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Australasian Psychiatry
Publication details, including instructions for authors and subscription information:
http://www.informaworld.com/smpp/title~content=t768481833

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Online Publication Date: 01 August 2009

To cite this Article The HITnet team, Cattoni, Jan, Gamble, Lucinda, Gibson, Julie, Hunter, Ernest, Jones, Anita, Mitchell, Sarah, Pelham, Steven, Smith, Rakana and Travers, Helen(2009)'Out of a digital chrysalis: NIHNMF (pronounced nymph-the National Indigenous Health and New Media Forum)',Australasian Psychiatry,17:1,S159 — S162

To link to this Article: DOI: 10.1080/10398560902948514

URL: http://dx.doi.org/10.1080/10398560902948514

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CREATIVITY: NEW MEDIA

Out of a digital chrysalis: NIHNMF (pronounced *nymph*–the National Indigenous Health and New Media Forum)

The HITnet team: Jan Cattoni, Lucinda Gamble, Julie Gibson, Ernest Hunter, Anita Jones, Sarah Mitchell, Steven Pelham, Rakana Smith and Helen Travers

In conjunction with the Creating Futures conference, the inaugural meeting of the National Indigenous Health and New Media Forum (NIHNMF – pronounced as 'nymph') was held at the Tanks Gallery in Cairns, Queensland, Australia. This paper describes the background to this innovative meeting of media minds. It also explores an emerging vision for addressing Indigenous health disparities through digital inclusion to overcome the 'digital divide' between mainstream and Indigenous Australians that constrains the delivery of appropriate health promotion to this health priority population.

Key words: *Aboriginal, creativity, health promotion, Indigenous, new media.*

In the face of the persistent health gap experienced by Indigenous Australians[1] there has been much attention given to the interplay of historical and social determinants.[2] With the contribution of the disproportionate burden of chronic diseases resulting from lives spent coping with social disadvantage, health promotion has been and remains a major challenge, particularly when the social context remains, intransigently, unchanged.[3] Compounding that situation, failed education[4] (and its consequences in terms of digital competence and access – the 'digital divide'[5]) marginalizes Indigenous Australians in what is increasingly recognized as a knowledge economy (and in a society that has, for political purposes, been represented as a 'knowledge nation').

These are related issues; while health promotion in the wider Australian society is increasingly (and eagerly) building on the opportunities offered by information and communication technologies (ICT), health promotion for Indigenous Australians – that is, those Australians most in need of effective health promotion – remains stuck, technically and practically, at the level of posters and flipcharts. That sad reality is not for lack of imagination, creativity or enthusiasm but, rather, reflects the paucity of investment in innovative and cutting edge approaches, and the relative isolation of ICT and multimedia 'creatives' working in this field. Perforce working apart, there has, to date, been no opportunity to develop a 'community of practice', which Wenger[6] defines as: ''groups of people who share a passion for something that they know how to do, and who interact regularly in order to learn how to do it better'' (p. 2). However drawn together (in place or virtually), the potential of such a community is not about 'commonality' narrowly defined, but about the strengths and opportunities that flow from embracing diversity and difference towards common purpose. The National Indigenous Health and New Media Forum seeks to create such a community of practice.

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doi: 10.1080/10398560902948514
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BACKGROUND AND OBJECTIVES

NIHNMF gradually developed as an idea over a period of 3 years, funds having been sought (unsuccessfully) to run the forum in conjunction with the 2006 *Creating Futures* conference. The original motivation came from experiences within the HITnet[7] initiative based in Cairns. In the course of developing both content and a delivery network (in this case via touchscreens) it became clear that there are a range of relevant activities ongoing through Indigenous health and Indigenous media practitioners and organizations across the country, often harnessing creativity under difficult financial and operational circumstances. Commonly, these groups and individuals work in relative isolation, little aware of similar or potentially enhancing activities elsewhere. The possibility for shared resources, cross-fertilization of ideas and exchange of expertise is manifestly untapped and, consequently, opportunities and synergies lost.

With this in mind, following the failed attempt to secure funding in 2006, a reconfigured proposal was developed and, ultimately, supported through the Office for Aboriginal and Torres Strait Islander Health (DoHA), with the following identified objectives:

- to provide a setting to demonstrate and share cutting edge developments in health promotion, innovative new media and its distribution platforms;
- to establish relationships and partnerships that will enable the integration of Indigenous health content into media outlets and other new delivery platforms;
- to initiate the formation of a national network.

