HEALTHY DOGS...

HEALTHY COMMUNITIES!!

AMRRIC's Toolkit for:

Developing Education Programs

in Rural and Remote Indigenous Communities

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Animal Management in Rural and Remote Indigenous Communities

AMRRIC's Toolkit for Developing Education Programs in Rural and Remote Indigenous Communities has been developed as a tool to assist those interested in One Health education to develop culturally appropriate resources and education programs that are relevant to their community's needs.

The toolkit provides an introduction to One Health education and details how to design, develop, implement and evaluate an education program in the user's own remote Indigenous community. Contained within the toolkit are:

- Step by step instructions on developing, delivering and evaluating an education program in rural and remote Indigenous communities.
- Ideas and recommendations for dog-centred One Health community education programs.
- Downloadable templates of AMRRIC education resources which can be tailored to each user's program.
- Links to useful websites and educational resources.

AMRRIC's Toolkit for Developing Education Programs in Rural and Remote Indigenous communities was produced in 2015 based on the experience and expertise of AMRRIC - Animal Management in Rural and Remote Indigenous communities.

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Cover image courtesy David Darcy

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AMRRIC's Toolkit for Developing Education Programs in Rural and Remote Indigenous Communities

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Introduction

What is **AMRRIC**?

AMRRIC (Animal Management in Rural and Remote Indigenous Communities) is a national not-for-profit charity led by veterinarians, academics, health and animal management professionals. We work to improve the health and welfare of companion animals in remote Indigenous communities, and through this improve the health and welfare of communities as a whole. The ultimate goal of AMRRIC is Aboriginal and Torres Strait Islander communities that are **healthy** and **safe** for **people** and their **animals**.

Utilising a One Health framework, AMRRIC coordinates **multifaceted, culturally appropriate programs** in consultation with, and involving Indigenous communities. Some of our work includes:

- facilitating, and on occasion providing, veterinary programs that offer desexing, parasite treatments and other veterinary care of companion animals in remote communities;
- training and mentoring Indigenous Animal Management Workers to oversee ongoing animal care in their communities;
- supporting ethical research in the field of animal health and education in Indigenous communities;
- training in the delivery of dog health education programs to Environmental Health Officers, Animal Management Workers, community members and volunteers;
- facilitating and co-ordinating community- and school-based education programs;
- working with communities to give people the knowledge and empowerment to improve the health and welfare of their own companion animals and communities.

AMRRIC's experience in **One Health** promotion

'**One Health**' is a term coined to describe the integrated and connected nature of animal, environmental and human health. One Health practitioners recognise the inextricable links between these realms and aim to develop **solutions to health challenges** utilising a **whole-system approach**. Since its inception in 2003, AMRRIC has worked to improve the health and well being of companion animals in rural and remote Indigenous communities, understanding that the benefits to each animal lead to improvements in both environmental and human health.

Healthy dogs mean healthy communities!

Recognising that the key to the empowerment of communities lies in education, AMRRIC has extensive experience in developing, implementing and evaluating One Health education programs in remote Indigenous communities. AMRRIC has;

- Supported Indigenous communities in developing and delivering education programs in communities nationally (e.g. Elcho Island, NT; Kalumburu, WA; APY Lands, SA; Doomadgee and Mornington Island, QLD).
- Supported PhD research by Dr Sophie Constable (previous AMRRIC Education Officer) in "Knowledge-sharing, education and training to enhance dog health initiatives in remote and rural Indigenous communities in Australia". This research has provided guidance for AMRRIC staff in facilitating education and training programs in communities.
- Completed, as of 2014, 6 years' worth of experience in facilitating the development and implementation of education programs in remote Indigenous communities across Australia.
- Developed, with consultation from the NT Department of Education, the Be a Friend to Your Dog national curriculum-linked teachers' resource (www.amrric.org).
- Evaluated the original Be a Friend to Your Dog teachers' resource package in ten remote Indigenous communities in the Northern Territory and made amendments where necessary.
- Trained Indigenous Animal Management Workers, veterinarians and environmental health practitioners in developing and implementing education programs that are suitable for the communities they service.
- Facilitated and directly created resources that are widely used both nationally and Internationally (www.amrric.org).
- Networked with other health promotion services to share knowledge, resources and ideas.

