

Key Evaluation Findings

A well regarded program

- Fits within the health service context and is acceptable to participating providers
- Implementation is well established in Top End services

Treatment is improving in hospital and the community

- Increased length of hospital treatment suggests patients are completing treatment more often. A major achievement
- Following completion of hospital treatment, more frequent contact was provided in the community. A positive result, particularly as the Crusted Scabies (CS) patient cohort has high levels of disadvantage

Recurrences are reducing

- Overall trends in recurrence are positive. The majority of patients did not have a recurrence in the follow-up period.
- In all but one case the grade of disease was less at the recurrence.
- Duration between episodes is six months or more
- CS is being reacquired in the community following a long length of initial treatment

Scabies free zone is difficult to implement

- Maintaining a scabies free zone is challenging as it requires coordination and treatment of all household members
- Aboriginal leadership is critical for working with communities and households to provide education and support for a scabies free environment
- Involvement of communities and households as active partners in passing on the story of CS and developing a community approach to supporting scabies-free households is needed

Elimination

- The program has key elements of an elimination approach
- Moving towards elimination of CS in the context of endemic scabies is difficult as cured patients return to scabies endemic environments

The cost of illness

- The expected health care cost per patient diagnosed with CS is \$31,209 resulting in an overall cost of \$1,373,205 for managing all patients diagnosed in the NT in a given year
- By far the biggest component of the health care costs falls on the public hospital system
- For every episode of CS prevented the health care system can be expected to save \$31,209

Key success factors

- A partnership approach with strong leadership from staff with a deep knowledge of the local context and ways of working
- Respectful two-way learning that fosters trust and good relationships with communities & individuals
- Coordination, navigation and support to improve integration of patient care & assist people to access & complete treatment & self-manage in the context of poor living conditions and overcrowding

Case study

Woman in her 40s with recurrent scabies lives in a remote community in hostel style accommodation with shared kitchen and bathroom facilities. Residents do not have much control over washing and cleaning of the facilities. The woman has limited knowledge of CS and treatment requirements. She needs information and support to overcome shame and build confidence that she can get rid of the CS and help to find ways of dealing with inadequate washing facilities and other problems that make it difficult to maintain healthy skin.

One Disease

One Disease staff provides education about CS; encourages her to access the clinic for treatment; and coordinates cleaning to facilitate a scabies free zone. They work with clinic staff to re-engage with the woman in the community and to assist her by providing practical support to overcome some of her housing difficulties that impact her CS.

Response

The household is cleaned. The Aboriginal Health Practitioner from the Clinic visits the woman in her home, provides education, topical cream and encourages her to attend the clinic for treatment. She also offers the woman showers at the clinic and helps to administer the cream to ensure it is applied correctly. A care plan for treatment and ongoing management is put into place.