

## Centralising Local Aboriginal Language and Culture in Healthy Skin Books on the See Treat Prevent (SToP) Trial in the Kimberley Region of Western Australia: A Process and Impact Inquiry

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# Centralising Local Aboriginal Language and Culture in Healthy Skin Books on the See Treat Prevent (SToP) Trial in the Kimberley Region of Western Australia: A Process and Impact Inquiry

## Abstract

Language is significant for communicating knowledge across cultures and generations and has the power to attribute meanings and alter our worldviews. More than 250 Aboriginal and Torres Strait Islanders languages were spoken in 1788. This number has diminished to approximately 110 languages spoken in 2016, of which 90% were considered endangered in 2019. Language custodians and speakers across Australia are working to preserve and ensure languages are strongly spoken into the future. Language revitalisation initiatives can facilitate (re)connection to Country, cultures and communities and be recognised as acts of reconciliation for Aboriginal and Torres Strait Islander peoples. In a health context, recent evidence indicates that connection to language and culture is important in promoting overall health and wellbeing for Indigenous people. Embedding culture and language into health resources is now a key strategy for public health to reduce the existing health inequities experienced by Aboriginal and Torres Strait Islander people. With the increased demand for Indigenous language health promotion resources, practical policies and guidelines on development and distribution are required. Furthermore, investigation is warranted into the effectiveness and impact of local community context and how end users perceive and may apply these resources.

## Methods

This study reports a qualitative research process and impact inquiry of Aboriginal community-led healthy skin resources to address the gaps in understanding the development and impact of Indigenous language health promotion resources. The development of these resources is described in detail, followed by an impact inquiry, including perspectives from six end users employed in health care, health ethics and governance. Data for this impact inquiry were collected via audio recorded semi-structured interviews, which were transcribed verbatim before an inductive thematic analysis was conducted. It is anticipated that these perspectives will help guide best practice in the development and use of future resources in language.

## Findings

Our study validates how strong Aboriginal leadership from Elders and community members guided the development of the books. Using local language custodians and speakers to translate healthy skin messages facilitated two-way learning opportunities and enabled self-determination in the communities. Healthcare practitioners articulated the benefit of using language and visuals to help explain skin infections and their sequelae. An Aboriginal health research ethics committee and research governance staff believed these books were best practice for guiding future health promotion resources in an Aboriginal context.

## Ethics Approval Statement

This project was approved by the health ethics review committees at the Child and Adolescent Health Service (Approval number RGS0000000584), the Western Australian Aboriginal Health Ethics Committee (Reference number: 819), University of Western Australia (Reference RA/4/20/4123), Catholic Education Western Australia (Reference number: RP2017/57) and Department of Education (Reference number: D18/0281633).

## Keywords

Aboriginal Health, Skin Infections, Language and Culture, Health Promotion

Language is significant for communicating knowledge across cultures and generations. In doing so, language can attribute meanings and alter our worldviews (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2024; Weeramanthri, 1996). Before colonisation in Australia, over 250 Aboriginal and Torres Strait Islander languages were spoken. Rather than 'dialects', these distinct languages possessed their own vocabulary and reflected the cultural diversity of Aboriginal and Torres Strait Islander people<sup>1</sup> (Reconciliation Australia, 2019). Viewed differently to widely spoken languages such as English, Indigenous languages are 'owned entities in the same way songs, ceremonies and land are owned' (Janke 1998, cited in Harris (2012, p106).

Colonisation and assimilation policies severely impacted the continuity of Aboriginal and Torres Strait Islander languages, symbolising the historical power dynamics and inequities between non-Indigenous and Indigenous peoples. The more than 250 languages spoken in 1788 diminished to approximately 110 in 2016, of which 90% were categorised as endangered in 2019 (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2024). Language custodians and speakers across Australia are working to preserve and ensure languages are widely spoken in the future. Language revitalisation initiatives can facilitate (re)connection to Country, cultures and communities and be recognised as acts of reconciliation for Aboriginal and Torres Strait Islander people. (Reconciliation Australia, 2019). In a health context, connection to culture and language is important in promoting overall health and wellbeing for Indigenous people (Zubrick et al., 2012).