Why have education programs about **dogs**?

Dogs play an important role in the lives of people in Indigenous communities. Corbett (2001) estimates that companion animals have co-existed with Indigenous people for over 3,500 years, as dingoes, dogs and dingo-hybrids. They are often used in **hunting**, for **protection** of house and its occupants, to provide **companionship** and to **provide warmth** on cold winter nights. Dogs have become an **important part of Indigenous culture** and are often embedded in the kinship system, and in some communities, included in dreaming stories.

Image courtesy David Darcy

The **care of dogs** in remote Indigenous communities is often based on the traditional caring needs of the dingo, which are very different to those of the domestic dog (Raw, 2001). Dingoes, as skilled predators, are far more self-sufficient than dogs. Dogs are less successful hunters and are more dependent on humans, relying on feeding or scavenging from human rubbish (Boitani et al., 1995). Dogs and dingoes also differ in their breeding patterns. Compared to dingoes, domestic dogs breed in larger numbers, breed at a younger age, have larger litters of pups, and breed twice yearly as opposed to the dingo which breeds only once a year. The breeding behaviour of domestic dogs means populations can quickly increase to often unmanageable numbers in remote Indigenous communities, where residents do not have access to regular and ongoing veterinary services, and where de-sexing programs are infrequent. **Overpopulation** creates **increased competition for resources** such as food, an **increased disease risk**, and a **nuisance** for residents in the community through increased barking and pack aggression. Other contributing factors, such as **lack of access to and/or affordability of dog food and medicine**, and a **lack of knowledge about dog needs**, means the health of the dogs can unintentionally suffer in these circumstances.

Indigenous communities have in the past been subjected to a wide variety of often brutal forms of companion animal management, with routine shooting or, more recently, large scale euthanasia campaigns forming the mainstay of companion animal control. Such strategies result in mental and emotional distress to dog-owning community members, and the community as a whole, as typically these programs have not sought consent from owners and have been carried out in culturally ignorant ways. These types of population control result in a culture of mistrust for future programs and ultimately do little in terms of controlling animal populations, as owners seek new animals to replace those than have been taken from them.

Poor dog health and inefficient animal management can impact upon human health and wellbeing in a number of ways. Dogs can carry **zoonotic diseases** which are spread from dogs to people through certain mites, worms and bacteria. Large numbers of dogs often form packs which are prone to **aggression**. Aggressive or 'cheeky' dogs can be intimidating, causing stress and fear for people, restricting movement, and posing a bite threat to people. In scavenging for food, dogs disturb rubbish, knock over bins, and access tips which are breeding grounds for bacteria and **germs** that can then be transported throughout the community as the dogs move about. Gastro germs and worms can also be spread through dog faeces in areas around homes where children and adults sleep, move about and play. In addition to skin irritation, ticks and fleas on dogs can cause blood sickness (e.g. anaemia and blood borne-infectious diseases) but also pose a health risk to humans. Ticks and fleas can bite humans, causing skin irritation and potentially, secondary bacterial infection of these wounds. If infected with Streptococcus bacteria, these infections may become blood borne and with repeated bouts of rheumatic fever, result in serious and life-threatening consequences such as rheumatic heart disease and chronic kidney failure.

There is invariably a link between dog health and human health in remote Indigenous communities, and **improving the health of dogs** in a community can undoubtedly have a **positive influence on the health and wellbeing of community members**. Improving the health of dogs in community requires a multi-faceted One Health approach with education playing a key role. **Education programs that are culturally appropriate, locally relevant and inclusive of community members have proven most successful and sustainable.** These programs engage people from the community to work with the community, increasing awareness of dog issues, giving people the knowledge and empowerment to improve the health and welfare of their own companion animals.

