

Australian Football League clinics promoting health, hygiene and trachoma elimination: the Northern Territory experience

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Abstract. Australia is the only developed country to suffer trachoma and it is only found in remote Indigenous communities. In 2009, trachoma prevalence was 14%, but through screening, treatment and health promotion, rates had fallen to 4% in 2012. More work needs to be done to sustain these declining rates. In 2012, 25% of screened communities still had endemic trachoma and 8% had hyperendemic trachoma. In addition, only 58% of communities had reached clean face targets in children aged 5–9 years. Australian Football League (AFL) players are highly influential role models and the community love of football provides a platform to engage and strengthen community participation in health promotion. The University of Melbourne has partnered with Melbourne Football Club since 2010 to run trachoma football hygiene clinics in the Northern Territory (NT) to raise awareness of the importance of clean faces in order to reduce the spread of trachoma. This activity supports Federal and state government trachoma screening and treatment programs. Between 2010 and 2013, 12 football clinics were held in major towns and remote communities in the NT. Almost 2000 children and adults attended football clinics run by 16 partner organisations. Awareness of the football clinics has grown and has become a media feature in the NT trachoma elimination campaign. The hygiene station featured within the football clinic could be adapted for other events hosted in remote NT community events to add value to the experience and reinforce good holistic health and hygiene messages, as well as encourage interagency collaboration.

Additional keywords: community health, education, healthy people programs, Indigenous health services.

Received 11 March 2014, accepted 3 September 2014, published online 6 October 2014

Introduction

This paper looks at how Australian Football League (AFL) clinics can be used to promote health and hygiene in Australian Indigenous communities and, in particular, how football clinics can support health promotion efforts to eliminate trachoma.

Context

Trachoma is an infectious eye disease that remains a problem in some remote parts of Australia. Australia is the only developed country in the world with trachoma. The World Health Organization (WHO) endorsed trachoma strategy is known as 'SAFE' ('S' for surgery for trichiasis, 'A' for antibiotic therapy, 'F' for facial cleanliness and 'E' for environmental improvement) (<http://www.who.int/blindness/causes/trachoma/en/>, verified 11 September 2014). In 1998, the World Health Assembly passed a resolution for the elimination of trachoma by the year 2020 and soon after the WHO and a network of non-governmental organisations launched the Global Alliance for the Elimination

of Blinding Trachoma (GET 2020). The approach to trachoma management in Australia is guided by the WHO-endorsed integrated SAFE strategy.

In 2009, the Australian Government committed to eliminate trachoma in remote Indigenous communities by 2020. Commonwealth funding of A\$16 million was allocated mainly for the 'A' part of the SAFE strategy, through mass community screening and treatment using antibiotics (Australian Government Department of Health 2009). However, to eliminate trachoma there must also be a reduction in the rates of children with dirty faces (Lange *et al.* 2014). In a recent meta-analysis, the relationship between clean faces and reduced odds of trachoma was one of the strongest associations (Stocks *et al.* 2014).

In Australia, trachoma is mainly found in hot, dry, dusty and remote areas and only in Indigenous communities. Poverty, lack of access to water, poor hygiene and inadequate waste disposal are some of the risk factors. Crowded living conditions combined with poor hygiene create the opportunity for trachoma to spread.

What is known about the topic?

- Existing studies outline the positive influence of football in men's health. However, there is little evidence of the use of AFL clinics as a vehicle for promoting hygiene with children.

What does this paper add?

- A case study from the Melbourne Football Club and Indigenous Eye Health Unit collaboration on football clinics as a method to engage communities promoting health, hygiene and trachoma elimination.

Trachoma is transmitted by sharing infected nasal and ocular secretions. Facial cleanliness is essential to trachoma elimination and important because it is readily modifiable.

The National Trachoma Surveillance and Reporting Unit collected and collated data on trachoma prevalence and facial cleanliness in remote Indigenous communities in 2009 and found that trachoma prevalence was 14%. However, through commitment to a program of screening, treatment and health promotion, rates had fallen to 4% in 2012 (National Trachoma Surveillance and Reporting Unit *et al.* 2013). In 2012, 25% of screened communities still had endemic ($\geq 5\%$) trachoma and 8% had hyperendemic ($\geq 20\%$) trachoma (National Trachoma Surveillance and Reporting Unit *et al.* 2013). In 2009, 74% of children in the Northern Territory (NT) had clean faces, compared with 80% of children in 2012 (National Trachoma Surveillance and Reporting Unit *et al.* 2013).

