Evaluation of the Plain English Health Dictionary

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Executive Summary

The Plain English Health Dictionary (PEHD) was developed and published by the NT Aboriginal Interpreter Service (NT AIS) in 2023 by then Training Manager Mandy Ahmat, in collaboration with Menzies School of Health Research and key stakeholders, with funding from NT Primary Healthcare Network (NT PHN). The resource was designed as a training tool and workplace resource for Aboriginal language interpreters and health workers with the aim of improving intercultural communication and cultural safety in health care.

The Communicate Study at Menzies School of Health Research undertook research evaluating the Dictionary to understand its uptake and use, effectiveness in fostering cultural safety, and to identify potential improvements. The evaluation found overwhelmingly positive feedback from interpreters, First Nations health workers and healthcare professionals, with users describing the PEHD as an essential tool that supports clear communication, improves cultural safety, and strengthens intercultural practice in healthcare settings.

Data were collected between February and May 2025 via a mixed-methods approach, including surveys, interviews and feedback workshops. These three strategies were used to obtain data from the following participant groups across the Northern Territory:

1. Aboriginal Interpreters, Aboriginal Liaison Officers and First Nations health workers.
2. Members of the Communicate Study Partnership and stakeholders involved in the development of the resource.
3. Individuals working in client-facing roles in Northern Territory healthcare settings.

The PEHD was found to be in use across hospitals, education and training environments, interpreting practice and non-clinical support services, functioning not only as a reference guide but also as a training and reflective tool that prompts practitioners to simplify language, reduce jargon and practice patient-centred care. However, results also highlighted significant gaps in awareness, access, and uptake across regions and services, alongside a strong desire for structured induction and training, and updated content to ensure the resource continues to meet workforce needs.

This report documents the findings of the evaluation and provides recommendations for the NT AIS to ensure the PEHD can be used to its greatest potential. Adopting these recommendations will support interpreters and healthcare providers to deliver safer, more effective care and ensure the PEHD remains a current, relevant, and well-used resource across the Northern Territory.

Findings

1. Overall satisfaction and utility

2. Barriers to Access and Distribution

3. Need for Formal Training and Induction

4. Contribution to Culturally Safe Practice

Recommendations

1. Update, Enhance & Expand Content

2. Develop Training and Induction Packages

3. Invest in Promotion & Distribution Strategies

Findings

1. Overall Satisfaction and Utility

The resource was very well-received by its users. Survey respondents reported positive experiences using the Plain English Health Dictionary across a range of settings, including hospitals, education, interpreting work, in addition to other social and non-clinical support services. Participants described the Dictionary as "one of the best resources we have," "amazing," and "a great resource to break it down to plain English," noting its utility for clinical and office-based or preparatory work. Several participants highlighted its value as a teaching and training tool, stating they use it with students and have shared copies with clinical trainees who "love it". Practitioners working with clients, including interpreters and those in the NDIS sector, emphasised its usefulness in supporting understanding and communication. The compact A5 format and

accessible layout were also identified as strengths, contributing to a high level of satisfaction and pride in the resource by AIS employees.

Survey respondents rated their preferred format from 1 (favourite) to 5 (least favourite), with 59% indicating the current A5 hard copy format was preferred, followed by an app, pdf copy, website and lastly a podcast. Similarly, throughout the feedback workshops and interviews, many commented that they valued the format of the hard-copy version, but there was a clear mismatch between this preference and everyday practice. Staff noted that carrying a book was not as practical in fast-paced, client-facing settings, and for some communities it is not a normal or culturally aligned way of learning. Several participants suggested that a mobile app or digital version would better support real-time use, while still allowing the diagrams and visual elements they found helpful.

"Many nurses are new to Australia, so they're non-English speakers as well. So I think any of that basic English information, which is available in our Dictionary, is a tool."
– First Nations AIS Staff, Alice Springs

"It's helpful to me...when I'm working at the hospital, how I talk, interpret and then put the words into Yolŋu Matha to interpret it across to the patient."
– Yolŋu NT AIS Interpreter, Darwin

"I think it provides a good guide to what 'simple English' is and an impetus to think about how to explain or describe relevant terms in their specialty."
– Non-Indigenous Doctor, Alice Springs

"Love the diagrams, could have more."
– Non-Indigenous Nurse, Nhulunbuy

"We're not used to carrying around books. It's just the way we live. If we need to learn something, we go to our old people. We ask them... It's mainly spoken. We don't really write much."
– First Nations AIS Staff, Big Rivers Region

"An app would be great, I can't carry the book with me always."
– Non-Indigenous Doctor, Darwin

Almost all participants provided suggestions for improvement across different aspects of the resource. Many survey respondents (predominantly clinicians) requested the development of a more interactive or user-friendly online version, such as an app or webpage, whereas users of the resource from all professions identified the visual diagrams as very useful.