The 2020 National Partnership Agreement on Closing the Gap highlights the continuing health disparities experienced by Indigenous people compared to non-Indigenous people (Joint Council of Closing the Gap, 2020). Culture and language are now considered priority areas within health initiatives to reduce these health disparities (Parter et al., 2019). Culture profoundly

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<sup>1</sup> The authors acknowledge Aboriginal and Torres Strait Islander people as the Indigenous people of Australia however the term Aboriginal people is used in the context of this work.

influences communication and relationships in healthcare settings, creating cultural security (Coffin J 2007; Napier et al., 2014) and holistic approaches for overall community health and wellbeing (Dudgeon et al., 2020; Wright et al., 2023).

### **Culture and Language in Health Communication**

Language plays a significant role in the healthcare sector in increasing cultural security and facilitating a productive space (Haynes et al., 2022) for provider–patient interactions to make meaning of illness and treatments (Davies et al., 2014; Kerrigan et al., 2021). The healthcare process, from reviewing medical history to diagnosing illness and consulting on treatment plans, relies on effective communication. In Australia, healthcare service delivery has privileged the English language, thereby creating a major (mis)communication barrier for non-English speaking patients (Davies et al., 2014, Kerrigan et al., 2021; Ralph et al., 2017).

Language discordance has had major consequences for Aboriginal patients (Kerrigan et al., 2021). Therefore, the importance of Aboriginal languages in healthcare communication for improving health outcomes (Davies et al., 2014) and overcoming cultural power imbalances that have historically created feelings of frustration and confusion for Aboriginal people cannot be overstated (Davies et al., 2014; Kerrigan et al., 2021). A recent study conducted in the renal unit of the Royal Darwin Hospital demonstrates that the consistent use of interpreters can mitigate language discordance, increase cultural safety and empower Aboriginal patients to exert control over decision-making for treating kidney disease (Kerrigan et al., 2021).

The use of Aboriginal language and visual aids in health resources has improved the health communication of hepatitis B in communities living in Arnhem Land, Northern Territory (NT) (Davies et al, 2014). Davies et al., (2014) supported the need for incorporating language, visual aids and Aboriginal worldviews in health resources to increase biomedical knowledge of hepatitis B and improve provider–patient interactions. In the context of skin infections, cross-cultural flip charts with local language and visuals have been beneficial for informing Aboriginal

community members on the transmission, treatment and prevention of scabies and strongyloidiasis (Shield et al., 2018). Shield et al., (2018) reported that flip charts incorporating language and visual aids strengthened community members' understanding of scabies and strongyloidiasis before conducting a mass drug administration program in an NT community. A visual flip chart was found effective in explaining skin infections during the recruitment of Aboriginal community members into the See, Treat Prevent (SToP) Trial in the Kimberley region of Western Australia (WA) (McRae et al., 2022).

In addition to such resources, various skin health resources using visual aids have been developed in the NT and WA (Australian Healthy Skin Consortium, 2023). In WA, the health resource *Keeping Skin Healthy: A Handbook for Community Care Workers in the Community* (Walker et al., 2019), also known as *Beat the Bugs*, features concise key facts and uses pictures and cartoons to promote understanding of a range of skin conditions. The handbook was requested by and developed for community care workers to improve provider–patient interactions for skin health and has been frequently requested by Aboriginal communities across Australia to translate into local languages. The Kimberley Aboriginal Medical Service has also developed a collection of visual resources to increase community knowledge about *Streptococcus pyogenes* (Strep A), acute rheumatic fever (ARF) and rheumatic heart disease (RHD) (Australian Healthy Skin Consortium, 2023). In the NT, the *No Germs on Me* campaign used visual posters to raise awareness of handwashing practices to reduce disease, and the Menzies School of Health Research developed a visual poster explaining the identification, control and prevention of scabies, skin sores and tinea (Australian Healthy Skin Consortium, 2023).

