



11th International Meeting on Indigenous Child Health

March 28-30, 2025 • Winnipeg, Manitoba

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CPS Education Department

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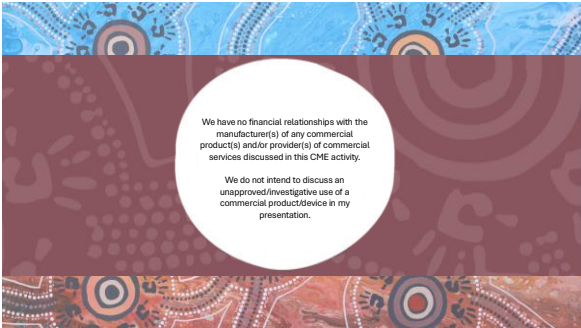
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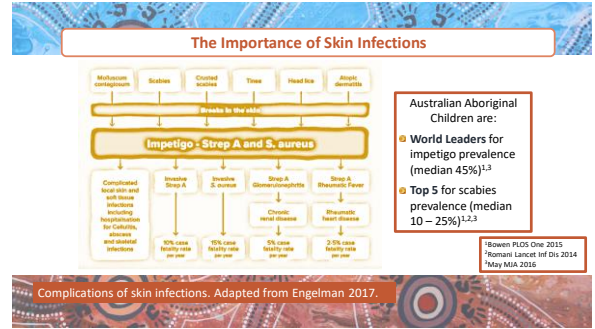
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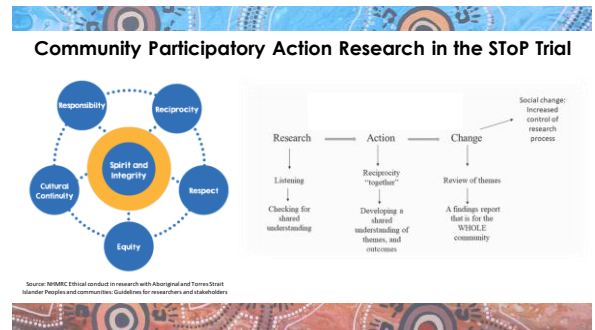
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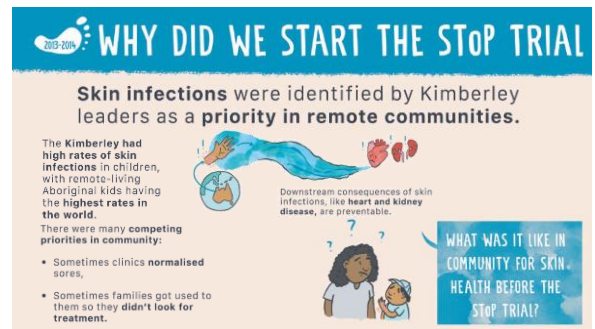
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KIMBERLEY ABORIGINAL LEADERS WERE CALLING FOR A CHANGE

They were doing good work (e.g. environmental health referrals).

OUTBREAK

There was a kidney disease outbreak in 2013 and everyone took more notice, including State Ministers.

Kimberley leaders knew and told researchers:

We need prevention not just new medicines!

WE NEEDED A NEW WAY TO SUPPORT HEALTHY SKIN.

See Treat Prevent Skin Sores and Scabies

So researchers and Kimberley partners came together and designed the SToP Trial.

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SETTING UP THE SToP TRIAL

Together, we aimed to reduce the number of Kimberley Aboriginal kids with skin sores by half.

INCREASE HEALTHY SKIN

It took us a couple of years to design the SToP Trial, consult with communities, establish partnership agreements and get all the right approvals (funding, ethics and governance).

Whilst we were waiting for approvals, we interviewed 60 staff across the Kimberley to understand what was already happening for Environmental Health and skin health.

APPROVALS

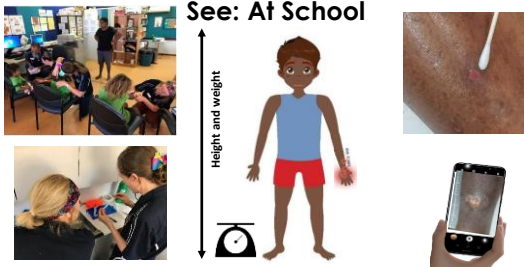
We didn't start until we had the support of communities, and in the end, nine Kimberley communities chose to participate.

