

The RHD Endgame Strategy: Evidence Brief #5

Health promotion to increase health-seeking behaviour for skin sores and sore throat

Community awareness of the risk of Strep A skin and throat infections preceding ARF and RHD is important to facilitate primary prevention of the disease. However, limited community awareness may prevent individuals and families from seeking medical assessment and treatment of throat and skin infections.¹⁻³ For example, only half of Australian children who recalled having a sore throat prior to ARF diagnosis had sought medical care for the sore throat.⁴ In some places, childhood skin infections can be so common that they may be considered 'normal' both by families and healthcare practitioners, and often people do not seek treatment or are not offered it when attending clinic.⁵

New Zealand Rheumatic Fever Strategy

Public health promotion campaigns to change health-seeking behaviour formed a core element of strategies to reduce the incidence of ARF in New Zealand from 2014 onwards.⁶ The most recent campaigns included a wallet card for families to show to health providers and ask for their child's throat to be checked, stickers ('Got a sore throat? Tell a grown up') and adding messages about ARF to on-hold music for the hospitals.⁷

In Auckland areas with a high burden of ARF and RHD, other strategies were developed by the Ministry of Youth Development, including a Rheumatic Fever Ambassadors Program, 'Clear ya throat' spoken word stories and a 'Dramatic Fever Edutainment Roadshow'. Many of these strategies were co-developed by young people from high-risk communities, and involved competitions to develop mobile phone applications and technology resources to share key messages.⁸ A key feature of the New Zealand communications programs was that they featured young people living with ARF or RHD in communications material. Using relatable people and stories improved uptake and impact of key messages.⁷

In 2017, a survey of caregivers conducted alongside an RHD echocardiography screening project in Auckland found that more than 90% had heard of ARF and most people were aware that it could be caused by a sore throat. More than 80% of participants indicated that children with a sore throat should see a doctor or a nurse straight away.⁹ However, intensive social marketing about ARF and RHD resulted in reports of racism and shame associated with the condition, an unexpected consequence of the campaign.¹⁰

International evidence, specifically from New Zealand, indicate that health promotion campaigns can increase awareness about the potential risks of Strep A illness, allowing for early identification and intervention prior to more serious illness. While evidence suggest moderate benefit can be achieved when the program is implemented and integrated within a community, rigorous evaluation is required to measure impact of these campaigns.

Resources should be carefully co-developed to avoid stigma, shame, or blame for families and communities with high rates of ARF, and ideally designed in consultation with the local community to increase acceptability. Costs for distribution and delivery may be low, but resource and time efforts necessary to develop the campaign and invest in the local workforce may be high for high quality work to be done.

Recommendations

- Well-developed, culturally meaningful health promotion campaigns which increase awareness of the risks of skin sores and sore throats should be implemented and evaluated locally and jurisdictionally with support from national stakeholders for RHD in Australia.

About the END RHD CRE

In 2014, The End Rheumatic Heart Disease Centre of Research Excellence (END RHD CRE) was established to address the urgent need for a comprehensive, evidence-based plan to eliminate rheumatic heart disease across Australia.

Bringing together leading experts from 16 institutions across Australia and backed by a grant from the National Health and Medical Research Council (NHMRC), the CRE has synthesised the collective experience of communities, clinicians, Aboriginal Community Controlled Health Organisations, and government and non-government organisations – as well as more than 25 years of research – to tackle this need head on.

The result is *The RHD Endgame Strategy: The blueprint to eliminate rheumatic heart disease in Australia by 2031*. Outlining the best existing evidence-based strategies to prevent new cases of RHD in Australia and improve the lives of those already living with the disease, The RHD Endgame Strategy was launched in October 2020 and can be viewed at telethonkids.org.au/rhd-endgame.

Acknowledgements

The RHD Endgame Strategy is a product of collaboration between researchers, Aboriginal and Torres Strait Islander leaders, communities and people with lived experience.

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