The COVID-19 pandemic ignited the urgency for the broad dissemination of health messages explaining the illness. Consequently, organisations rapidly developed and widely distributed health promotion resources in various Aboriginal and Torres Strait languages (Gaborit et al., 2022). While this approach demonstrates the efficiency of producing resources in

a format conducive to translation replication, it rarely places the voices of local Aboriginal and Torres Strait Islander communities at the centre. Specific to COVID-19, a recent Australian study (Gaborit et al., 2022) identified a range of health promotion resources using storytelling and narratives to convey messages in multiple Aboriginal and Torres Strait languages. The study characterised resource development strategies that ranged from replicating the same resource into multiple languages to developing a collection of resources using a variety of languages, different graphics and local context (Dhamarrandji et al., 2020). Almost half of the resources characterised specific community contexts, community Elders, prominent community members and landscapes. Most resources (89%) were published entirely in language, of which 40% provided English translations separately. English subtitles were integrated into 30% of the resources, and two resources incorporated subtitles in other languages, including Kriol (Gaborit et al., 2022).

Despite the increased use of Aboriginal and Torres Strait Islander language and visual aids in resources, Gaborit et al., (2022) noted scant literature describing the development, distribution and impact of resources. According to Gaborit et al., (2022) Aboriginal and Torres Strait Islander leadership throughout the resource development process is essential for disseminating medical information using language and storytelling across diverse cultural contexts. Doing so centralises Aboriginal and Torres Strait Islander voices specific to local community contexts. Garborit et al., (2022) found that using single Indigenous words with supporting English text can help communication and improve accessibility for those reclaiming traditional languages. Furthermore, their key recommendations reinforce the need for practical policies, guidelines and evaluation of the effectiveness and impact of Aboriginal and Torres Strait Islander language resources within the local community context. Garborit et al., (2022) argued that using Aboriginal and Torres Strait Islander language resources can be an adjunct for cultural safety for Aboriginal patients, but it does not alone foster cultural security. The process of two-way learning partnerships through which these securities are developed

strengthens the knowledge of all learners and privileges Aboriginal voices, which may otherwise be diminished (Coffin, 2007).

This study aligns with the recommendations of Garborit et al., (2022) to explore the benefit of Aboriginal leadership, local cultural context, and language diversity in health promotion resources. We report here the development process and impact of Aboriginal community-led healthy skin books using local language to address gaps in skin health understanding. The healthy skin books were developed with three Aboriginal communities in WA's Kutjungka region at their request. To achieve this aim, we describe the local community context and unique languages and present the development and dissemination of these healthy skin books. It is anticipated that the perspectives of end users employed in health care, health ethics and research governance who participated in this study will help guide best practice in the development and use of future resources.

### **Aboriginal Community-Led Health Promotion**

This study was embedded within a broader clinical trial to address skin infections in Aboriginal children living remotely in WA's Kimberley region (Mullane et al., 2019). The See Treat Prevent (SToP) Trial was developed in partnership with Aboriginal Community Controlled Health Organisations, Aboriginal Community Controlled Organisations and community Elders and members to address skin health in children (McLoughlin et al., 2021). The SToP Trial was the first healthy skin clinical trial aimed at reducing skin infections across nine remote Aboriginal communities using a culturally responsive and comprehensive approach incorporating biomedical and Prevention components (Mullane, et al., 2019). This study was situated within the 'P' Prevention component of the SToP Trial.

The Aboriginal community-led approach presented in this manuscript facilitated a culturally secure method of health promotion employing yarning (Bessarab and Ng'andu, 2010) and an Aboriginal participatory action research methodology (Dudgeon et al., 2020; Wright et

al., 2023). This approach ensured Aboriginal worldviews were centralised in translating healthy skin information into these resources, privileging local Aboriginal language, artwork and community voices. The books were requested and subsequently co-designed and developed by and for community end users. The culturally secure and community-led approach interwove local Aboriginal worldviews with science enabling the translation of this research into local community classrooms, organisations and family homes.

### ***The Kutjungka Region***

Wirrimanu (Balgo), Mulan and Billiluna are Aboriginal communities on Tjurabalan native title Country, situated off the Tanami Road<sup>2</sup> in the East Kimberley, as shown in Figure 1, Wirrimanu and Mulan are approximately 90 km from the NT border and 932 km and 980 km from Broome, respectively.

Figure 1:  
Road sign at the turnoff to Wirrimanu and Mulan communities



Billiluna is approximately 830 km from Broome. Although relatively close, each community follows unique cultural protocols, and a diverse range of traditional languages are spoken. Traditional medicines are recognised, developed and used in all three communities.

