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Decolonising health promotion in an Indigenous context: Deadly Choices using a strengths-based approach to empower Indigenous people to become health promoters themselves.

Nina Maher

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Supervisor: Fanny Christou

Abstract

This Degree Project studies health promotion and strengths-based approaches in an Indigenous Australian context. The study focuses on an Indigenous Australian organisation called the Deadly Choices and their health-related promotion. The study is informed by postcolonial theory as well as cultural identity theory, and it was conducted through a textual analysis by analysing Deadly Choices' Facebook posts and Twitter tweets both qualitatively and quantitatively. The study set out to determine what kind of features and what style language could contribute to the notion of a strengths-based approach and thus could empower Indigenous people to become change agents themselves.

The aim of the study was to understand if there are certain repetitive, identifiable features that construct the basis for a strengths-based approach and thus contribute to the matters of empowerment and decolonising health promotion in the context of Deadly Choices. In total 151 samples were analysed. I was able to conclude that Deadly Choices uses a strengths-based approach to an extent, but they tend to focus on only the resilience approach rather than the more prominent sociocultural approach.

Key words: *Indigenous health, health promotion, strengths-based approach, empowerment, decolonisation*

Table of contents

1 Introduction

The term ‘strength’ can mean many things depending on your cultural background and the way you perceive the world. In Australia, Indigenous health promotion often uses a strengths-based approach when targeting health related campaigns to Indigenous Australians. This occurs so often that the concept of ‘strength’ is actually more frequently employed in the Australian context that anywhere else (Bryant, et al., 2021, p. 1408). In this Degree Project I will study health promotion and strengths-based approaches in an Indigenous Australian context.

There is a growing literature of studies involving Indigenous people and health, including health promotion and strengths-based approaches, but most studies tend to look at either the resulting behavioural change or the use of social networking sites for health promotion purposes. I intend to bring something new to the table by focusing on the content of health promotion discourse and concluding what aspects contribute to the creation of a strengths-based approach.

More specifically, the study focuses on an Indigenous Australian organisation called the Deadly Choices and their health-related promotion. The organisation aims to empower Aboriginal and Torres Strait Islanders to make healthy choices in their everyday life. Within the health promotion community, they are one of Australia’s most recognizable Aboriginal and Torres Strait Islander brands and known for using a strengths-based approach to empower Indigenous people to become health promoters themselves (Carson, 2020). A strengths-based approach will be discussed in length later in this study but in summary it is an approach that employs a use of positive language to help overcome issues instead of focusing on the paradigm that exclusively focuses on a problem (Fogarty, et al., 2018).

In this study, I will be using the term *Indigenous* to refer to both Aboriginal and Torres Strait Islanders. The term Indigenous has reference to peoples who were neither

sovereign unto themselves nor nationals of the colonising state: It recognises the shared history that includes loss of land and culture (Niezen, 2003, pp. 37-38).

Through textual analysis, I will analyse a selection of Deadly Choices' Facebook posts and Twitter tweets to determine what kind of features and what style language could contribute to the notion of a strengths-based approach and thus may empower Indigenous people to become change agents themselves. My aim is to understand if there are certain repetitive, identifiable features that construct the basis for a strengths-based approach and thus contribute to the matters of empowerment and decolonising health promotion in the context of Deadly Choices. Therefore, I aim at analysing their Facebook and Twitter content to determine if I can distinguish such features. In other words, I am interested in broadening the understanding of what kind of a content, including the language used, is considered a strengths-based approach.

I will not aim at studying the impact of these posts, i.e. the social change or individual behavioural change, but instead focus solely on the characteristics reflecting the strengths-based approach within the content. I am not trying to understand the behavioural change the organisation aims at achieving through their communication but rather the nature of their communication.

1.1 Research questions

The main research question that I seek to find an answer to is

> **To what extent is the strengths-based approach applied to empower Indigenous people to become health promoters themselves in the context of decolonising health promotion?**

To support the main research question, I will also answer to two sub questions. The aim of these sub questions is to look at the strengths-based approach in more detail to determine repetitive and identifiable features within the text as well as consider the topic from a larger point of view by discussing the implications of strengths-based approach within the context of the study. The two sub questions are:

> **How does the strengths-based approach manifest itself in the Deadly Choices social media communication?**

> **How does the strengths-based approach contribute to empowerment and to the practice of decolonizing health promotion in Indigenous context?**

1.2 Indigenous health in Australia

There were 798.400 people who identified as an Aboriginal or a Torres Strait Islander in Australia in 2016, which equals approximately 3.3 % of the whole population of Australia (Australian Bureau of Statistics, 2018). Nearly half (46 %) of the Aboriginal and Torres Strait Islander population in Australia have one or more chronic health conditions, such as pulmonary disease, diabetes, heart or kidney disease. These long-term health conditions contribute to premature mortality and morbidity, and people diagnosed with chronic illnesses often have complex health needs and a poorer quality of life. (Australian Bureau of Statistics, 2019).

However, the health system in Australia has been strongly entangled with the politics of White Australian identity. The health system was designed to protect the White Australians, and the interest in Indigenous health was derived only from the fear of Indigenous people spreading diseases among the White Australians. (McPhail-Bell, 2015, pp. 27-28). As Bryant et al. summarised, "Health research concerning Indigenous peoples has been strongly characterised by deficit discourse—a 'mode of thinking' that is overly focused on risk behaviours and problems." (2021, p. 1405). The Indigenous people were seen as the polluted Other (Brough 2001, in McPhail) and the public health considered them as something that needs to be contained – not treated. (McPhail-Bell, 2015, pp. 27-28).

In Australia, health policy is generally focused on individualised strategies that focus on illness and behaviour. Wellness is often described through biomedical terms, i.e. wellbeing equals the absence of illness or it has to do with an individual changing their

behaviour to adopt a healthier lifestyle (Shakespeare, et al., 2020, p. 672). Health promotion initiatives both in non-Indigenous and Indigenous contexts often revolve around a key message that is about a specific problematic behaviour, such as smoking, alcohol or immunisations. (Brough, et al., 2004, p. 216). Health policy has been commonly used as a form of control over Indigenous people. (McPhail-Bell, 2015, pp. 27-28).