2. Barriers to Access and Distribution

Despite strong endorsement from those who use the resource, the study uncovered significant gaps in awareness and access across regions, service providers, and among relevant stakeholder groups. Participants reported that many staff, particularly locum clinicians and interpreters outside the Darwin region were either unaware that the PEHD existed or had not yet accessed a copy. Many participants perceived inconsistent access pathways for staff depending on their role, employer and place of work, resulting in reduced uptake in settings where the tool may be most needed. Access challenges were further compounded by the physical format, with some staff preferring a digital or app-based version to support mobility and ease of use.

"What we're finding is that some of our interpreters haven't even seen the Dictionary or haven't even looked in it."
– First Nations AIS Staff, Darwin

"Staff are feeling like anyone outside Darwin doesn't get access to the same quality of training, exposure to opportunities as those who arguably need it more."
– Non-Indigenous Nurse Educator, Katherine

3. Need for Formal Training and Induction

A consistent theme that emerged was the request for formal induction and ongoing training to maximise the PEHD's value. Staff identified that while the resource is of high quality, its impact is contingent on users understanding how to integrate it into everyday practice. Participants expressed interest in dedicated training, practical demonstrations, and opportunities to practise using plain English terminology. Several noted that a coordinated induction package would improve ownership of the resource, and ensure that all new health workers, including interpreters, clinicians and other client-facing staff are familiar with the tool from the outset. Without structured training, uptake continues to be variable and dependent on individual initiative, rather than embedded organisational practice.

"If there was a dedicated induction package or in-service, not just 'here's 20 books', people would then have a bit of ownership of it."
– First Nations AIS Staff, Big Rivers Region

"I'd like to see more training on how to use it."
– Non-Indigenous Nurse, Nhulunbuy

"All health workers should be across this resource before they start with NT Health."
– *Non-Indigenous* Nurse, Nhulunbuy

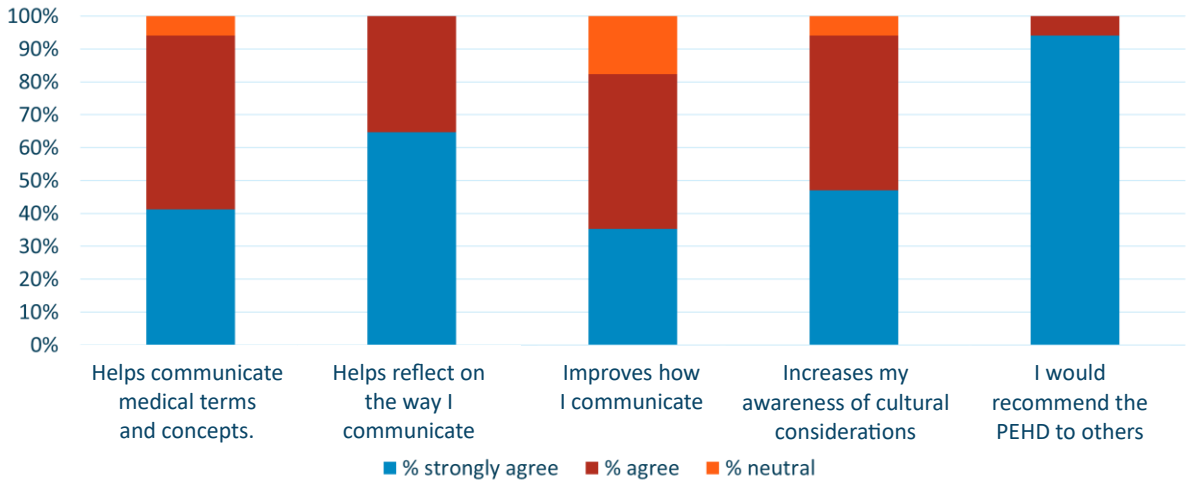
"It's a good resource if they know how to use it."
– First Nations AIS Staff, Darwin

"In the service delivery of the Working with Interpreter Training sessions... *it's kind of a light bulb moment. They're like 'oh, we didn't know this resource existed!'. It would be so helpful to have from the start."*
– First Nations AIS Staff, Alice Springs

4. Contribution to Culturally Safe Practice

This research highlighted that the PEHD functions not only as a reference tool, but also as a prompt for reflective practice and culturally safe communication. Users described the Dictionary as a "bridge", reinforcing the importance of language and encouraging practitioners to simplify terminology, use visual aids, and pause to consider whether concepts are being conveyed effectively. Several respondents described changes in their communication habits after exposure to the resource, including increased awareness of jargon and greater consideration of patient comprehension when interpreters are not present. The Dictionary was also recognised for supporting shifts in the user mindset, acting as a reminder of the central role that clear, plain English communication plays in safe and effective delivery of care.

