

325: "HEALTH ICONS"; VISUAL PRESENTATION OF HEALTH INFORMATION IN LOCAL INDIGENOUS LANGUAGES.

Authors:

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Objectives:

To present health information in a visual form, in local indigenous languages. To present this information in such a manner that it is not necessary to be able to read or write, or be fluent in a language (e.g. English) other than your own.

Methods:

Health Icons. The vast knowledge of Western medicine is bound up within its own 'language'. This locks the knowledge away from those that cannot read or understand this 'western medical language'. This medical knowledge is vital to the health and survival of individuals, families and whole communities. The 'locked nature' of medical language is a fundamental issue frustrating the sharing of health promotion.

Over the past ten years work has progressed to develop and produce an integrated, visual health document, "Health Icons", that endeavors to unlock this medical knowledge for a broad range of consumers. The aim of "Health Icons" is to present health knowledge in a form that can be spoken in local indigenous languages and that uses a visual recall system to remember and make use of this knowledge.

"Health Icons" use "Icons" (pictures) to convey and retain major health concepts and knowledge, covering six overlapping areas of health. (Nutrition, Chronic Disease, Addiction, Sex, Mental Health, and the Environment.) There are translations in the Central Australian Aboriginal languages of Arrernte, Warlpiri, Pitjantjatjara and Ngaanyatjarra for current titles, as well as English. It is distributed in the form of sand paintings, videos, "visual" books and CDROM material, including use of emerging technologies such as the Internet. The aim of "Health Icons" then is; 1/ to present health knowledge in a form that can be spoken in indigenous languages 2/ to use a visual recall system to remember and make use of this knowledge.

Known to the Unknown. English is not the first language within much of Indigenous Central Australia. English reading and writing levels are often not very strong. Therefore the presentation of information, predominantly in the form of English text - which people may not be able to read, or presenting information only in spoken English - which people may not understand, has a limited effectiveness. Considering the educational principle of moving from the "Known" to the "Unknown", how effective is it to present information, in cross-cultural situations, in a language (English) substantially "Unknown" to many of the consumers? How effective is it to record this material in a text form (writing), also substantially "Unknown" to many? This approach creates two considerable barriers (of unknown language and unknown text) to effective communication, even before the "Unknown" content of the health information presented, can be approached and comprehended.

Such visual approaches to health promotion used within the "Health Icons" series makes it suitable for:

- * consumers for whom English is a second language
- * consumers with low literacy
- * cross-cultural situations
- * ease of translating into other languages
- * adaptability across regions

Opening Literacy Paths. Using this visual approach consumers can proceed through their own "known" language, and "known" visual forms. This opens the way to get on with learning the "Unknown" content material. Once this health material has been understood, in the local indigenous language, we can then move out from this "Known" material, into learning about the "Unknown" spoken and written English which is used to cover the material.

This paper will present completed projects within Central Australia, which begin to overcome language and literacy barriers. Examples of this visual presentation of health material in local indigenous languages, and resulting literacy paths, will be presented drawing from the National Indigenous Australians Sexual Health Strategy. "Sex Yum Ouch! (Sexually Transmitted Infections) Translation Project" (1999), the Australian National Training Authority, (ANTA) Learnscope Projects "Beyond the Eclipse", (2000) and "Boundaries Bring Together" (2001), the "National Medical and Health Research Council" (NHMRC) project "Unlocking the Diabetes Story" (2001 - 2002) and Department of Education and Youth Affairs (DETYA) Innovative Literacy "From the Known to the Unknown" Project. (2001 - 2002)

Results:

Evaluations presented will include that from the Sex Yum Ouch! (Sexually Transmitted Infections) Translation Project, Commonwealth Department of Health and Aged Care Office for Aboriginal and Torres Strait Islander Health; National Indigenous Australians Sexual Health Strategy (1999). This evaluation from English, Arrernte, Pitjantjatjara and Warlpiri speaking consumers, collated positive results ranging from 85% - 97%.

Conclusions:

After ten years of development and trials we wish to present our approaches and work, in international forums, such as this conference, to share and discuss with people from other countries its potential application for improving cross-cultural health communication within work situations. As you may imagine, writing in English about a visual, multi-lingual approach is a little like writing up a dance. Suffice to say, these written words here are merely the hook; the catch is in the seeing!