What is the purpose of an education program?

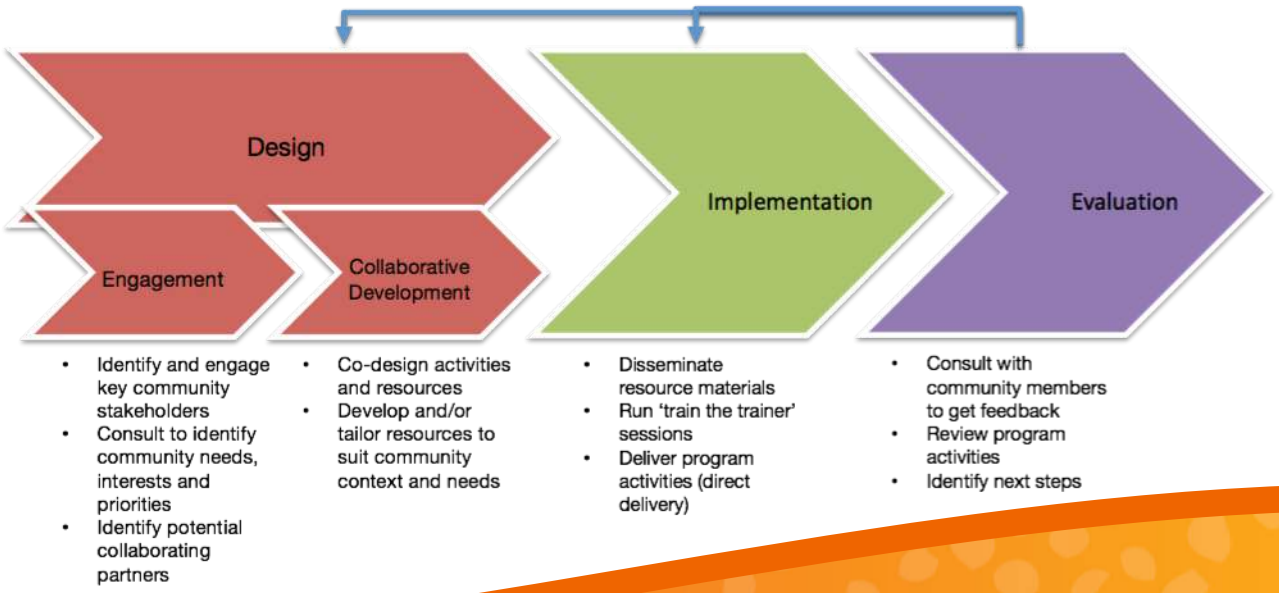
Education programs aim to provide people with the **knowledge to make informed decisions** in their lives, combatting the sense of powerlessness so often observed in Indigenous communities.

There is large variety of education programs covering a broad array of themes. Programs regarding health promotion however, tend to focus on five key areas:.

1. Improving public policy.
2. Creating supportive environments.
3. Encouraging community action.
4. Training and capacity building.
5. Development of personal skills.

These five focus areas, when implemented together in an education program, provide a strong foundation for **relationship development** and **knowledge sharing**. In remote Indigenous communities, it is vital that these focus areas lie within a framework that is culturally appropriate and relevant to the context of the community.

AMRRIC's education programs use a structured three-step framework to ensure they deliver relevant information in an appropriate format. The diagram below shows a flow chart from development through to delivery of a typical education program.



1.1 Engagement

Purpose:

a. To identify and engage key community stakeholders.

b. To consult and identify community needs, interests and priorities.

c. To identify potential collaborating partners.

Who (who are the stakeholders) and What (what are the issues)?