1.3 Introducing Deadly Choices

Deadly Choices is an Indigenous led health promotion initiative of the Institute of Urban Health (IUIH) in Queensland, Australia. The initiative comprises of social marketing campaigns that include tobacco cessation programs, community events, sport and recreation, education and cooking programs and leadership camps. Deadly Choices aims to empower Aboriginal and Torres Strait Islander peoples to make healthy choices for themselves and their families. The name of the initiative, "Deadly Choices", refers to an Aboriginal way of saying that something is great. In other words, a deadly choice is a good choice. (Deadly Choices, 2018a).

The initiative has been running over 12 years and it is regarded as Australia's most recognised Indigenous-owned and Indigenous-created brand (Deadly Choices, 2018b). At the core of Deadly Choices is to support people to make healthy choices, i.e. encouraging Indigenous communities to take responsibility for their own health. They want to spread the concept of prevention being better than cure, meaning they are working towards normalising regular doctor's visits to prevent any potential health issues. (Deadly Choices, 2018c).

A strengths-based approach plays a vital role in their work. It is an approach that intends to combat the deficit focused discourse surrounding Indigenous people by looking beyond the problem focused narrative (Fogarty, et al., 2018, p. 9). The concept will be discussed in length in the following chapter.

Social media, including Facebook, Twitter, Instagram and YouTube are their main channels of communication, in addition to their website and face-to-face community

events and presence. In this study I will focus on their Facebook and Twitter feed where, at the time of this study, they have 104,251 followers in the former (Deadly Choices, 2022a) and 7,167 followers in the latter (Deadly Choices, 2022b). I will analyse posts that have reference to health or health prevention and exclude posts and tweets that are of administrative matter or a sports update.

1.4 Brief introduction to the theoretical framework and research design

This study is informed by postcolonial theory as well as cultural identity theory. These theories were chosen because postcolonial theory acknowledges that the ongoing inequities in health and social status among Indigenous people are a legacy of the colonial past (Browne, et al., 2005, p. 18). In addition to this, identity and identity-based movements are considered as powerful concepts that support individual and collective senses of self within minority populations when combatting the legacy of the colonial history. (Urrieta, 2018, p. 16).

The research is conducted as a textual analysis, collecting data from Deadly Choices Facebook and Twitter pages, analysing it both qualitatively and quantitatively.

1.5 Outline of the empirical data and key findings

The empirical data consists of 151 samples of Deadly Choices Facebook posts and Twitter tweets from the period of 1 January 2022 until 1 April 2022 (inclusive). The data was collected via NCapture and by taking screenshots and importing them into NVivo. Health related themes were identified from the samples, and these themes were contrasted against Bryant et al.'s categorisation of three different strengths-based approaches, i.e. the 'resilience' approach, the 'social-ecological' approach and the 'sociocultural' approach.

The key findings include that Deadly Choices uses a strengths-based approach, however most of the communication falls into the 'resilience' category by Bryant et al. This category focuses on the individual and individual's role in health and wellbeing but does not take into account structural matters or Indigenous knowledge. However, a significant portion of Deadly Choices communication falls into the sociocultural approach which includes notions of shared identities, relationships and worldviews. This shows that the organisation is indeed capable of considering the broader view that looks at Indigenous ways of being and knowing, which then leads to a knowledge-building process that is a central task of the process of decolonisation. (Nakata, 2012, in Bryant, et al., 2021, p. 1415).

2 Literature Review

This literature review is driven by guiding questions of how and to what extent Indigenous health promotion differs from the white Australian health promotion as well as how should health promotion be done in order for it to take into account Indigenous perspectives. With the help of these notions, I aim at laying some ground to help analyse the collected data and to provide answers to my research questions. I aim at contributing to the existing literature by contrasting a real-life example to the theory on strengths-based approaches in order to better understand how these approaches can be used in the most prominent way.

In this chapter, I will discuss key aspects of Indigenous health promotion in Australia as well as introduce the concept of strengths-based approaches and the use of social media in health promotion.

2.1 Indigenous health promotion in Australia

According to McPhail-Bell (2015, p. 1), Australia is globally regarded as a leader in health promotion but despite this, Indigenous Australians continue to experience major disadvantage with significantly lower life expectancies for both males and females compared to their non-Indigenous counterparts. To compare this in an international context: Indigenous and non-Indigenous people in New Zealand, Canada and the United States of America do not have such a great health gap (McPhail-Bell, 2015, p. 2). In fact, the health of Indigenous Australians is far worse than of those

Indigenous people living in the countries listed above, and this is directly linked to the history of harmful policy in Australia (Sherwood, 2013, p. 31). The Indigenous affairs and in particular Indigenous health matters in Australia are indeed coloured by multiple political, social, and historical forces. In order to understand why certain barriers exist for Indigenous people accessing health care, one must first have an idea about the complex political landscape – It is not a coincidence that Aboriginal and Torres Strait Islanders have a life expectancy of 10 years less than their non-Indigenous counterparts. (Carlson, et al., 2021, p. 524).

Carlson, Frazer & Farrelly (2021, p. 524) discuss how colonialism is a contemporary lived reality for Indigenous Australians. It is where intergenerational trauma, that results from child removal policies and ongoing racism, just keeps on going. *Historical mistrust* against health institutions stems from the settler policies where a care provider, such as child and family services, hospitals and medical research programs turned out to be rather a source of harm than a helping hand. This has led Indigenous people to be less likely to seek for professional health care than the mainstream community, leaving them relying on more informal sources of help, such as family and friends. (Carlson, et al., 2021, p. 524).

In addition to experiences of racism in the hands of a health care professional, other barriers that impede Indigenous people from searching for quality healthcare include intergenerational stigma, shame associated with health-seeking as well as the monocultural approach of most mainstream health services. These health services continue to fail to accommodate Indigenous Australians holistic conceptions of health and wellbeing. (Carlson, et al., 2021, p. 524). Sherwood (2013, p. 30) argues that still today, colonisation is one of the main social determinants of Indigenous health.

