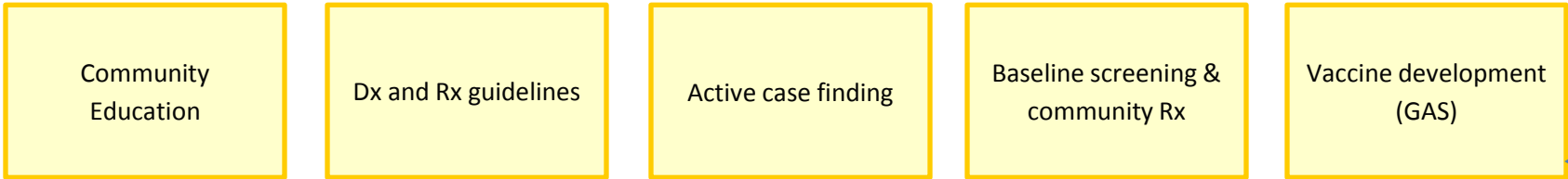
GROUP
FIVE
Asha & Ella

Knowledge/gaps/priorities

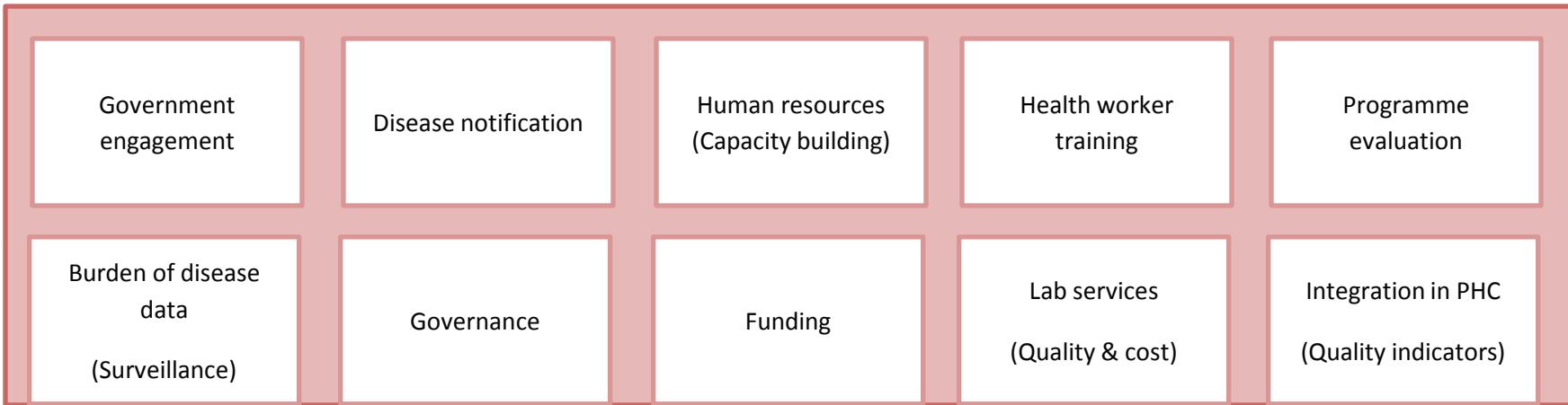
Public Health & Clinical



Primary Prevention



Health systems & baseline



Poverty

Overcrowding

Access to healthcare

Housing

Environment



HEALTH SYSTEMS & BASELINE

BURDEN OF DISEASE DATA (SURVEILLANCE)

- What do we know about the burden of disease?
- Who is collecting data & how?
- Is there a baseline for intervention?

GOVERNANCE

- Is there buy in from all stakeholders?
- Is the community given a voice?
- Are there goals or established KPIs?
- Is there program evaluation?

FUNDING

- Is there any funding for program development?
- Is there Cwth or S/T funding?
- NGOs?
- Research?

LAB SERVICES (QUALITY & COST)

- Integrity of path specimens
- Are specimens routinely obtained?
- Are specimens routinely reported?
- Are results acted on?
- Surveillance?

INTEGRATION IN PHC (QUALITY INDICATORS)

- How do people interact with PHCs
- Who consults with community groups?
- Are formal program objectives built into PHCs?
- Are there KPIs?

HEALTH SYSTEMS & BASELINE

GOVERNEMENT ENGAGEMENT & ADVOCACY

- Are there clear consistent messages?
- Are you on the same page as other groups?
- Can you provide high quality data in a usable and understandable format for bureaucrats & polities?

DISEASE NOTIFICATION

- Is crusted scabies notifiable?
- Is there a register?
- Are there processes in place for notification & are they understood?
- Acted on?
- Followed up once on register?

HUMAN RESOURCES (CAPACITY BUILDING)

- What are the major workforce shortfalls?
- How do groups communicate on clinical care?
- How are cases referred?

HEALTH WORKER TRAINING

- Who trains the HWs & how?
- Is education provided in appropriate format?
- What training is required and to how many?
- Has education been evaluated?

PROGRAM EVALUATION

- Is there a system in place for monitoring & evaluation?
- What reporting requirements are there? Eg NGOs
- Are there defined goals/objectives?

PRIMARY PREVENTION

COMMUNITY EDUCATION

- Who are the priority groups?
- What are the key messages?
- How will you evaluate education?
- Who develops materials?
- How do you communicate – eg social media?

DX & RX GUIDELINES

- Are there standardised guidelines?
- Are the guidelines adhered to?
- How are the guidelines disseminated?
- What is the uptake?
- What is the adherence?

ACTIVE CASE FINDING

- Are there school based health services?
- Do teachers report/refer?
- Do families self refer?
- Mass screening?
- Are all sores swabbed?
- Are all scabies cases dx?

BASELINE SCREENING & COMMUNITY RX

- Who is collecting the data and how?
- Has impact been evaluated?
- Monitoring mechanisms for early detection?
- Incorporated into early childhood screening?

VACCINE DEVELOPMENT

- Burden of disease data?
- Influencing policy makers/
- Research?

MDA

- Is there consensus?
- Is more research required?
- What are the community viewpoints?
- What are the clinician viewpoints?
- Who implements MDA?

PRIORITY BASED FOLLOWUP

- How are people referred?
- Who is given priority eg GAS – ARF/RHD & APSGN?
- Communities with highest burden?
- Housing priorities & who decides?

PROVISION OF CLINICAL CARE

- Multifaceted?
- Addressing social determinants?
- Delivered by whom?
- Integrated into PH systems?
- Integrated into data systems?

CARE PLANNING /CLINICAL INFORMATION SYSTEMS

- Are there care plans in place?
- Who monitors and updates these?
- Is the care plan integrated into PIMS?
- Is the data reported?

OTHER/ MISCELLANEOUS



Exercise 1

- Perform an assessment of where you believe Central & Northern Australia is at against the framework
- Which domains do you disagree with and why?

Exercise 2

- In each group discuss eg Housing
- Examples of effective programs/interventions and are they scalable?
- Have they been evaluated?
- Where are the gaps/challenges (max 3)?
- Develop recommendations (max 3)?

Next steps

1. Priority actions summarised
2. Stage 2 – policy makers, revisit priorities
3. Community engagement
4. Institutions to write to jurisdictional health ministers & others about framework and priorities identified

Next steps

5. Seek support to progress priority areas
6. Monitor progress
7. Update progress mid-2017
8. Seek opportunities to influence