It is important, firstly, to determine key community stakeholders who can assist in the program. Involving local community members in education program planning, development and delivery not only ensures knowledge sharing, it creates employment and a sense of ownership and pride. It is common to target local groups and organisations to engage the most number of people per visit. The following are some local groups that can be approached:

- Women's centre
- Arts Centre
- Police
- Health clinic
- Shire staff
- Local Council members
- Traditional owners
- Linguistics centre
- Men's centre
- Recreation centre
- Shop
- Local community members
- School and Families as First teachers
- Environmental Health or Animal Management Workers
- Elders
- Contracted staff
- Vets and animal control staff
- Rangers
- Library or learning centre

Talk to others about their experiences and knowledge in the field upon which the program is focused. Some ideas to discuss include:

- How the issue fits into community life.
- Who needs to know about the issue and who is interested in knowing?
- Areas for collaboration.
- Community concerns about the issue.
- How people in the community commonly find and share information.
- What issues must be prioritised first and which can be tackled later.

When conducting consultations and interviews, remember:

- Get written consent from the participant allowing for use of media in which they are featured.
- Be respectful.
- Be culturally sensitive and safe.
- Respect people's right to privacy.
- Listen to the community.

1.2 Collaborative Development

Purpose:

a. To co-design activities and resources.

b. To develop and/or tailor resources to suit community context and needs.

How (how can people be educated)?

It can be beneficial to collaborate with other groups and organisations. Collaboration ensures relevant, appropriate, sustainable and efficient program development and delivery. There are a number of ways to collaborate, including collaborating on existing successful programs, resource creation and resource distribution.

At the back of this booklet you will find a number of useful templates to create resources, including fact sheets, pamphlets and talking books. Whichever is chosen, resources should be created through a partnership of stakeholders. While health professionals may have high quality information to share, it is of little use if it is not locally relevant and conveyed in an appropriate way. Community members can be supported in creating resources through training (such as in computer skills). Ultimately, the resource should be owned by the community and therefore be created by the community, with support from the facilitator.

The knowledge created by education activities should be available for non-participants, and for future generations. In other Indigenous communities, this has taken the form of:

- Written material, for example AMRRIC's Dog Health Programs in Indigenous Communities - and Environmental Health Practitioner Guide, the Inuktitut Dog Book Qimminuulignajut Ilumiutartangit (Nappaaluk, 1985), and the Yirrkala School books (Marika, 2000);
- Artistic representations such as the Kintore education painting (Keeffe, 1992), Lyn Brigg's 'The Story of VACCHO' (in Löfgren, De Leeuw, & Leahy, 2011) and Too Much Loud Noise Stories posters (Howard, Wunungmurra, & Fasoli, 2011).;
- Music such the UPK (Uwankara Palyanyku Kanyintjaku) compact discs (Nganampa Health Council, 2004);
- Mixed mode forms such as talking books, iPad stories, DVD or oral ceremonies, such as the Maningrida sniffing ceremony (Trudgen, 2003).

Ali Karenge School Mural created by school students and AMRRIC Education Volunteer Brooke Connor, depicting knowledge learnt from 'Caring for Dogs' lessons.

Purpose:

a. To disseminate resource materials.

b. To run 'train the trainer' sessions.

c. To deliver program activities (direct delivery).

Once information has been gathered on what the issues are, who will participate in the program, and how these issues will be addressed, resources can be created and delivered. Templates and examples of some of the resources that AMRRIC have used are included at the back of this booklet.

In consultation with the community, decisions can be made about the most effective way of distributing education resources. This can depend on the age of the audience, literacy and numeracy levels, and where resources are typically accessed. Try to build relationships with different organisations and groups who can deliver resources through their own networks. It is important to explain the use of the resource and how it fits into the context of the education program and the issues being addressed. Launch events that include the whole community or that target specific groups (e.g. through housing, clinics and teachers) can be an effective way of reaching a larger group of people. The resource belongs to the community so should be easily accessible by community members.