Askew et al. (2020, p. 102) state that certain political occurrences at the turn of the 21st century have played a critical role in in causing a turn in Indigenous people's affairs. These are the Howard Government's 'practical reconciliation' and the 'Northern Territory Emergency Response', as well as the Rudd Government's 'Closing the Gap' and 'Stronger Solutions' initiatives. These schemes contributed to changes within how the Indigenous peoples and their matters were seen in policy making. Indigenous people's 'self-determination' changed to a pragmatic problem-solving approach to bring Indigenous people's life into an equal line of those of non-Indigenous background. These policy initiatives focused on measuring differences in health and socioeconomic status between Indigenous and non-Indigenous people, as a result creating a visual metaphor of Aboriginal and Torres Strait Islander peoples as a problem to be solved. (Askew, et al., 2020, p. 102).

Indigenous self-determination is typically understood as a means of gaining distance, or protection, from state institutions as such institutions often carry a stigma of colonial domination. This results in Indigenous people sensing rather a feeling of alienation than inclusion towards these institutions. However, self-determination should include both the importance of self-government and the need for modes of shared and cooperative decision making that are capable of taking into account the complex interdependance that is characteristic of the relationship between non-Indigenous and Indigenous peoples. (Murphy, 2008, p 186).

In policy, wellbeing is popularly defined as "a subjective state of happiness or satisfaction, as living in a 'flourishing' manner, as preference satisfaction, or as coping with life challenges." (Shakespeare, et al., 2020, p. 669). Contrary to this, in Australia

Indigenous health is commonly depicted in stereotypical images of hopelessness and weaknesses (Brough, et al., 2004, pp. 216-217). This is not unique to Australia. According to Martin & Locklear, the Native American Youth in the US is labelled by the problems they face. The dominant narrative in the media goes so that the Native American youth in the US have fallen below the bar when compared to their white counterparts. (Martin & Locklear, 2018, p. 208).

Australian Indigenous people tend to define wellbeing as a holistic experience; a concept that ties together the social, emotional and cultural wellbeing of the whole community (Shakespeare, et al., 2020, p. 670). This holistic view on wellbeing was incorporated as a central task on the National Aboriginal Health strategy that was established in 1989 between the Australian government and Indigenous Australian stakeholders. The strategy was created to facilitate equitable policy reform but despite this inclusion, the holistic views are not consistently applied in policy. This suggests that non-indigenous policy makers struggle with positioning the concept of culture in the middle of Indigenous views of wellbeing. Another observation is that holistic understanding of wellbeing is seen to be relevant only for Indigenous people but not for the broader population (Shakespeare, et al., 2020, p. 670).

In addition to this, as Brough et al. (2004) point out, health promotion must be critical of the way it applies the concept of culture. The individual strategies of 'unhealthy behaviours' cannot be drawn explicitly in reference to the stereotypical popular culture of white Australia. Such messaging tends to appeal only to those who least need it – the socially and economically privileged parts of the society. Brough et al. conclude thus that health promotion has failed Indigenous people as the dominant

narrative of behavioural change is likely to work only on non-Indigenous people (Brough, et al., 2004, p. 216).

When discussing health promotion in this study, the term is understood according to the internationally recognised Ottawa Charter for Health Promotion who have defined it as: “Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.” (WHO, 1986).

Tengland defines health promotion as a professional activity that aims at enhancing and sustaining health for the population or groups of the population. He continues that the main goals for health promotion are *health* and *health-related quality of life*. (Tengland, 2006, p. 197).

In the next chapter I will move on to discuss and define the strength-based approaches to give the reader a more profound understanding of the key concepts in this study.

2.2 Strengths-based approaches

A strengths-based approach is not a new phenomenon. According to Bryant et al. (2021, p. 1407), the term started to appear in academic literature in 1995. It is a term that can mean slightly different things but in essence it is an approach that attempts to distance itself from the traditional problem focused paradigm and instead provide a set of solutions expressed in different language to help overcome the issues (Fogarty, et al., 2018, p. 9). A strengths-based approach is not a set of policies but rather a conceptual framework to help guide Indigenous health interventions (Fogarty, et al., 2018, p. 29).

Indigenous health discourse has been strongly marked by a *deficit* focused approach, meaning that the narrative has focused on risk factors that position Indigenous people's health as a problem to be solved. This is a remnant of the colonial past where Whiteness is seen as the norm and Western biomedical science as the truest form of representation. As summarised by Bryant et al., Western biomedicine is seen to have the power to narrate the true, Indigenous ill health as well as to hide the Indigenous ways of knowing and Indigenous concepts of health and wellbeing.
(Bryant, et al., 2021, p. 1406).

A strengths-based approach plays a role of interference to this mindset. Through promoting a set of values and practices that inherently manifest Indigenous self-determination and celebrate the capacities of Indigenous people, it combats the operations of the deficit discourse. It also has a political agenda. By nature, a strengths-based approach focuses on positive stories. It reframes a story by steering it

away from the deficit focus and thus disrupts the internalised assumptions of Indigenous health as a problem (Bryant, et al., 2021, p. 1406). Reiterated by Fogarty, Lovell, Langenber & Heron (2018, p. 9)., the approach employs a use of positive language to help overcome issues instead of focusing on the paradigm that exclusively focuses on a problem.

Critically, it must be noted that as the strengths-based approach seeks to change the stereotypical negative views on Indigenous health, it cannot just simply insert a new set of positive images to the picture. Otherwise, these positive stereotypes could just end up forming part of the same problematic thinking that governs Indigenous people's lives already – an example being romanticised notions of Indigenous people as noble, a positive story but planted in no explicit truth. (Bryant, et al., 2021, p. 1406).

Another aspect to note is that even though Indigenous people experience undeniable disadvantages, the point when the narrative around their circumstances focuses so strongly on the deficit that it begins to see Indigenous people themselves as a problem, is problematic (Fogarty, et al., 2018).

To understand better the environment where a strengths-based approach is used, I will rely on Bryant et al.'s (2021, p. 1405) categorisation. According to their analysis of the existing literature on strengths-based approaches, they have concluded that the term *strength* is, in most cases, in relation to one of these three categories: A resilience approach that gives attribute to an individual's personal ability, a social-ecological approach that is related to the structural aspects of a person's environment, or a sociocultural approach that consists of social relations and collective identities.