9 COMMUNITIES

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See: At School

Height and weight



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Treat: At the clinic

Skin sores and scabies



BPG Bowen et al Lancet 2014

Romani et al NEJM 2015


Lyclear cream

Ivermectin tablet medicine

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Prevent: At home and in community

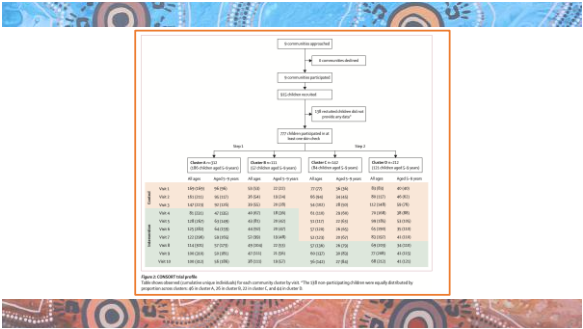
Health promotion and environmental health



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Study and school name	April 2019 (Year 1)	July 2019 (Year 1)	Oct 2019 (Year 1)	Jan 2020 (Year 1)	April 2020 (Year 1)	July 2020 (Year 1)	Oct 2020 (Year 1)	Jan 2021 (Year 1)	April 2021 (Year 1)	July 2021 (Year 1)	Oct 2021 (Year 1)	Jan 2022 (Year 1)	April 2022 (Year 1)	July 2022 (Year 1)	Oct 2022 (Year 1)	Jan 2023 (Year 1)
Response	1	2	3			4	5	6	7	8	9	10	11	12	13	NA
Study and school name	1	2	3			4	5	6	7	8	9	10	11	12	13	NA
Generalised activities																
Time slot	Year 1 Start	Year 1 End	Year 1 Start	Year 1 End	Year 2 Start	Year 2 End	Year 2 Start	Year 2 End	Year 3 Start	Year 3 End	Year 3 Start	Year 3 End	Year 4 Start	Year 4 End	Year 4 Start	Year 4 End
Activity	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline
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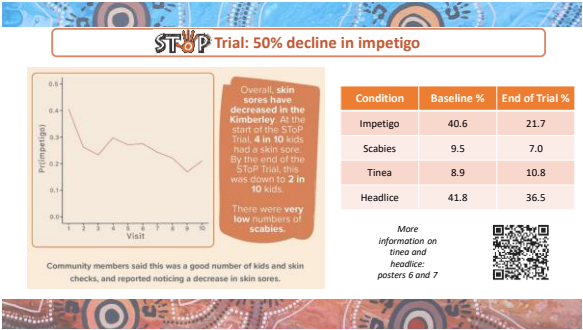
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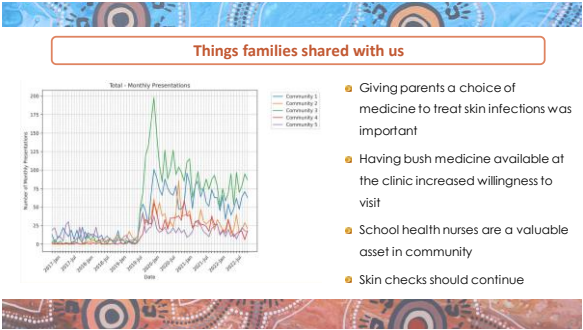
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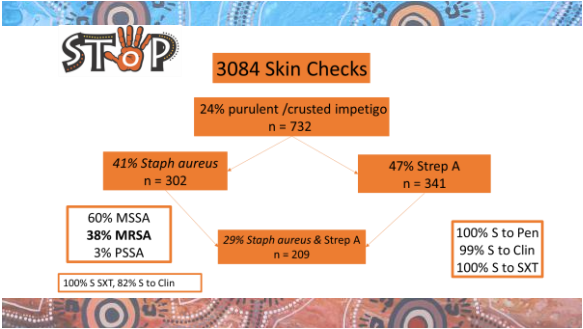
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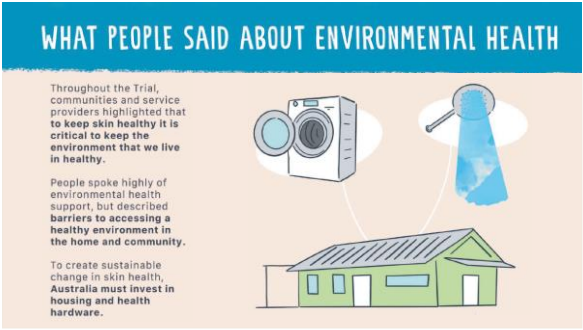
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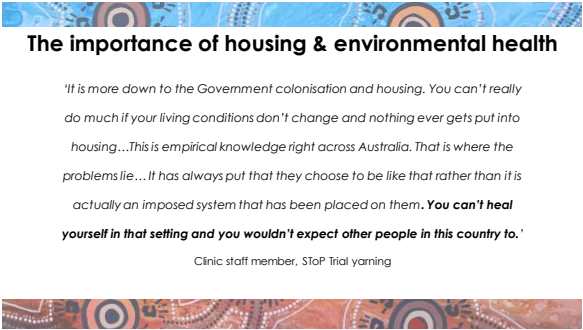
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YARNING ABOUT OUR COMMUNITY RESULTS