Many Indigenous communities in the NT practice traditional culture and speak traditional language, and this creates additional challenges in developing culturally appropriate and effective health promotion messages and resources. Involvement in sporting life is central to many Indigenous Australians and approximately one-third participate in a sporting activity (Australian Bureau of Statistics 2010). Across Australia over 90 000 people are involved in AFL programs and, at the highest level in the AFL, Indigenous players make up 9% of the list. In Indigenous communities in the NT, Australian Rules Football is known to bring everyone together to share in a community sporting event (Australian Football League 2013; Deakin University Newsroom 2012).

The trachoma elimination footy clinics provide a fun setting to engage children (both boys and girls) from local communities in health promotion activities in a supportive environment where there is opportunity to talk about and reinforce messages regarding the importance of good health hygiene and clean faces. In 2012, only 58% of communities had reached clean face targets in children aged 5–9 years (National Trachoma Surveillance and Reporting Unit *et al.* 2013).

A selective review of Australian and international health promotion literature showed that there is evidence to demonstrate the positive influence of football clubs in health promotion, particularly men's health (Smith 2002; Tighe and McKay 2012; Neesham and Garnham 2012). However, it became evident that the use of football clinics is unusual because it is the only program that uses national sporting heroes to address the

elimination of trachoma. Trachoma elimination programs in Ethiopia are considering involving a premier league football club for their trachoma advocacy program (Orbis Sight Saving Worldwide 2013).

In 2009, the Indigenous Eye Health Unit (IEHU) began developing a suite of trachoma resources to create educational and health promotion tools to reinforce the importance of the 'F', facial cleanliness, part of the SAFE strategy. The Trachoma Story Kits were developed in collaboration with the Katherine West Health Board Aboriginal Corporation (KWHB), the Ngumpin reference group and the Northern Territory Centre for Disease Control. The Ngumpin reference group is a consultative group made up of KWHB board members, Aboriginal health practitioners and ex-Aboriginal health workers from communities in the Katherine West region. A large part of their work is assessing the cultural appropriateness of materials and activities intended for use in Katherine West communities (Katherine West Health Board Aboriginal Corporation 2014).

The Trachoma Story Kits needed to be integrated with a broader health promotion and social marketing strategy in order to promote the 'Clean Faces, Strong Eyes' message within communities across the NT. In 2010, discussions with the AFL NT and the Melbourne Football Club (MFC) examined how footy clinics could be used to provide an opportunity to engage children and communities in trachoma elimination health promotion. A community partnership between the MFC and IEHU commenced with a commitment to support the elimination of trachoma from remote Indigenous communities.

Through the community partnership, the MFC committed two senior Indigenous players to be the official trachoma ambassadors. These two players, Aaron Davey and Liam Jurrah, featured in a range of health promotion materials, including posters, television community service announcements (CSAs), radio CSAs and football clinics. The 'Clean Faces, Strong Eyes' message was highlighted, focusing on the importance of hand and face washing. The first footy clinic in 2010 in one remote community received high profile media coverage (Melbourne Football Club 2010).

In 2011, the scope of the health promotion activities of the footy clinic was broadened to include hygiene stations complete with face and hand washing facilities, along with the existing health promotion resources to promote holistic health and hygiene. AFL footy clinics generally include a football station rotation with an AFL football player and support staff per station. The trachoma elimination footy clinics included an additional fifth station about hygiene as part of the set rotation structure.

The IEHU developed a list of items required for the hygiene stations. Community engagement in the lead up to the event is key to a successful clinic. An example of one of the hygiene stations is shown in Fig. 1. The basic requirements of the hygiene station include a water source and water containers with a tap for hand and face washing, tables, mirrors, bins and bin liners, tissues, pump-pack hand soap, paper towels, basins to collect water, posters, banners, tattoos, wristbands, 'Milpa' the trachoma goanna mascot, drinking water and cups. Instructions are given to football players and program assistants about the format and best way to wash hands and faces, as well as how to reinforce the key message that secretions spread trachoma.



Fig. 1. Example of a hygiene station.



Fig. 2. Yipirinya School Alice Springs, 2014. Neville Jetta from the Melbourne Football Club and Milpa the trachoma goanna mascot with children at the hygiene station during a footy clinic.