The first category, the resilience approach, is the most conventional way of seeing strength as an individual's competence. It focuses on encouraging the individual to take charge of issues affecting their health or to use their knowledge on how to look for health care. In other words, strength is understood as a skill or an attitude. (Bryant, et al., 2021, p. 1409).

The social-ecological approach on the other hand views strength in relation to the structural aspects of a person's environment, for example the conditions in which people live in. It takes into account how a person's environment affects the health inequities and looks at participation in traditional activities as well as the use of traditional language. It removes individual's responsibility for health, and places it onto broader economic and political systems. (Bryant, et al., 2021, pp. 1410-1411).

Finally, a strength can also be seen through a sociocultural approach, meaning that it stems from relationships, identities, and practices. Instead of focusing on the environment, a strength is seen as a shared social relation, e.g. kinship or community ties, as a collective practice or as shared identities (connection to ancestry, family and land). Moreover, with such strong focus on social relations, this approach is able to offer insight into the social mechanisms through which strengths are made instead of privileging the qualities of individuals and their environments. (Bryant, et al., 2021, pp. 1413–1414).

In the next chapter I will discuss the role of social media in Indigenous health promotion.

2.3 The role of social media in Indigenous health promotion

One of health promotion's key strategies is to engage with the target audience with the goal of trying to improve the quality of health outcomes of the said audience. These kind of health interventions are realised more and more in the world of social media, beyond the traditional public broadcasting and printed advertising campaigns. (Brusse, et al., 2014, p. 2) In Australia, Indigenous people are active users of social media, especially Facebook, to look for answers to their questions relating to health and health care. Facebook in particular is seen as a valuable recourse through which Indigenous people can obtain control over their own health. (Carlson, et al., 2021, p. 528).

Social media is a lot more than just a platform for circulating information. It is a significant element of daily life for many now. Social media allows people to gain a sense of agency and control over their health: they can form and participate in informal support networks, seek health information and emotional support and connect directly with formal health care providers with low key effort. As Carlson et al. state, social media should not be seen as simply another avenue to deliver top-down public health campaigns, but instead the diversity of health-seeking practices already taking place online should be taken into account by health care promoters. Informal, horizontal connections between friends and family and strangers are drawn in order to improve their health and wellbeing. (Carlson, et al., 2021, p. 529).

According to Hefler et al. (2019, p. 706), research suggests that more Indigenous people use social media than the non-Indigenous part of Australian population. They

use social media for various reasons: developing and expressing Indigenous identity, seeking and offering help for issues relating to suicide and self-harm, citizen journalism, as well as online activisms and countering racist stereotypes. The Indigenous health sector has also a strong presence in social media in terms of advocacy, public health promotion and community development; however, there is no strong evidence base for how the social media platforms can be used effectively for health promotion. If used correctly, social media-based health promotion can be a powerful assets-based approach to support Indigenous empowerment and self-determination, aligned with Indigenous notions of health. (Hefler, et al., 2019, pp. 706-707).

Hefler et al. (2019, p. 714) continue that in order for health promotion to be successful across social media platforms, it must take into account Indigenous views on health and well-being. It must not neglect the importance of culture and identity or the ongoing struggles of colonisation in terms of marginalisation, discrimination and threats to cultural identity. In addition to this, initiatives that generate social capital in a supportive online environment may be more likely to generate more traction than mass media campaigns that induce strong emotions and are confronting by nature.

Albeit the fact that there are scarce resources in terms of studies done about Indigenous people and health promotion on social media, these studies show that social media provides opportunities to incorporate Indigenous understandings of health and wellbeing. These platforms have the ability to ignore the reproduction of Western biomedical models that are dominant in mainstream health promotion and increase self-determination and empowerment. This is because the users are able to share, access and solicit versatile information that differs from the dominant health

paradigm in Australia (Carlson, et al., 2021, p. 529). However, health promoters and practitioners have failed to take advantage of these opportunities and instead just continued to multiply the biomedical model of public health promotion (Carlson, et al., 2021, p. 525).

3 Theoretical Framework

I will conduct this study by looking it through the lens of postcolonial theory and cultural identity.

The reason I have chosen to refer to the postcolonial theory is that inequities in health and social status among Indigenous people are legacy of the colonial past (Browne, et al., 2005, p. 18). A health inequity is a complex term but, in this study, it is understood as the differences in health outcomes that are caused by avoidable economic, social and cultural inequalities (Baum, 2017, p. 1). In addition to this, identity and identity-based movements have been extremely powerful for minority communities and people of colour through supporting individual and collective senses of self to overcome the ongoing struggles caused by the colonisation. (Urrieta, 2018, p. 16). Hence cultural identity is another guiding theory in this study.

During the European expansion in 1500s–1900s, Britain and its neighbours invaded many large areas around the world, including Australia. The native people of Australia, the Aboriginal and Torres Strait Islanders, were deprived of the custodianship of their land during these settlements, in other words they were colonised. The practice meant that Indigenous people were 'displaced and distanced' from their land and resources by destroying their culture first through hostilities and then through mainstreaming policies (Sherwood, 2013, pp. 29-31).

Mitchell (in Sherwood, 2013, p. 30) confirms that the burden of disease and low socio-economic status of the Indigenous Australians is a testament to a history of colonisation and its continuation. This is where questions of identity raise their head too – as Urrieta poignantly asks, "Does identity start inside an individual's consciousness, or is it a result of the limitations imposed by society?" (Urrieta, 2018, p. 7). Taking into account the colonial influences on health policies and practices will help the research to provide insight into how to disrupt these inequities (Browne, et al., 2005, p. 29).

Identity is a complex concept. It can be defined as the self-understanding that comes under various different 'labels', such as race, gender, class and sexual identity. It is a *process* of becoming, with multiple consciousness depending on social location. As Urrieta continues, a cultural identity is therefore a learned way of knowing and being in the world. Urrieta also argues that culture remains an important aspect when it comes to understanding human individual and collective behaviour in relation to social and cultural variabilities of identity. Culture being understood as dynamic, complex and multifaceted; historically produced repertoires of practices that endure change; and the embedded relations that are within the diverse, socio-political landscapes of power (Urrieta, 2018, p. 19).