### **Community Consultation**

In 2019, the SToP Trial and Kulunga teams commenced planning, co-designing and implementing a suite of health promotion resources in collaboration with nine remote Kimberley communities. Yarning sessions and semi-structured interviews were conducted throughout 2019

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<sup>2</sup> The Tanami Road is a 1,013-kilometre-long desert road that stretches from the Great Northern Highway in Western Australia to the Stuart Highway in Alice Springs in the Northern Territory.

and in October and November 2020.<sup>3</sup> These discussions revealed sound overall knowledge of skin infections, treatments and prevention among the communities (McRae et al., 2023). However, the connection between skin infections and chronic diseases such as RHD was not generally understood. Therefore, bridging this knowledge gap between skin infections and RHD became a prevention priority for the SToP Trial. Supporting findings from Amgarth-Duff et al., (2019), community consultations revealed that the benzathine penicillin G (BPG) injection was a barrier to receiving treatment given its painful intramuscular delivery. This reinforced the need for culturally secure healthcare practices and resources offering different treatment options so families could choose the appropriate treatment for their children. McRae et al., (2023) also revealed the limited availability of educational resources relating to skin health, particularly health resources that included local Aboriginal language, artwork and community voices from the Kutjungka region. To address treatment barriers and strengthen skin infection knowledge, a suite of community-led books was developed as a unique mechanism for translating healthy skin information. Applying a constructivist approach enabled the inclusion of a range of community voices, health practitioners and service provider perspectives.

## **Co-Design and Development**

Community Elders reiterated the importance of using local language in health promotion messaging for language preservation and facilitating a culturally secure approach (Coffin, 2007) to understanding skin health. The Elders also advised the cultural appropriateness of local community members translating healthy skin messages in language rather than using external interpreters. This approach facilitated community ownership and sustainability. (Australian

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<sup>3</sup> The COVID-19 pandemic impacted the journey of the healthy skin books when travel restrictions and isolation policies were mandated in March 2020. At that time, SToP Trial operational activities ceased and face-to-face consultations were not possible until the SToP Trial team were granted permission to re-enter communities in October 2020. This allowed community consultations to recommence.

Institute of Aboriginal and Torres Strait Islander Studies, 2020) As a result, Elders in each community identified appropriate language custodians and speakers<sup>4</sup> who were employed on the SToP Trial to translate healthy skin messages into traditional languages.

The National Healthy Skin Guidelines (2nd Ed, 2023) informed the clinical content and standards for identifying, treating and preventing skin infections. Healthy skin messages in these books also aligned with the 2018 National Healthy Skin Guideline (Australian Healthy Skin Consortium., 2019) and were adapted from *Keeping Skin Healthy: A Handbook for Community Care Workers in the Pilbara* (Walker et al., 2019). The development of books including language and the use of artwork varied in each community however, two-way learning partnerships (D'Antoine et al., 2019) between the translators and SToP Trial team members allowed Aboriginal and non-Aboriginal worldviews to be acknowledged and applied in the healthy skin messaging. Commissioning and purchasing artwork was guided by Kulunga<sup>5</sup> Aboriginal Unit team members, and this process also varied among communities. The three books for the Wirrimanu, Billiluna and Mulan communities are in PDF format and available online via the Kids Research Institute Australia website: <https://www.telethonkids.org.au/projects/the-stop-trial/>.

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<sup>4</sup> Language custodians and speakers are further referred to as translators.

<sup>5</sup> The Kulunga Aboriginal Unit's role is to be the primary professional support service that links Aboriginal communities with researchers working at the Telethon Kids Institute. Referred to as 'Kulunga' the unit has a team based in Broome overseeing research conducted in the remote Kimberley communities.

### ***Wirrimanu Community***

- Kukatja language
- Photos taken by SToP Team members during visits on Country
- Yarning with Elders on the basketball court
- First draft disseminated during community BBQ

Figure 2:

Title Page for Wirrimanu book



### ***Mulan Community***

- Walmajarri language
- Artwork created by local community member
- Yarning at health clinic
- First draft disseminated during community BBQ

Figure 3:

Title Page for Mulan book



### ***Billiluna Community***

- Jaru language
- Artwork created by local community member
- Yarning at art centre and personal homes
- First draft disseminated during community BBQ

Figure 4:

Title Page for Billiluna book



Working this way with the communities and using local language translators highlights the importance of diversity in cultural protocols and processes. The three books are broadly referred to as 'healthy skin' books; however, during yarning sessions, the word 'healthy' was not recognised in any of the chosen languages. Yarning with and listening to the translators highlighted the nuances between languages that created a shared dialogue of what healthy skin looked like for each community and how it should be represented in the books. As a result, in Wirrimanu and Billiluna, healthy skin meant 'safe skin' (see Figures 2 and 4), whereas in Mulan, 'good skin' represented healthy skin, as shown in Figure 3. The translators believed these nuances were important considerations for the meaning of healthy skin in the Kutjungka communities. Similar nuances were identified during the development of *Keeping Skin Healthy: A Handbook for Community Care Workers in the Pilbara (2019)*, resulting in the word 'hot' skin being used to identify unhealthy skin (Walker et al., 2019). Challenges arose for the translators, as there was often no way of expressing specific skin health meanings in language. Therefore, the translators believed it was a stronger approach to display both the language and English health terms.

### **Dissemination of Books**

The books were launched in October 2023 on the Kids Research Institute Australia website to extend their reach. Community members requested that the books be further adapted into clinic posters and interactive videos. A *strong skin* book was produced in English for broad use across the Kimberley and Australia. The broad dissemination of these resources resulted in numerous inquiries from end-user healthcare providers in (WA, the NT and Queensland), Aboriginal health research ethics committee members and Aboriginal research governance staff. These inquiries provided opportunities to discuss the development process and to investigate the impact and practical application of these books.

## **Process and Impact Inquiry**

### ***Methods***

A purposive sampling method was used to recruit six participants for this qualitative inquiry. Twelve potential participants were approached to be involved. Initially, eight potential participants responded, however, two potential participants later decided not to be included in the study. The first author conducted semi-structured interviews with the six participants: two were conducted face-to-face, and four were conducted virtually using Microsoft Teams (MS Teams). Interviews ranged from 30 to 90 minutes. Four participants were healthcare practitioners working in the Kimberley and North Queensland regions; two participants worked in Aboriginal health research ethics and research governance. Due to the number of participants, demographic information is not shared here to ensure confidentiality. Participants were allocated a letter (A–F) and assured of confidentiality before providing their informed consent and confirming that discussions could be audio recorded. A handheld device was used to audio record the in person semi-structured interviews. The recordings were transcribed verbatim and identifying information was removed. The semi-structured interviews conducted over MS Teams were recorded using the built-in recording and transcription feature, and all identifying information was removed. Transcripts were offered to all participants for member checking and trustworthiness (Denzin and Lincoln, 2005). A thematic analysis was conducted underpinned by constructivism (Phillips., 1995) that facilitated the triangulation of data (Denzin and Lincoln, 2005). and identified unique perspectives from participants. Coding followed the question guide until data saturation (Guest et al., 2006; Guest et al., 2020) was reached, and no additional potential participants were approached.

## ***Ethics***

This project was approved by the health ethics review committees at the Child and Adolescent Health Service (Approval number RGS0000000584), the Western Australian Aboriginal Health Ethics Committee (Reference number: 819), University of Western Australia (Reference RA/4/20/4123), Catholic Education Western Australia (Reference number: RP2017/57) and Department of Education (Reference number: D18/0281633).

## ***Findings***

Participants were asked specific questions, including: 'What characteristics of the books were important for health communication?', 'How might the books be applied in practice?' and 'Was the development and dissemination process deemed appropriate?' Participants were also asked to provide additional feedback or strategies for future resources. Four themes emerged from the data using the principle of saturation as a foundation (Guest et al., 2006; Guest et al., 2020): (1) strong support for the healthy skin books, (2) sustainability, (3) practical application and (4) best practice for future projects.