Participation at the hygiene station involves blowing the nose, disposing of tissues in a rubbish bin, applying soap and washing the hands and face until all the muck, dirt, grime, facial mucus and crusting is removed. After this process is complete, the participant is rewarded with items including a wristband and tattoo. The resources are branded with the program mascot Milpa the

trachoma goanna, a giant green goanna named after a traditional Warlpiri word meaning ‘eye’. The hands-on approach of the footballers with the children is impressive (Fig. 2).

By 2013, the footy clinics had attracted 12 partner organisations for promoting clean faces and holistic hygiene practices. Five clinics were attended by almost 1100 children and

Table 1. Monitoring data of football clinics held in the Northern Territory (Lange *et al.* 2013)

Year	No. of footy clinics	No. of communities	Attendance	No. of partner organisations	Media coverage
2010	1	1	125	3	4
2011	1	8	170	3	10
2012	5	12	564	10	18
2013	5	24	1087	12	25

adults from 24 individual communities, which prompted a marked increase in media coverage (Table 1).

What can be learned from this?

Social marketing and footy clinics are effective mechanisms to engage Aboriginal and Torres Strait Islander children and communities. One of the major strengths is that they create a culturally safe and appropriate environment to foster deeper community engagement. Participation in sports is believed to build a sense of purpose and provide a protective factor against negative behaviours in Indigenous communities (Cunningham and Beneforti 2005). The event also provided an opportunity to engage in community consultation at a grass-roots level by encouraging people to attend a family event, talk about the importance of good holistic hygiene and reinforce the value of regular hand and face washing. The support of AFL players adds an extra incentive to attend because this environment also fosters a sense of local community pride. During the footy clinic, the AFL role models demonstrate and reinforce the importance of personal hygiene. They explain that clean faces and hands will reduce trachoma and other infectious diseases related to poor hygiene. This approach fosters good role modelling and takes away the embarrassment or community shame about such a sensitive issue of personnel hygiene, particularly in vulnerable communities.

The footy clinics have brought together a range of organisations, including both government and non-government organisations and programs working across AFL, sport, Indigenous eye health, holistic hygiene, health and wellbeing, environmental health and education. The MFC ambassadors also participated in television and radio CSAs and posters, and this increased the reach of the hygiene messages. Engagement with other organisations and media has been crucial to the success of the footy clinics and increased awareness about good hygiene.

Challenges and limitations

It is difficult to evaluate how effective the program is in reducing the rate of dirty faces. Challenges associated with the evaluation of health promotion initiatives has been documented elsewhere (Mikhailovich *et al.* 2007). Pre- and post-event surveys evaluating community attendance are challenging because it is impossible to anticipate who will attend on the day. Informal interviews regarding the football clinics collected a range of feedback. The observations from these events demonstrate increased community engagement and the opportunity to reinforce important messages about holistic hygiene and environmental health for the elimination of trachoma.

Behaviour change in young children requires a concerted and prolonged effort from families, communities, maternal and child health, schools, health clinics and others. Increased and improved housing is fundamental, and for trachoma elimination the critical components are safe bathrooms. Crowded living conditions and poverty also need to be tackled.

The hygiene station was the first step for everyone participating in the football and footy skill stations, and this means the event did not isolate participants who had dirty faces on the day. The hygiene station is treated as the cornerstone of the footy clinic by all, and this creates a culturally safe environment where parents, extended family and the broader community feel comfortable about discussing issues around trachoma, holistic hygiene and the 'Clean Faces, Strong Eyes' campaign. The importance of good hygiene is also reinforced by the MFC footballers, posters and other health promotion materials that are available.

Conclusion

This paper examined how football can be used as an engagement tool to promote health and hygiene in Australian Indigenous communities and in particular how football can support efforts to eliminate trachoma. The use of Indigenous AFL players as role models in a range of health promotion resources is proving to be a popular and effective health promotion vehicle. The trachoma elimination footy clinics, with an interagency collaborated hygiene station, are growing in success on a multifaceted and layered approach. It is clear that administration of antibiotics is supporting the marked decline in the rates of trachoma infection, but without the clean faces becoming the social norm as part of a broad health promotion approach, it is anticipated that the levels of trachoma infection may again become problematic.

Conflicts of interest

M.D.A. is also a member of the Melbourne Football Club.