In this study I will look at identity through the lens of power. As Urrieta states, power defines who counts as belonging to an identity, or who is able to self-define, self-identify as well as to deny others their identity. Power is a fundamental concept when talking about identity, as power is something that is systematically distributed in the society, and most often distributed unevenly (Urrieta, 2018, p. 5).

In health care, many concepts are associated with postcolonial theory, but the most relevant ones are race, racialization, culture and Othering. (Browne, et al., 2005, p. 21). As Browne et al. (2005, p. 22) put it, postcolonial theory is useful when trying to understand the "burden of history" and how it has shaped the present-day experiences and novel forms of inequity.

As mentioned above, power relations determine who has access to certain types of identifications. In the Euro-Western "I" binary, one is what the other *is not*. The colonial actions deemed that Others were to be conquered and "civilised". (Urrieta, 2018, p. 7). The colonial actions, together with global capitalism, have justified the exploitation and oppression of Indigenous people and people of colour through positioning them as inferior to others. The coloniser's Westerness tended to be glorified, resulting in the coloniser's society and culture being promoted as superior. The Euro-West justified colonisation as missionary and benevolent, even though in fact it included physical possession and exploitation of subaltern bodies and dispossession of land, resources and rights. The collective senses of identity, through incorporation of agency and political activism, have become powerful tools to combat the struggles of decolonisation by endeavouring to dislodge to the power of whiteness and White supremacy. (Urrieta, 2018, p. 14).

Decolonisation aims to proactively move the focus away from Western set of worldviews and ideologies to centre on Indigenous knowledge. It can therefore be said that decolonising theories are an important component of strengths-based approaches to Indigenous health in that they intend to look beyond simple problematics of health in order to recognise Indigenous worldviews. As Fogarty et al. summarise, decolonisation underpins strengths-based approaches as well as acting as a

mechanism to reframe narratives that tend to dominate the Indigenous health discourse (2018, p. 13).

In health promotion, empowerment is a process where people and communities gain mastery over their lives. (McPhail-Bell, 2015, pp. 67-68). Tengland (2006, p. 197) phrases it so that empowerment as a process is a fundamental way to involve the participants in problem formulation, decision making and action whilst the professional health promoters relinquish some of their power and control. He continues that empowerment in health promotion has two goals: health and health-related quality of life. Empowerment is recognised by health agencies around the world as a core concept in health promotion and as an essential part in the pursuit of social equity (Cyril, et al., 2015, p. 809).

In strengths-based approaches, empowerment is a buzz word – it has a positive ring to it. However, empowerment sits within the core of colonial contradiction of health promotion: The term is brightly coloured by colonial power relations. When a health promotion practitioner aims to empower an individual or a community, the practitioner remains the agent who is in control. This leaves the practitioner with increased control over others rather than people's increased control over their health. This also means that empowering people to be in control over their own health positions the individuals or the community as weak and the practitioner as the expert. McPhail-Bell concludes that such top-down conceptualisation of empowerment is actually not empowering at all to those it claims to empower and instead reinforces the practitioner's status as an expert in health promotion. (McPhail-Bell, 2015, pp. 67-68).

Tengland (2006, p. 204) follows suit by discussing the need to relinquish or minimise use of professional power. According to him, this is the most central part of empowerment as a process: The health expert, in order to empower, must trust the "client" or "group of clients" that they have the means to comprehend and formulate what the problem is, to discover solutions to them and to act in order to solve them. This however does not mean that these people would be responsible for their own problems or that the health professional was not involved in any way helping to achieve the change. The professional should be seen as a facilitator rather than a leader. This is particularly relevant to this study due to Deadly Choices unique leadership model: They claim to follow a model where 'everyone can be a leader' (McPhail-Bell, 2014, pp. 3-5). An integral part of their health promotion is to empower the audience to become leaders themselves, i.e. distributing power evenly between the health promoter and the individuals. I will look at examples of this in the analysis section.

As McPhail-Bell (2015, p. 68) continues, in the Indigenous context, empowerment should be seen as an action to increase people's control over factors that influence their lives, acknowledging the ongoing impacts of colonisation. Alternatively, or additionally, the term re-empowerment should also be used in Indigenous context: It highlights the fact that Indigenous Australians used to have control over their own lives and health, but colonisation has subsequently disempowered them.

Agency within Indigenous communities would play a role in diminishing the health inequalities, but Brough et al. (2004, p. 219) argue that structural changes are fundamental for empowerment. They argue that in the post-colonial agenda for health promotion the existing capacities must be acknowledged before anything new is being

built. A way forward would be that emphases within social policy and health and welfare programs that are based on community building should be considered important contributors to empowerment.

As discussed previously already, the Australian health promotion has not been successful to effectively engage with the social, cultural and political context of Indigenous Australians. The mainstream health practitioners' narrative of living lives that are better and healthier continues to dominate, regardless of knowing that the Indigenous approaches go beyond the biomedical model of health, incorporating key foundations of cultural identity, family, wellbeing, spirituality and land. Such discrepancy is a reminder of colonialism: The expert voice, in this case the white, mainstream Australian's voice is silencing the views and knowledge of the Indigenous; the one who is supposedly being empowered. (McPhail-Bell, 2015, pp. 69-70).

4 Methodology

4.1 Methods of data collection

This study is conducted through a case study, named Deadly Choices, with the help of textual analysis. I have used a mixed-method approach including analysing the data qualitatively but taking into account certain quantitative remarks as well. As Caliandro & Gandini (2017, p. 3) state, qualitative and quantitative methods are deeply intertwined in Digital Research Methods as in order to have analytically studied a small data set, it has first had to been collected from a larger data sampling such as Big Data. They continue that with social media especially, the content tends to have a hybrid nature: The 'measurable content' can be analysed quantitatively by counting frequencies for example, or qualitatively by analysing for example the collective cultural discourse. (Caliandro & Gandini, 2017, p. 3). Zainal continues that case study methods, where both quantitative and qualitative data is included, allow the researcher to look beyond the quantitative results and understand the behavioural conditions through the actor's lens. (Zainal, 2007, p. 1).