### **Theme 1: Strong Support for the Healthy Skin Books.**

The major theme emerging from the data was the strong support for the books from all participants. Participants appeared enthusiastic about the books, presented them at meetings and shared them with colleagues. Participants mentioned the community-led approach and believed this approach is essential in developing health promotion:

I have taken them [the books] back to the [organisation name] and presented them to the staff meeting this morning, and everyone was so passionate and excited about seeing them. They're in the kitchen at the moment for all of the CEO board members to look at them this week. (Participant A)

So having resources in language [to] provide knowledge, and particularly around choice [is good], which is often not presented to families. (Participant B)

So that whole empowerment of our communities to lead, guide, advise your project and bringing the cultural lens to help walk alongside science is fantastic. I think what's often not realised with people is that we've got communities [where] English isn't the first language, that it could be second, third language. And I think that shocks people; that here we are living in Australia and you're going out to an Australian Aboriginal community and 'Oh my goodness, they don't speak English'. I think the whole side around self-determination and making sure that what you produced actually did benefit the community, was fantastic. (Participant C)

So, I actually think they're really, really good. I've got three copies beside me here at the moment. I have shared them with a couple of other coordinators in [organisation] and you know [name] is our new coordinator [who] loves them. (Participant D)

[An] incredible job and I feel like it has been done in a community-led, strengths-based approach, which is essential when you're developing any health promotion resources for this region, especially when you're thinking of it from a sustainability perspective. (Participant E)

They're amazing. I really like them, so I'm excited to use them, especially for our [RHD] program. (Participant F)

## **Theme 2: Sustainability and Longevity.**

Participants working in research ethics and governance supported the legacy of the books for future generations. Aboriginal governance staff believed the books exceeded normal health promotion approaches by including all cultural aspects:

I'm hoping that there might be future engagement within—from a CEO from around the state that would like to create, engage and see what they could do for their community, based upon this project that was co-designed, engaged with artists, with Elders and communities on the process and impact. And that the books are in the library so children can see them for the future. It's not just about now, it's about the future, and—and basically, I hope that the education in the communities lead to children reading them. (Participant A)

[The process] went another step, another big piece that holistically looked at how do you leave a legacy with that community, a lasting legacy with the community. I think that was what I really love about it. So, it wasn't just about going and doing, the health promotion in its normal state; it actually took it another step further that involved all aspects of cultural expectations that we have—it left a legacy as well, which is really important. (Participant C)

## **Theme 3: Practical Application.**

Healthcare practitioners applauded using visuals and language to disseminate messages that could enhance clinical care beyond skin infections and empower community members to make treatment choices. They reported that this has not always been offered in clinical practice:

I think sometimes it's felt to be complicated or confusing to offer choice [for treatment] to people and I think it's empowering, and people getting to actually make that choice around treatment and means they're much more engaged in the treatment and then in the ongoing care and prevention, so I think it's a really valuable thing. (Participant B)

I love the way they're very visual as well. I think you've done a fantastic job. (Participant D)

I do love the language that's being used ... I wish we could do something like [that] instead of just have [region name] wide but having community-specific resources. (Participant E)

I think for us, that main message is that 'sick skin can you make sick[er]' and it doesn't specifically need to—it [could] give you RHD. We're aiming for a broader primordial prevention [with messaging to say] [if] you're keeping skin healthy, it will keep you healthy. (Participant F)

#### **Theme 4: Best Practice for Future Projects.**

The dissemination of skin knowledge, as requested by communities, resulted in these books being well-received and recognised as best practice by ethics and Aboriginal governance staff. This translation approach facilitated reciprocity and opportunities for science to be translated in a way that communities requested rather than focusing on traditional academic publications. A health worker in the Kimberley pointed out that using local custodians and speakers of language was suggested by a Kutjungka community as the preferred method to translate messages in future projects, rather than using interpreting services:

From my perspective as [job title], where the committee wants to see a dissemination plan, they want to see a translation plan, they want to see knowledge transformation, they want to see engagement and how it can be shared with clinicians. I think if I go back and I looked at the project from the start and the sub-studies, to see the dissemination translation into a book is beyond the expectations of when the study started. The impact that it will have going forward in those three communities-if they're taking it across the Kimberley, I think it will have a huge impact. (Participant A)

I think that the booklets apply to how we would like to see research done around translation. To navigate the space that then included art, stories, you know, translation—you know—translating of language, the whole gamut of Aboriginal culture—a cultural lens, plus also bringing the community into your project. I think that's what is missing at times, is that we think about science, we think about traditional metrics, about publications and different things like that, but what we're trying to achieve with [our standards] is saying, 'No you've got to think about what community want'. I think two-way learning is super important. You always want it to be a reciprocated way of doing things, a reciprocal learning. (Participant C)