Step 3: Evaluation

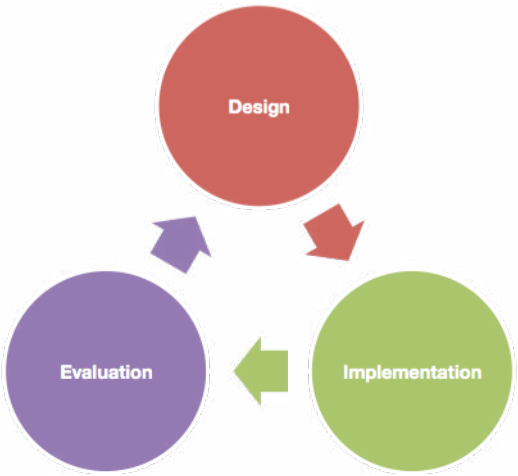
Purpose:

a. To get community feedback through consultation.

b. To review program activities.

c. To identify future direction.

Program monitoring and evaluation provide on-going feedback about progress and effectiveness (Baum, 1992; Black, 2009). They help ensure that programs progress towards their goals and, when they fall short, help explain why, so that issues can be addressed. Feedback can be quantitative or qualitative.



Some important feedback for education programs includes;

- Ease of use and response achieved.
- Relevance.
- Number of participants.
- Possible improvements.

It's important to collect sufficient and appropriate data throughout the design and delivery phase of the program. This data can then be used to compare the aims of the program against the outcomes produced, in order to evaluate whether or not the program was successful.

Conclusions

Each community has different needs, strengths and resources, embedded in a different socio-cultural and historical environment. Therefore, a one-sized fits all approach is unlikely to deliver the best results. Each community needs a respectful and culturally appropriate approach that engages with residents to ensure local relevance. Ideally, the approach taken should include:

- Listening (community consultation and negotiation) to find out how best to plan the program;
- Good initial and ongoing communication to keep the program flexible enough to deal with issues as they arise;
- Development and maintenance of local relationships;
- Employing and/or involving the community in relevant, useful, fun, and practical activities;
- Making time for feedback.

Tailoring the program to fit each community maximizes the outcomes for that community in terms of program effectiveness and dog health, as well as community engagement and empowerment. These result in improving community health more widely and for the longer term.

Links for additional support and ideas:

Animal Management in Rural and Remote Indigenous Communities

www.amrric.org

Resources include:

- Be a Friend to Your Dog curriculum linked resource for teachers
- Zoonoses fact sheets
- Presentations
- Posters
- Talking books

Kimberly Aboriginal Medical Services Council*

www.kamsc.org.au

Indigitube*

www.indigitube.com.au/

Integrated Health Promotion Kit*

www.health.vic.gov.au/healthpromotion/integrated/kit.htm

Community Toolbox*

www.ctb.ku.edu/en

Our Community*

http://www.ourcommunity.com.au/

*Links correct at Oct 2014

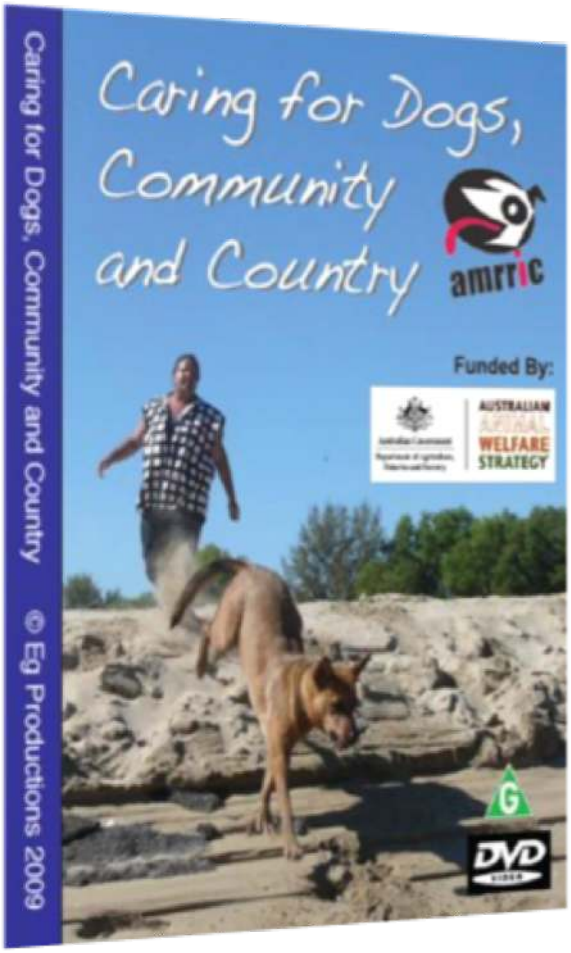
*AMRRIC is not responsible for the content of external sites