Social media platforms have a high rate of content production, and they can provide the researcher with large and diverse data sets, and therefore can be considered as textual corpora (Andreotta, et al., 2019, p. 1766). According to Fairclough (2003, pp. 21-25), texts can be seen as social events. He continues that a text can have two causal powers that influence the content: On one hand social structures, and on the other social agents, i.e. the people involved in social events. Texts are thus not just orders of

discourse or effects of linguistic structures but instead they inherently manifest both social structures and social practices.

A discourse is a way to represent different aspects of the world, i.e. the processes, relations and structures of the material world, as well as the beliefs, thoughts and feelings of the social world. Different discourses can thus be seen as different perspectives on the world, and they stem from people's personal and social identities, and social relationships to other people. One piece of text can contain many different representations of aspects of the world. (Fairclough, 2003, p. 124).

The words and expressions do not have a pre-existing meaning within them but rather the meaning-making is a result of the way the words and expressions have been written down. Language can be referred as an abstract social structure: It defines a certain potential and certain possibilities, while excluding others. (Fairclough, 2003, pp. 23-24).

In this mixed-methods approach, I have drawn data from Deadly Choices' Facebook and Twitter content. By focusing on two social media channels, I am able to collect more versatile data that will increase the reliability and validity of this study. This will also allow me to link several pieces of information from the same case to the theoretical framework, reinforcing the robustness of the case study (Zainal, 2007, p. 2). The study has been designed as follows: I have first collected the data, then imported it into NVivo, then categorised it and finally qualitatively analysed the content and the language used in the texts. In addition to this, I have quantitatively analysed the frequency of categories used.

In order to answer to my research questions, I have focused on data that have reference to health in general, including mentions of physical fitness, diet and nutrition, mental wellbeing, vaccines, children's development, smoking etc. All data has been collected from public social media platforms by either capturing it with NCapture or by taking screenshots and then importing the data to NVivo. I have excluded the posts and tweets that are informative about administrative matters by nature (i.e. announcing office closures due to flooding) and updates on sports news as these do not provide any insightful data that would help me answer to my research questions.

I have analysed posts between 1 January 2022 until 1 April 2022 (inclusive). The reason I have decided to analyse posts starting from January is because prior to that the Deadly Choices Facebook page was strongly focusing on Christmas and holiday content, i.e. there are not many relevant health related posts. Looking back to 2021, the Covid pandemic related posts were taking priority. Australia was suffering a strong wave of the Delta variant during the second half of 2021 and most states had strict lockdowns and other restrictions. State and federal authorities put a lot of emphasis on Covid vaccine related communication campaigns and that is strongly visible in the Deadly Choices social media actions.

4.2 Justification of the case study

Deadly Choices makes an interesting case study as they are avid social media users who openly claim to follow the strength-based approaches in their communication. Focusing on an Australian organisation is relevant as the concepts of strengths are employed in the Australian context more often than elsewhere (Bryant, et al., 2021, p. 1408), making this a fruitful study with enough relevant data to be collected and analysed. I will however only take into account the textual data and not the visual – the latter would certainly bring a more versatile aspect to the data analysis but due to the time limitation, I have decided to focus solely on the textual content.

4.3 Limitations

Some of the limitations that were involved in this research include the fact that I am of non-Indigenous background. I am a Finnish citizen who lives in Australia, and I identify as a white, Caucasian female. I also do not have a professional or academic background in health, meaning that this topic was rather unknown to me prior to beginning this process. Perhaps prior knowledge or work experience in the field would have provided me with a deeper insight into the matter, though in my case my writing was not influenced, in good or bad, by prior knowledge.

Despite the tight timeline to conduct this study, my main goal was to provide novel insights into how the strengths-based approaches are employed in the context of health promotion. This study is relevant not only in the Australian context but in the context of any Indigenous communities around the world.

It would have provided further interesting insights if I included images to my analysis. I have included many sample images to this research for the reader to be able to view them, however, I have not analysed the images per se. This could perhaps be a relevant continuation to this study, if I wished to pursue this further. During this project though I had to balance between work, study and caring for a toddler, so it seemed appropriate to limit the study to include only textual references. Due to this reason, I also decided to focus on textual analysis rather than conducting interviews. This allowed me to collect a rather sizable sample set, at least considering the size of this study, and carefully analyse it. Again, if I wished to continue this study, the next logical step to deepen the analysis would be to conduct interviews with the Deadly Choices staff or key stakeholders or partners.

NVivo served as an important tool with the process of collecting and analysing data. However, it also brought with it certain technical issues, namely the fact that NCapture was not able to collect Facebook data as a dataset. This meant that I had to import the data manually one by one. In addition to this, as this meant that I had imported all Facebook data as images, NVivo did not read the text of these images. I was able to find a solution to this by converting the images to PDFs and re-importing them to NVivo but this naturally meant that the process took longer than anticipated.

4.4 Textual analysis

In the Literature Review, I have defined the strengths-based approach(es). I will now draw on that definition to explain the steps I have taken when processing and analysing the data.

As discussed, a strengths-based approach promotes a set of values and practices that inherently manifests Indigenous self-determination and celebrates the capacities of Indigenous people, and by doing this it combats the operations of the deficit discourse. By nature, the approach focuses on positive stories: It reframes a story by steering it away from the deficit focus and thus disrupts the internalised assumptions of Indigenous health as a problem. (Bryant, et al., 2021, p. 1406). Bryant et al. (2021, p. 1405) have concluded that a strengths-based approach tends to follow either a resilience approach, a social-ecological approach, or a sociocultural approach. The resilience approach includes concepts such as individual's competences and encouragement for an individual to take charge of their own health, the social-ecological approach includes concepts such as importance of political and economic structures that surround health, and finally the sociocultural approach has emphasis on family and community ties and connection to family and land and shared identities. (Bryant, et al., 2021, p. 1408) I have used this definition and these categories to help me analyse and draw conclusions from the data.

The first step after collecting the data was to code it to themes by using NVivo. I aimed at identifying different discourses within the text by identifying the main themes that were represented (Fairclough, 2003, p. 129). I was able to identify eight dominant

health related themes that were present and repetitive in each post: **Preventative health care**, **Individual**, **Incentives**, **Traditional language**, **Cultural traditions**, **Community** and **Indigenous health.** In addition to these I created a theme **Miscellaneous** for posts or tweets that had no reference to health (i.e. administrative matters, sports news updates).