Acknowledgements

The authors acknowledge the Melbourne Football Club, AFL NT, Sunrise Aboriginal Health Service, Anyinginyi Aboriginal Health Service, NT Department of Health, Centre for Disease Control, Fred Hollows Foundation, Central Australian Aboriginal Congress, Barkly Shire Council, Tangentyere Youth Council, Amoonguna Youth Council, Shires and Councils, Sport and Recreation Program Officers, education institutions, youth centres and school holiday programs, Imparja TV, Yamba the Honey Ant and Jacinta Castles, CAAMA radio and non-Indigenous media outlets, NT Police and Alice Springs Hospital. The authors extend special acknowledgements to the communities that participated and supported the football clinics and the Harold Mitchell Foundation.

References

- Australian Bureau of Statistics (2010) Aboriginal and Torres Strait Islander peoples: aspects of sport and recreation. Standing Committee on Recreation and Sport Research Group by the National Centre for Culture and Recreation Statistics. Australian Bureau of Statistics, Canberra.
- Australian Football League (2013) AFL and the Indigenous community. Available at <http://aflcommunityclub.com.au/index.php?id=727> [Verified 12 September 2014]
- Australian Government Department of Health (2009) Health budget 2009–2010. Over \$200 million for closing the gap in Indigenous health.

- Available at <http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2009-hmedia10.htm> [Verified 12 September 2014]
- Centre for Eye Research Australia (2007) National Trachoma Surveillance and Reporting Unit: trachoma surveillance report 2006. Melbourne Centre for Eye Research Australia; University of Melbourne, Melbourne.
- Cunningham J, Beneforti M (2005) Investigating indicators for measuring the health and social impact of sport and recreation programs in Australian Indigenous communities. *International Review for the Sociology of Sport* **40**(1), 89–98. doi:10.1177/1012690205052170
- Deakin University Newsroom (2012) Sport, the glue which could help repair remote Aboriginal communities, academic tells enquiry. Available at <http://www.deakin.edu.au/news/2012/22112012BHMIndigenousfootball.php> [Verified 12 September 2014]
- Katherine West Health Board Aboriginal Corporation (2014) Katherine West Health Board Aboriginal Corporation webpage [updated March 2014]. Available at kwhb.com.au/ [Verified 12 September 2014]
- Lange FD, Atkinson JR, Taylor HR (2013) Health promotion partnership for trachoma elimination. National Aboriginal and Torres Strait Islander Environmental Health Conference.
- Lange FD, Baunach E, McKenzie R, Taylor HR (2014) Trachoma elimination in remote Indigenous Northern Territory communities: baseline health-promotion study. *Australian Journal of Primary Health* **20**(1), 34–40. doi:10.1071/PY12044
- Melbourne Football Club (2010) MelbourneFC Yuendumu Trip 2010 (documentary). Channel 7 television, Australia.
- Mikhailovich K, Morrison P, Arabena K (2007) Evaluating Australian Indigenous community health promotion initiatives: a selective review. *Rural and Remote Health* **7**, 746.
- National Trachoma Surveillance and Reporting Unit, The National Trachoma Surveillance Reference Group, Taylor HR (2013) Australian trachoma surveillance report 2012 [Online]. The Kirby Institute for Infection and Immunity in Society, The University of New South Wales, Sydney. Available at <http://kirby.unsw.edu.au/sites/default/files/hiv/resources/AustralianTrachomaSurveillanceReport2012.pdf> [Verified 21 July 2014]
- Neesham G, Garnham A (2012) Success story: Clontarf foundation promotes education, life-skills and employment prospects through Australian Rules Football. *British Journal of Sports Medicine* **46**, 898–899. doi:10.1136/bjsports-2012-091686
- Orbis Sight Saving Worldwide (2013) Eliminating blinding trachoma and developing primary eye care in the Gamo Gofa Zone, Konzo and Derash Special Woredas of Southern Ethiopia.
- Smith J (2002) Wadja Warriors Football Team's healthy weight program. *Aboriginal and Islander Health Worker Journal* **26**, 13–15.
- Stocks ME, Ogden S, Haddad D, Addiss DG, McGuire C, Freeman MC (2014) Effect of water, sanitation, and hygiene on the prevention of trachoma: a systematic review and meta-analysis. *PLoS Medicine* **11**(2), e1001605. doi:10.1371/journal.pmed.1001605
- Tighe J, McKay K (2012) Alive and kicking goals! Preliminary findings from a Kimberley suicide prevention program. *Advances in Mental Health* **10**, 240–245. doi:10.5172/jamh.2012.10.3.240

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