In the following pages you will find examples of education program resources that AMRRIC has collaboratively developed with various Aboriginal and Torres Strait Islander communities. Included also are examples of templates that your community can use to develop your own educational resources.

Dog and community health poster created in collaboration with community members of the Barkly Regional Council area. Posters such as this can be easily created using templates in publishing programs e.g. Microsoft Publisher.

Dog washing double-sided pamphlet created by community members of the Doomadgee Aboriginal Shire Council. By using images of local dogs and people, the community become more engaged with the resource and its message.

This pamphlet formed part of series on dog health and well being. They were produced in collaboration with the Barkly Regional Council and were illustrated by well-known local artist, Dion Beasley.



AMRRIC has produced a number of DVDs which educate viewers about topics like dog care, the significance of dogs and safety around dogs. These DVDs have been developed in collaboration with a number of communities, and feature local community members and their dogs!

Talking books can be purchased from http://www.onetalktechnology.com.au/ and allow users to create their own audio-books on any subject, using their own images and narration. Talking books are a great resource for Indigenous communities as they allow community members to record their own narration in local language. A template for creating pages for a talking book is included on the next page.

1. Fit each page within boxes below.
2. Cut around each page and slip into talking book.(from: www.onetalktechnology.com.au)
3. Record message for each page as separate files on SD card.

Zoonoses Fact Sheet: Skin Sores & *Strep*

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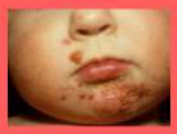
What are skin sores?



- Skin sores are small infected areas of skin.
- They can start out from skin being scratched. This breaks the surface and lets germs like *Strep* and *Staph* bacteria into the body.
- Anything that makes skin itchy is a risk factor for skin sores: scabies, hookworms, mosquitoes, ticks etc.

What is bacteria?
Bacteria are a kind of germ, tiny living things, too small to see with the naked eye. You can only see them with a microscope. Bacteria live in many places, including the soil, skin and gut. There are a lot of types of bacteria that live around us, but only a few can cause disease, such as diarrhoea, skin sores, kidney infections and blood diseases.

Where are *Streptococci*?

- *Streptococci (Streps)* are bacteria that live on the skin, including healthy skin. They can also live inside mouths.
- Normally they live on the skin of either people or animals, but some types can be shared.
- Streps belong to different families or groups. Group A Streps cause most of the problems in people.

How do *Strep* make people sick?

- Streps can make people sick when they get inside the body.
- **They can cause skin infections and sore throats (tonsillitis, strep throat) in people.** When Streps from a skin sore get inside the body, they can make people really sick with **rheumatic fever**, post-rheumatic heart disease or a kidney disease known as post streptococcal glomerulonephritis
- These are major problems in remote communities.

How are dogs in community linked to *Strep*?

- Dogs carry diseases like mites, worms, fleas and lice that can make people itchy, causing skin sores.
- Studies in the NT and Qld have found 10-35% of dogs in remote communities carried *Streps*. So far, most of these haven't been Group A Streps.
- However, dog Streps may carry factors that make Group A Streps more harmful to people. Streps on dogs' tongue or coat could infect people's skin sores and mix with human Group A Streps. If they shared factors, that could make the human Streps more dangerous.