Preventative health care includes mentions of access to health care or (health) education, getting a health check, and COVID-19 related information; **Individual** has reference to an individual making a healthy choice, a *deadly* choice; **Incentives** includes mentions of (material) gifts on a certain condition; **Traditional language** includes the use of Aboriginal English and words that are strongly affiliated with the Indigenous communities; **Cultural traditions** have reference to taking part in traditional events; **Community** is anything that highlights the importance and meaning of the community, and **Indigenous health** has reference to chronic disease or improving Indigenous health. See table 1 below for a visual reference (preventative health care and miscellaneous are excluded from the chart).

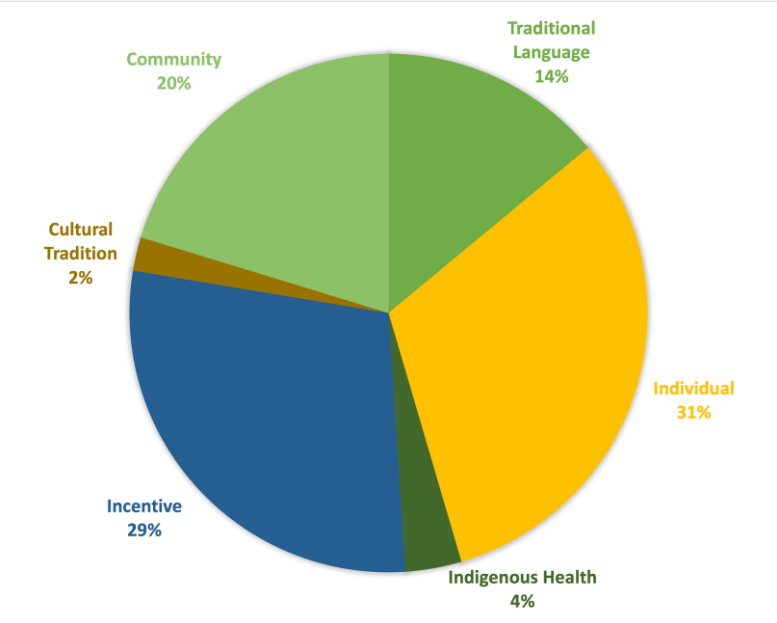


Figure 1. Created by Author.

I created the themes by identifying recurring health related themes in each post and tweet. During the coding process I realised that one of the themes (**preventative health care**) was actually an overarching theme that was identifiable in each post and tweet. It represents rather an umbrella theme that shows the core function of the organisation but is not directly relevant to the approaches by Bryant et al., and therefore it is not included in the analysis. Many posts and tweets had reference to multiple themes. Once I had finished the coding, I was able to realise that all of my themes (except for **Preventative health care**, **Indigenous health** and **Miscellaneous**) corresponded to the categories Bryant et al. had distinguished (see table below for reference). This will help me to answer to my main research question: *To what extent is the strengths-based approach applied to empower Indigenous people to become health promoters themselves in the context of decolonising health promotion?* See table below for visual reference.

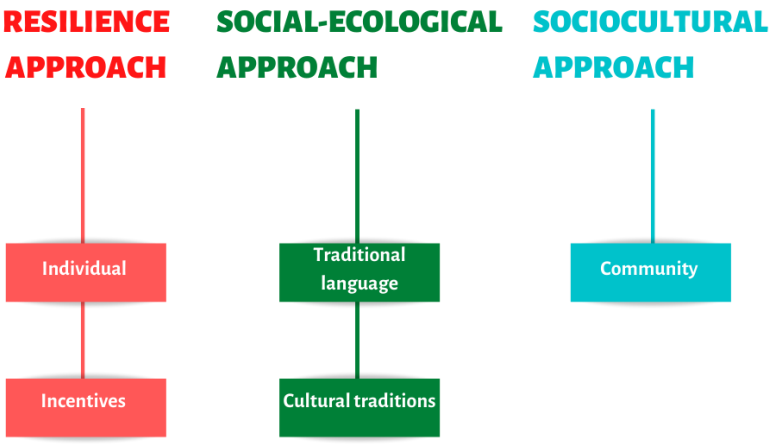


Figure 2. Created by Author.

I have collected the data during the period of the 1 January 2022 until 1 April 2022 (inclusive). This equals 151 posts and tweets in total: 37 Facebook posts in January, 48 Facebook posts in February, 40 Facebook posts in March and 3 Facebook posts in April. Twitter tweets were 23 tweets in total during this three-month period. The Twitter tweets do not take into account tweets by other individuals or organisations that have tagged Deadly Choices to the tweet.

As I carefully analysed each post, I distinguished seven health related themes (including the recurring theme of **Preventative health care** and not taking into account **Miscellaneous**). I went through each sample three times when categorising them to minimise any neglect or oversight. Out of the 151 samples, the most recurring theme was **Preventative health care**, which is logical as health prevention is Deadly Choice's main purpose and task. This theme was identified in every post and tweet that had at least some reference to health and wellbeing, i.e. it was referenced 127 times. After that the most frequent theme was **Individual** with 45 references, followed by **Incentives** with 41 references and then **Community** with 29 references. **Traditional language** had 20 references, **Indigenous health** had only 5 references, as well as **Cultural traditions** only 3. In total 20 posts or tweets were categorised as **Miscellaneous** as they did not have any reference to health or wellbeing.

In the next chapter I will analyse these findings in reference to the three categories by Bryant et al. I will discuss the words and the language used in each of these posts and tweets to see what kind of language constructs a message that falls into each of the approaches. I will analyse in what way and how often the words that reflect the strengths-based approach are used in these posts. This will help me answer to my sub

research question: *How does the strengths-based approach manifest itself in the Deadly Choices social media communication?* I will also explore the wider context of these findings to determine conclusions for my second sub research question: *How does the strengths-based approach contribute to empowerment and to the practice of decolonizing health promotion in Indigenous context?*

5 Analysis

I will now analyse the findings from the data I have collected. I aim at identifying what in the Deadly Choices narrative contributes to the strengths-based approach, and which aspects of the narrative, if any, counteract the deficit discourse. As outlined previously, I will contrast my findings to the categorisation made by Bryant et al., as well as rely on the general definition of strengths-based approaches. I will also analyse how the findings correspond to the concept of empowerment in the context of decolonisation.

