



SMART BUSINESS PROFILE

HITnet

Health Interactive Technology Network

By Paul McKey

In the geographically and digitally remote areas of Australia's Cape York Peninsula it is both a challenge and a small victory to get your message across.

Add to those handicaps a target audience that suffers from poor literacy and a key message focussed on sexual health and substance abuse, neither overly popular topics for teenagers, and it is just short of amazing how successful one group has been doing.

The Health Information and Technology network, or HITnet, was established in 2001 to deliver just those tough messages to that tough audience in one of the toughest environments on earth. How they have done it and the successes they have had are a compelling story.

Dr Ernest Hunter, the resident psychiatrist with the Queensland Health department has a territory that covers an area, north and west of his base in Cairns, of some 120,000 square kilometres or half the size of the United Kingdom. After 15 years in the position he is well known and respected in his role and for his advocacy for the well being of the

indigenous Aboriginal and Torres Strait Islander people who populate the cape.

Concerned that indigenous health and well being was going backwards on every score, and health information in particular was not getting through, Hunter considered how he might improve the quality and effectiveness of the health information reaching Indigenous youth.

Joining minds with Helen Travers, an equally passionate campaigner for improving indigenous health, they together considered how could they improve both the reach and effectiveness of health information.

The majority of the indigenous population live in communities scattered around the coast of the cape. Roads are impassable for many months of the year during the wet season so air travel is widely used and boats are common form of transport throughout the Torres Strait Islands.

Visitors are few and far between except for the increasing 'frontier' tourists who are prepared to face some hardship for the reward of a unique and beautiful wilderness. Ranging from tropical rainforest edging on to golden beaches and waters inside the Great Barrier Reef right through to dry and sparse savannah country teeming with wildlife.

It was in this 'idyllic' setting that some of Australia's poorest health outcomes resided. One leading activist and respected leader in the community, Noel Pearson, referred to these communities as 'outback ghettos' compromised in terms of health, education status and electronic engagement with a globalised world".

Telecommunications were not totally lacking in this wilderness. By the end of the nineties most communities had either cable or satellite connections that provided both television and basic Internet access. Yet poor literacy and lack of equipment and skills again frustrated early attempts to utilise this new medium.

It was into this backdrop that Hunter and Travers ventured with HITnet.

What if they could overcome the distance, the literacy and the ineffectiveness of the standard glossy health brochures? Would they see an improvement in well being, a reduction in sexually transmitted diseases, less substance abuse? Education was the key but what was its form?

Backed with scant government funding yet some strong support from influential individuals they set about tackling these issues in a pragmatic way.

Any education 'system' would need to be easy to use, rugged and almost maintenance free yet still capable of getting both complex and culturally sensitive messages across.

Back in mainstream Australia interactive educational content had been developing in both schools and universities. Mainly delivered via high end computers to an experienced audience, even at primary school level, via high speed networks, the majority of this material was not suited for their purpose. In remote communities computers and the alien QWERTY keyboard were actually further impediments to ease of use.

Working with instructional designers they set about considering content that would 'work' for their audience in their environment. Two things had to change to tackle the literacy issue. One was a shift from words to images and the second was a shift to touch-screen technology.

HITnet's first attempts on both fronts were, of their own admittance, crude and clunky. Stilted images, still too much text and still too much 'government-speak' in the message. Yet it gave them hope that they were on to something. The evolution of the kiosks since those early days has just been one of continuous improvement on all fronts.

The message evolved from standalone text to both audio and text, some of it in local language. The government-speak was replaced with real stories and scenarios, much of it sourced from indigenous stories. The images were replaced with video, initially high end production, done outside the community. Now more often the video is just-enough-quality scripted, shot and edited in the community which further develops local skills and talent.

The kiosks themselves continually evolve using low-cost technology such as the Apple Mac-Mini to provide just-enough computing power. And now that network, with the addition of some custom software, can be utilised to manage and maintain the kiosks from Cairns despite the fact that they reside in over thirty locations throughout Australia.

And the outcomes? Finally indigenous youth in the remote Australia is getting timely and relevant health messages that is in early evaluation is being shown to have an impact.

Not only is health literacy increasing but also the participation in the associated health programs is on the increase.

The Future

So from a start eight years ago with two stand-alone kiosks HITnet is now a dynamic national network of 35 health education portals and growing.

HITnet's goals are to continue to innovate and build on its success in addressing the critical challenges of Indigenous health. Soon HITnet intends to expand and incorporate these new approaches to address the broader social issues confronted by Indigenous Australians.

Travers says it will extend its current activities in terms of content and geographical reach nationally, continuing to utilise new delivery platforms and community involvement. This growth will be supported by research capacities that will ensure the growth of an evidence base for the effective use of IT and new media in this national priority area.

Around the world

In addition she says an Australian model could provide the foundation for HITnet to expand internationally, creating new opportunities for disadvantaged people to engage and take control of their health in a globalised world, so that:

- Indigenous groups are preserving and celebrating their own culture – a critical foundation of well-being;
- People are confidently creating their own learning experiences in an interactive digital world;
- Meaningful, rewarding jobs are being created in the process;
- The HITnet portal connects cultures and communities to mainstream media
- Indigenous nations worldwide come together in a contemporary space that respects, and enables traditional creativity.

HITnet is not constrained by ideas, energy or technical challenges. Hunter and Travers are enthusiastic and passionate about the opportunities for this organisation.

Nor is it limited by a lack of interest from communities, or organisations keen to utilise the platform to promote specific health issues. In fact, the system expansion may be likened to a small-scale internet boom, the potential of which is only limited by imagination – and developing the infrastructure to support it. This is HITnet's biggest immediate need.

For more information about HITnet go to :

www.hitnet.com.au