What's next? From yarning so far, people have told us it would be good to:

- Continue skin checks and training
- If we can't, have virtual options for both
- Make sure there is a consistent school nurse
- Advocate for change until every family has a home that meets their needs and adequate support to maintain it

What do you think these results mean for you and your community?

Is skin health still a priority for your community? What do people think about it now?

What do you think needs to happen next for skin health in your community?

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TRAINING OUR BOOKS IN LANGUAGE WAS IMPORTANT FOR OUR ELDERLY AND FAMILIES

PARENTS ARE THINKING MORE ABOUT THE CHOICE FOR TREATMENT

WE'VE GOTTER FIND THE MONEY TO KEEP THE SKIN CHECKS GOING

THE STOP TEAM WAS VERY FRIENDLY AND RESPECTFUL LEGENDS

A WELL TRAINED COMMUNITY MEMBER FOR SCHOOL HEALTH WOULD BE GREAT

ENVIRONMENTAL HEALTH

ALLOW PEOPLE ON THE GROUND TO HELP LEAD THROUGH FAMILY EMPOWERMENT

TRAINING WAS EFFECTIVE IN THE SCHOOL TO BE ABLE TO IDENTIFY WHAT DIFFERENT THINGS ARE

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UP HOP SONG BEING SUNG BY CHILDREN

STRATEGIES MOVING FORWARD

A VIDEO IN LANGUAGE FOR KIDS WOULD BE GOOD TO KEEP TALKING ABOUT HAVING A SHOWER AND GOING TO THE CLINIC

TRAIN UP LOCAL PEOPLE TO LOOK FOR SKIN SORES IN SCHOOLS

OUR COMMUNITY YOUTH PROGRAM IS IMPORTANT WE GO ON COUNTRY AND TALK ABOUT HEALTH

AN ANNUAL SKIN CHECK WAS IMPORTANT FOR THE BISS WOULD BE IMPORTANT STRATEGIES WOULD BE HAPPY IN A COUPLE OF YEARS TO THE SKIN CHECK WOULD BE GREAT TO HAVE A COMMUNITY MEMBER TRAINED UP

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Trimodal skin health programme for childhood impetigo control in remote Western Australia (SToP): a cluster randomised, stepped-wedge trial

Hannah M M Thomas, Stephanie L Enkel, Marianne Mullane, Tracy Molnar, Timothy C Barnett, Jonathan R Carpenter, Raymond Christopher, Julianne Griffin, Rebecca Fanning, John Jacky, Mark Jones, Julie Marsh, Kelli McIntosh, Vicki O'Donnell, Edward Pan, Glenn Pearson, Glade Sibbalds, Ben Smith, Thomas Snelling, Andrew Stone, Steven Y C Tong, Roz Walker, Alexander Whitton, Kristian White, Edie Wright, Aisha C Brown, on behalf of the SToP Trial

Culturally supported health promotion to See, Treat, Prevent (SToP) skin infections in Aboriginal children living in the Kimberley region of Western Australia: a qualitative analysis

Multi-methods process evaluation of the SToP (See, Treat, Prevent) trial: a cluster randomised, stepped wedge trial to support healthy skin