How do we prevent people from getting sick from *Strep*?

- Look after skin and keep it healthy and clean: bathe or swim every day.
- Treat cuts and sores quickly with antiseptic and a bandaid
- Wash hands
- Keeping bedding and yards clean.
- Don't let dogs lick people
- Keeping dogs clean from ticks and lice
- Treat mange in people and dogs (anything that makes people itch and scratch damages the skin, letting in Streps).

Sources: Dr Sam Phelan, Dog Health Programs in Indigenous communities, an Environmental Health Practitioner's Guide, AMRRIC, 2010
Professor Richard Speare, Human Doctor and Veterinarian, James Cook University, Zoonoses training at QLD Health/AMRRIC Workshops, Yarrabah, 2008
Layla Schreiber, Research Masters student, James Cook University

For more information please contact us on (08) 8948 1768, email us at info@amrric.org or visit the AMRRIC website www.amrric.org

For community members with good literacy, fact sheets may be an appropriate resource. A template for developing fact sheets is included on the next page.

Fact Sheet [number]

What diseases should be of concern in Indigenous Communities? [Disease name]

What is [disease name]	**Brief detail on what it is and where it is found.**
What do they cause? [Photo optional]	**Symptoms and illnesses.**
[Additional Information optional]	**Important additional information that needs to be addressed.**
How do we control and prevent people getting sick?	**Methods of prevention and treatment.**

References

For further information contact [relevant contact details]

References

Animal Management in Rural and Remote Indigenous Communities, 2014. Available from <www.amrric.org> [2nd September 2014]

Baum, F. 1992 “Moving Targets: Evaluating Community Development.” Health Promotion Journal of Australia 2(2): 10-15.

Black, A. 2009 Evidence of Effective Interventions to Improve the Social and Environmental Factors Impacting on Health: Informing the development of Indigenous Community Agreements. Office for Aboriginal and Torres Strait Islander Health, Canberra.

Boitani L., Francisci F., Ciucci P., and Andreoli G. 1995 “Population biology and ecology of feral dogs in central Italy.” pp. 217-244 in Serpell, J.A. (ed) The Domestic Dog: its Evolution, Behaviour, and Interactions with People. Cambridge University Press, Cambridge.

Constable, S. 2007, Knowledge-sharing education and training to enhance dog health initiatives in remote and rural Indigenous communities in Australia. Ph.D Thesis, University of Sydney, Australia.

Corbett, L. 2001 The Dingo in Australia and Asia. J.B. Books, Marleston.

Howard D., Wunungmura A., and Fasoli L. 2011 “Too Much Loud Noise Stories.” Aboriginal and Islander Health Worker Journal 35(2): 26-27.

Keeffe, K. 1992 From the Centre to the City: Aboriginal education, culture and power. Aboriginal Studies Press, Canberra.

Löfgren H., de Leeuw E., and Leahy M. (eds) 2011 Democratizing health : consumer groups in the policy process. Edward Elgar, Cheltenham, England.

Marika, R. 2000 “Milthun Latju Wana Romgu Yolnu: Valuing Yolnu Knowledge in the Education System.” TESOL in Context 10(2): 45-52.

Nappaaluk M. ca. 1985 Qimminuulignajut ilumiutartangit (The Dog Book). Kativik School Board, Dorval.

Nganampa Health Council 2004 Uwankara Palyanyku Kanyintjaku #3 Kunma Piti-la CD. Nganampa Health Council, Alice Springs.

Raw, L. 2001 “Human Health in Relation to Pets in Urban and Indigenous Communities” pp. 20-26 in Canyon, D.V. and Speare, R.S. (eds) Rural and Remote Environmental Health I. The Australasian College of Tropical Medicine, Brisbane.

Trudgen, R. 2003 Why Warriors Lie Down and Die. ARDS, Darwin.

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