Through the planning process, key players in the fields of Indigenous health, software development, Indigenous media, interactive media and those working in crossovers of these areas were identified through existing contacts and a 'snowball' approach. As the structure for the inaugural NIHNMF meeting developed it was decided that these 'inner circle practitioners' would provide the core material for the forum. In addition, a wider group of 'experts' drawn from academia, business and Government were also identified, forming an 'outer circle' reflecting a range of institutional investments and broader expertise.

The forum utilized a facilitated dialogue format with three discussion areas: (i) content production; (ii) software and other application development; and (iii) delivery platforms. It was planned that in each of these areas there would be three presentations followed by an 'inner circle' discussion among those working in that domain, with 'outer circle' members invited to contribute overview and 'external' reflections during the final session of the day. As it transpired, this planned structure for the forum gave way to broad and inclusive discussion around each of the nine presentations.

PARTICIPANTS AND PROCESS

Forty-nine delegates participated in NIHNMF (see list of attending organizations at the end of this article) of whom seven (15%) represented government health services, four (8%) community controlled services, with the remainder coming from a range of media and academic organizations. Nineteen (40%) identified as being primarily within the health sector, 21 (44%) in media and seven (15%) in other areas (including entrepreneurial consultants, archivists and students). In terms of the three thematic streams within NIHNMF, 38 (79%) indicated interest in content production, 23 (48%) in the applications and uses of digital multimedia, and 32 (67%) in delivery platforms (mainstream media, touchscreens, interactive DVD, mobile phone and web-based technologies).

With this diversity of interest and expertise, the discussions were, necessarily, broad ranging, supporting the desired outcomes in relation to product/project exposure and network formation. While these objectives were visibly being met, what was less clear, given the diversity of issues and opinions, was what the purpose and expected outcomes of a formal network would be: As one participant asked: ''How do we support our differences and uniqueness as 'creatives' while growing our mutual capacities to support social goals?''.

This rhetorical question stimulated comments from the 'outer circle' observers. A health sector public servant commented that a common government departmental response to a pressing issue/problem is to define a 'solution' that is, typically, a service or a product, and then call for open tenders – this being equally the case when the 'solution' demands innovation. As a consequence, the space for imagination and creativity in this process is at the level of developing the product rather than defining a solution. Such constraints on creativity are compounded by the tendency for 'creatives' in this field to work in relative isolation – and frequently in competition for very limited resources. Various 'inner circle' delegates supported this perspective and noted its impact in terms of muting creative potential.

A proposed response to this drew on the current debates within ICT circles regarding the development of 'cloud computing'[8] capacity, whereby the applications and data that drive computer-based activities shift from the users' computers to next-generation data centres, with consumers able ''to access applications and data from a 'cloud' anywhere in the world on demand. In other words, the Cloud appears to be a single point of access for all the computing needs of consumers'' (p. 2). With NIHNMF in mind, the analogy of 'cloud creativity' was proposed, with consumers (health promotion planners and practitioners) able to access a virtual network of shared creative expertise to generate solutions to health promotion challenges (rather than, as is the general case now, developing

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products 'in-house' in response to pre-determined 'solutions').

A further opportunity raised by the potential of ICT is to shift from a traditional, unidirectional, individual-focused health promotion approach (populations being groups of target individuals to whom information is provided) to health promotion more attuned to the dynamics (and possible outcomes) of complex social systems. Baldwin (a participant in NIHNMF and a contributor to this Special Supplement) has commented on this in relation to health promotion in developing countries:

> It is widely argued that one-way dissemination of health information is only a first step toward behaviour change... Models... assume illness prevention functions at the level of individual decision-making in a controllable setting. By contrast, many health issues in the developing world are driven by economic realities and complex geopolitical and cultural dynamics.[9]

Among those realities and dynamics relevant to disadvantaged populations are participation and representation. A delegate from the Kimberley spoke of the transformative experience of participating as an actor and of pride in the representations so produced. Recognizing these collateral outcomes, the producers of this particular resource (*Kaiyai Girl*, a sexual health interactive DVD and touchscreen module produced by HITnet in Broome) now create a documentary of the production which serves to provide feedback to the source community, to inform other potential collaboration organizations and sites of the process, and as a contribution to evaluation. Indeed, one academic delegate expanded on the evaluation challenges of new media health promotion, noting that given the potential for unanticipated consequences, it was critical to consider both intended and unintended outcomes, that the impacts on both the ultimate recipients/users, and those involved in production should be considered, and that comprehensive evaluation should be undertaken in both the immediate and longer term.

In the course of the forum many other challenges were raised including (by a representative of Access Arts – the peak arts organization working with people living with disabilities) that of ensuring consideration is given to the needs of disabled recipients/users. With some 20% of the mainstream and 40% of Aboriginal and Torres Strait Islander Australians living with a disability, this is, clearly, a critical issue. That there was much else raised and discussed by delegates, far more than can be considered in this overview, indicates the enthusiasm generated by this meeting of creative minds, the richness of creative potential, and the range of obstacles that constrain that potential.