Hannah M M Thomas, Marianne Mullane, Stephanie L Enkel, Tracy Molnar, Nigel Angerth Cluff, Jonathan R Carpenter, Julianne Griffin, Raymond Christopher, Rebecca Fanning, John Jacky, Julie Marsh, Edie Wright, Kelli McIntosh, Vicki O'Donnell, Edward Pan, Glenn Pearson, Glade Sibbalds, Ben Smith, Thomas Snelling, Andrew Stone, Steven Y C Tong, Roz Walker, Alexander Whitton, Kristian White, Edie Wright, Aisha C Brown, on behalf of the SToP (See, Treat, Prevent) trial

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Ms Janella Isaac
the Arm Point Community Navigator

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Reach: >3.7 Million readers / listeners

THE GUARDIAN

How we partnered with local communities to halve skin sores among Aboriginal children in remote WA

SKIN NEWS

Skin health study slashes infections among Indigenous children in remote Kimberley communities

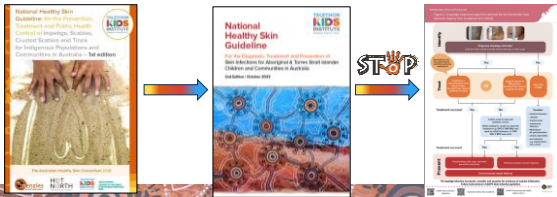
SKIN CHECKS HELPED REDUCE INFECTIONS IN ABORIGINAL CHILDREN BY HALF, STUDY FINDS

SKIN HEALTH STUDY SLASHES SKIN INFECTION RATES FOR INDIGENOUS KIDS IN REMOTE COMMUNITIES

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National Healthy Skin Guideline 2nd ed

For the Diagnosis, Treatment and Prevention of Skin Infections for Aboriginal & Torres Strait Islander Children and Communities in Australia



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What's New?

In the First Edition of the National Healthy Skin Guideline, impetigo, scabies, crusted scabies and lice were identified as priority conditions needing guidelines for prevention, treatment and public health control.

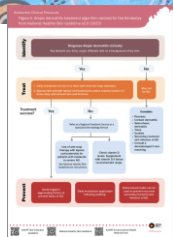
- Recognising that up to **80%** of Australia's Aboriginal and Torres Strait Islander population live in urban contexts, we have expanded the guideline to include evidence that will be useful for the urban context.
- Inclusion of new skin conditions more commonly experienced by urban populations eg atopic dermatitis, molluscum contagiosum and head lice
 - Inclusion of evidence useful for health professionals in an urban context
 - New chapter on guidance for developing health literacy resources and great examples of some of those already available

This guideline will have a reach not only throughout Australia but also to overseas communities. The first edition has been used all over Australia and throughout the Pacific region!

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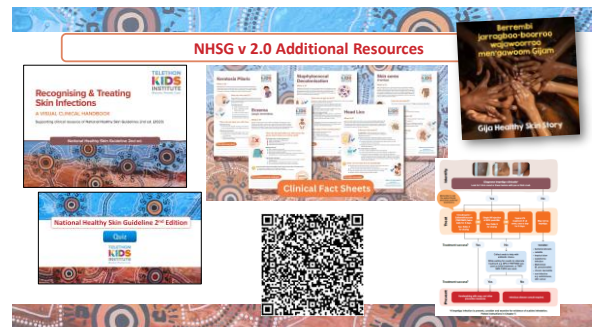
Key Kimberley Updates

- Guideline is for all health care professionals in the Kimberley
- Addition of algorithms, adapted from NHSG to Kimberley
- Addition of new sections on eczema, head lice
- QR codes to link to NHSG, KAHPP protocol, EH referral
- Inclusion of lots of photos for quick recognition

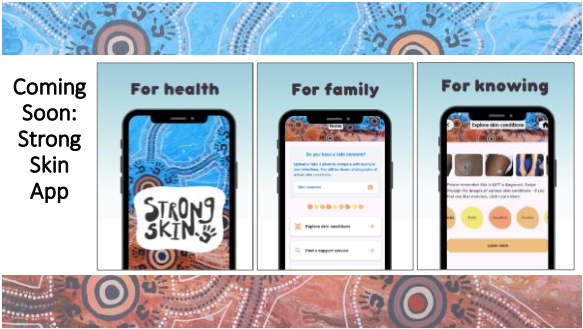


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NHSG v 2.0 Additional Resources



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