Figure 1: Survey responses about the PEHD on a 5-point Likert scale



Recommendations

1. Update, Enhance & Expand Content

A comprehensive update of the PEHD is imperative to ensure the resource remains accurate, relevant, and easy to use. Participants identified a wide but consistent range of revisions to the Dictionary's content required to bring it in line with current evidence, information and best practice. Structural enhancements were also commonly requested, relating to the layout of dictionary entries and diagram labels. Additional recommendations include the creation of a new section on medical prefixes and suffixes, the development of new fact sheets on *palliative care* and *risk,* and other minor layout adjustments to support better readability and user experience. The development of a dedicated website or app was also frequently suggested for a more user-friendly digital format that aligns with workforce needs, which could be considered with a much greater allocation of resources.

2. Develop Training and Induction Packages

To strengthen workforce capacity and support consistent and confident use of the PEHD, a suite of induction and training activities is proposed. This should include the integration of a dedicated module into NT AIS Interpreter Health Training to introduce the resource and provide practical learning opportunities for staff early in their interpreting career, alongside professional development sessions designed for interpreters and First Nations health workers, previously piloted in the Health Education two-way learning sessions run by NT Health. Concurrently, an in-service training package should be developed for health professionals, offering introductory guidance and recommendations to improve communication in clinical practice, potentially supported and/or delivered in collaboration with Menzies and NT Health. To ensure equity of access, pre-recorded presentations should be made available for staff outside the stakeholder service areas, and the Dictionary embedded in Working with Interpreter Training (WWIT) sessions. Finally, establishing a formal system to order the book would allow uptake to be monitored, and ensure that those seeking out the resource are guided through appropriate induction pathways.

3. Invest in Promotion & Distribution Strategies

A targeted marketing strategy with corresponding and reliable acquisition channels could address well documented gaps in awareness and access to the PEHD across the NT health sector. Although feedback shows that users strongly value the resource, many staff remain unaware of its existence, how to obtain it, or how to use it effectively. A marketing approach could position the PEHD as a potential income stream for NT AIS, while leveraging existing initiatives–such as WWITs and NT Health's Aboriginal Cultural Awareness Program to extend its reach. Improving web-based access, including updating the PDF to enable search functionality, would further support its promotional capacity.

Challenges

A key challenge identified through the evaluation is securing sustainable funding to implement the recommendations. While the PEHD is widely regarded as a high-impact and cost-effective resource, NT AIS continues to operate within constrained budgets and competing priorities, limiting its capacity to progress enhancements without external support.

To combat this, supplementary funding streams should be explored, such as philanthropic funding and small grant programs like those offered by NT Primary Health Network (NT PHN) and the National Indigenous Australians Agency (NIAA). Securing a modest grant would enable the recommended updates to be actioned, including content revisions, development of induction and training materials, and improved promotion and distribution strategies.

Should funding not be secured, consideration could be given to alternative governance arrangements to ensure the PEHD can achieve its intended impact. One potential option as raised in preliminary discussions with AIS staff is the transfer of stewardship of the resource to an organisation able to manage orders, sales and updates (e.g. CARPA, NTPHN, Menzies, Flinders) who may have existing expertise, infrastructure and capacity to take on the Dictionary. While this resource is best situated and managed within the institution it was conceived (NT AIS), this could help to address internal capacity challenges while safeguarding the resource's longevity, relevance and reach, and ensure continued benefit to interpreters, healthcare providers and First Nations people accessing health services.

Risks

Failure to update the Plain English Health Dictionary or provide the required support mechanisms, presents a significant opportunity cost to the NT health system. Without continued investment, the resource risks becoming outdated and no longer aligned with current best practice, reducing its credibility and usefulness over time. The absence of formal training and induction limits consistent uptake and effective use, placing the onus on individual initiative in an already very resource-strained environment, rather than embedding the PEHD into standard practice. This will continue to disadvantage interpreters, who rely on tools and training to support a complex operational context, as well as to healthcare providers, who may miss opportunities to improve their practise of culturally safe and patient-centred care through improved application of plain English.

Conclusion

This evaluation revealed that the Plain English Health Dictionary is a highly valued and effective resource that supports interpreters and healthcare providers to communicate more clearly and consequently deliver culturally safe care. To maintain and build on its impact, targeted updates, structured training, and improved promotion are required. Investment in the ongoing development of the PEHD will ensure it remains relevant, accessible and embedded in practice, delivering lasting benefits for the health workforce and for First Nations people accessing healthcare across the Northern Territory.