DIRECTIONS

By bringing NIHNMF participants together the first two of the three identified goals were met. Delegates spoke of having been exposed to initiatives of which they were not aware and of obvious synergies that would flow from relationships formed. NIHNMF also introduced the possibility of harnessing creative diversity and optimizing health promotion potential through engaging creatives in developing solutions rather than simply producing products. While mechanisms to bring that about were not identified, almost all delegates indicated support for a vehicle that would allow the relationships developed at NIHNMF to be continued and expanded. While it remains to be seen how that is brought about, the convenors of NIHNMF are committed that now that NIHNMF has emerged from the chrysalis – it will not return to hiding. Stay tuned.

ATTENDING ORGANIZATIONS

Organizations represented at the forum were (in alphabetical order): Access Arts (Brisbane), Australian Centre for Interactive Design (Brisbane), Australian National University (Canberra), Blackvine (Cairns), Department of Health and Ageing – Office for Aboriginal and Torres Strait Islander Health (Canberra), Australian Indigenous Health Infonet (Perth), Carbon Media (Brisbane), Centre for Rural and Remote Mental Health – Queensland (Cairns), CRC for Aboriginal Health (Darwin), General Practice Northern Territory Network (Alice Springs), Goolarri Media (Broome), HITnet (Cairns), Indigenous Community Television Ltd (Alice Springs), Indigenous Remote Communications Association (Alice Springs), James Cook University (Cairns), Kulunga Research Network (Perth), Modern Dreamtime Dancers (Broome), National Indigenous Television (Sydney), NPY Women's Council (Alice Springs), PAW Media (Lajamanu), Realworld Consulting (Brisbane), Redbean Learning Solutions (Byron Bay), Smart.LIT.connect (Cairns), SpeakOut (Brisbane), Styling Up (Brisbane), Queensland Aboriginal Media Aboriginal Corporation (Atherton), Queensland Health – Tropical Public Health Unit and the Mental Health Branch (Cairns), Queensland Remote Aboriginal Media (Cairns), Queensland University of Technology – Creative Industries (Brisbane), State Library of Queensland (Atherton), The University of Queensland (Cairns), The University of Melbourne – Koori Health Unit, Centre for Excellence in Indigenous Tobacco Control (Melbourne), University of Sydney – Northern Rivers Department of Rural Health (Lismore), University of Technology (Sydney), Visual Obsession (Cairns), Woorabinda Aboriginal Shire Council (Woorabinda), and Workstar (Brisbane).

REFERENCES

1. Anderson I, Crengle S, Kamaka ML, Chen TH, Palafox N, Jackson-Pulver L. Indigenous health in Australia, New Zealand, and the Pacific. *Lancet* 2006; **367**: 1775–1785.
2. Commission on Social Determinants of Health. *Social Determinants and Indigenous Health: The International Experience and its Policy Implications. Report on the International Symposium on Social Determinants of Indigenous Health, Adelaide, 29–30 April 2007*. Darwin: Commission on Social Determinants of Health, 2007.

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3. Hunter E, Garvey D. Indigenous mental health promotion: Mind over matter? *Health Promotion Journal of Australia* 1998; **8**: 4–11.

4. Hunter E. *Back to Redfern: Autonomy and the 'middle E' in relation to Aboriginal health. Discussion Paper Number 18.* Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies, 2006.

5. Daly AE. *Bridging the Digital Divide: The Role of Community Online Access Centres in Indigenous communities. Discussion Paper No. 273/2005.* Canberra: Centre for Aboriginal Economic Policy Research, Australian National University, 2005.

6. Wenger E. Knowledge management as a doughnut: Shaping your knowledge strategy through communities of practice. *Ivey Business Journal* 2004; **68**: 1–8.

7. Hunter E, Travers H, Gibson J, Campion J. Bridging the triple divide: Performance and innovative multimedia in the service of behavioural health change in remote Indigenous settings. *Australasian Psychiatry* 2007; **15** (Suppl.): S44–S48.

8. Buyya R Yeo C Venugopal S. *Market-oriented Cloud Computing: Vision, Hype and Reality for Delivering IT Services as Computing Utilities.* Melbourne: Grid Computing and Distributed Systems Laboratory, Department of Computer Science and Software Engineering, The University of Melbourne, 2008. Available from URL: http://arxiv.org/ftp/arxiv/papers/0808/0808.3558.pdf

9. Baldwin A. Applied theatre: Performing the future. *Australasian Psychiatry* 2009; **17** (Suppl.): S133–S136.

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