[In planning our project], our public health physician suggested [we use] the interpreting service; [however], when I was talking to council members [from community], they actually said that there's a couple of people in the community [who could interpret]. (Participant D)

## Discussion

In determining the success factors for effective health promotion in Aboriginal contexts, our research explored the process and impact of Aboriginal community-led healthy skin books created in local languages to translate skin infection messages. These resources have been broadly disseminated, stimulating interest from the health care, research ethics and Aboriginal governance sectors. While the development process spanned four years, this time afforded genuine community engagement and two-way learning partnerships to evolve—both significant factors when working in an Aboriginal context (Dudgeon et al., 2020; D’Antoine et al., 2019; Australian Institute of Aboriginal and Torres Strait Islander Studies, 2020).

Embedding culture and language into health resources is now a high priority and key strategy for the healthcare sector to reduce the ongoing health inequities experienced by Aboriginal and Torres Strait Islander people (Joint Council on Closing the Gap, 2020). End users who applied these resources in the field validated this approach of our study. The significance of key messages translated into local language revitalises traditional languages (Reconciliation Australia, 2019). It can mitigate the risk of miscommunication (Davies et al., 2014, Kerrigan et al., 2021; Ralph et al., 2017) between healthcare practitioners and community members and improve cultural security (Coffin, 2007) in healthcare environments. The use of text and visuals in the books can strengthen understanding among Aboriginal communities of the connection between skin infections and serious diseases such as ARF and RHD, which has not always been well understood (McRae et al., 2023). Furthermore, the different treatment options presented in the books addressed barriers to treatment by offering an opportunity for productive dialogues (Haynes et al., 2022) in health care, ensuring families are empowered to make appropriate treatment choices.

Developing and disseminating these books was an iterative process involving presenting them back to the communities for feedback and confirmation before disseminating them more

broadly. This approach allowed additional community voices to be included, and it highlighted spelling errors. Like COVID-19 resources created in Indigenous languages (Gaborit et al., 2022), these books were adapted from an existing resource (Walker et al., 2019) to ensure consistent messaging and adherence to healthy skin guidelines while remaining unique in their specific language and community context. Community Elders identified language custodians and speakers to translate key messages and, in doing so, facilitated two-way learning partnerships (D'Antoine et al., 2019) with SToP team members to build healthy skin knowledge together. This approach was recognised in our study as a critical factor for disseminating and translating information and sustainability that provides a legacy for the communities.

### **Strengths and Limitations**

The insights from participants in this chapter echoed the feedback from the translators and community members when the books were presented to communities. Unfortunately, clinic presentation data was unavailable to accompany this qualitative inquiry to help determine whether the skin books have enhanced access to clinics and adherence to treatments. Further research investigating clinic presentations for skin infections in these communities is anticipated. A qualitative inquiry exploring whether the books have benefited interrelationships between community members and clinic staff would be valuable.

### **Conclusion**

Providing culturally secure resources created in local Aboriginal languages can mitigate the risk of miscommunication between health practitioners and community members and strengthen the connection to homelands for Aboriginal peoples. It can also empower healthcare workers in providing culturally secure care, as it positions them as learners alongside patients when culture is introduced. This approach can also revitalise traditional languages and enable self-determination for Aboriginal people to make appropriate treatment choices. Consequently,

this may reduce barriers to receiving treatment, given that the BPG injection is not the only option for treating skin sores.

### **Resource Implications**

Employing local language custodians and speakers to translate health messages provides an authentic approach to translating knowledge rather than outsourcing this process to external interpreting services. As a result, nuances between languages and different meanings of words are captured, and language knowledge is held and disseminated by the rightful owners who can guide two-way reciprocal learning opportunities. Our study affirmed the strong Aboriginal leadership from Elders and community members throughout the development and dissemination of these books as best practice for future health promotion initiatives. These books align with recommendations from the literature, including using single Aboriginal words with supporting English text to help communication and improve accessibility for those reclaiming traditional languages. It is anticipated that having these resources available in schools, clinics and communities will help strengthen the understanding of the connection between skin infections and RHD that hasn't always been well understood among Aboriginal communities. Our study reinforces the benefit of practical policies and guidelines for developing Aboriginal and Torres Strait Islander language resources to increase language revitalisation and mitigate language discordance.

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