Deadly Choices claims to use a strengths-based approach. Deadly Choices definition of a healthy lifestyle takes into account culture and identity: Their narrative is positive, inclusive and proud as well as controlled by Indigenous people. They employ a unique model of leadership where 'everyone can be a leader'. Multiple brand ambassadors showcase their healthy choices, in other words they lead by example rather than the position they hold or the message they preach. It is not only the brand ambassadors, but other role models, family members as well as the IUIH's diverse preventative health team. In their view, leadership is culture and culture is relational. This differs from the Western way of seeing leadership – change driven by experts in a one-way monologue. (McPhail-Bell, 2014, pp. 3-5).

The word 'deadly' in the organisation's name is a contranym: In Aboriginal English, the term deadly is used when referring to something good or fantastic. In public health terms it has reference to death, something that is in general seen as negative or sad.

However, in the context of Deadly Choices, deadly signifies something positive to an Indigenous audience. (McPhail-Bell, et al., 2017, p. 772).

Deadly Choices' key phrase is in a question format: "What is your Deadly Choice?" It is a question that instils a conversation, a dialogue, between the community members and the health practitioners. Community members are invited to share their deadly choices – the good choices they have made regarding their health and wellbeing. According to McPhail-Bell (2014, p. 4), this act of dialogue co-constructs the Deadly Choices brand and concepts of health. She continues that this way power is shared more equally between the individual and the health professional, contrasting traditional health promotion activities where advise is provided by an expert to an individual, lacking a circular motion and open dialogue.

In the previous chapter I have explained how I identified health related themes in each Deadly Choices' Facebook post and Twitter tweet and categorised each of them accordingly. I discovered that five of the themes that I created corresponded to the three categories by Bryant et al. I will now discuss this and my findings in more detail.

5.1 Resilience approach analysis: Individual's skills and abilities

I will begin my analysis by looking at the most recurring themes after the **Preventative health care** theme. These are **Individual** and **Incentives**. I have selected a few relevant examples from the data that I will analyse in more detail.

The theme **Individual** includes mentions of a healthy choice with an indication of the individual making such a choice. As Bryant et al. describe it, the resilience approach involves notions of individual's attributes such as skills, attitudes and cognition. These attributes include mentions of problem-solving skills, respectful attitudes towards oneself and others as well as advocating for self and others (Bryant, et al., 2021, p. 1408). For example, in Picture 1, Deadly Choices is validating choosing to quit smoking as a healthy choice and encouraging the individual to do so. Incentive is provided in the form of community and body *thanking* you. Another example is Picture 2. It has a question: "*What can you do?*" indicating that Deadly Choices believes that the individual has an ability, knowledge or skill to prevent unhealthy outcomes.

Picture 1.

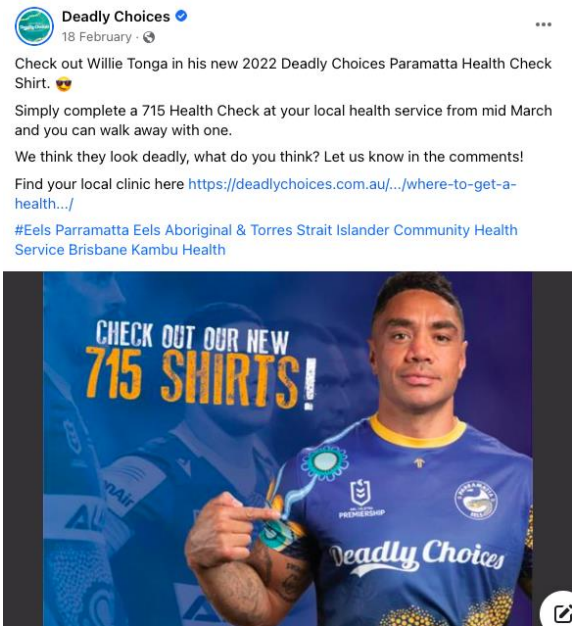
Picture 2.

Picture 3.

Picture 4.

Picture 3 includes a direct order for parents or caregivers to help their children, *jarjums* in an Indigenous language, to make a deadly choice – in this case to maintain a healthy diet. It also provides information on such a diet. Picture 4 uses a negative sentence form *do not pass* to remind the individual that they have the power of preventing an unhealthy occurrence. The post also has a link to a website with information on how to get tested. In both of these examples there can be seen a method of gaining 'competencies' in the form of gaining knowledge on what is a healthy diet or where to get health care. Bryant et al. classify this as a less conventional perspective on resilience: A competency being developed through trusting relationships between Indigenous health-care providers and Indigenous individuals, also demonstrating how resilience skills derive from specific experiences in Indigenous people's lives (Bryant, et al., 2021, p. 1409).

The theme **Incentives** has reference to a material gift on a certain condition, for example a branded t-shirt once a health check is completed, or tickets to a sporting event once an online health survey is filled. This is indeed one of Deadly Choices strategies: To encourage people to take part in these health checks, they provide the client with a free Deadly Choices shirt. The shirts change every year and come in variety of models to attract a vast audience. (Deadly Choices, 2018d). Picture 5 is an example of this.



Picture 5.

The **Incentives** theme is grouped together with the **Individual** as they seem to go hand in hand: An individual is encouraged to do something and as a reward, they get a prize. As we have seen from the example pictures, an individual's ability to complete a task can be considered as a skill or an attitude, or a competency, and therefore it falls into the resilience approach.

As Bryant et al. state, such a focus on an individual can be very attractive to the mainstream health care provider and strengths-based approach in this form can be very appealing to the individualistic Western forms of knowing, being and doing. The criticism here lies in the fact that when targeting individuals to increase their resilience skills and abilities to manage ill health, there is rarely enough attention to structural influences. It therefore means that ongoing socio-economic-political conditions that have a harmful effect on Indigenous people's lives are left without attention and rather replaced with the attitude that as long as an individual has 'resilience skills', they will be fine. This feeds into the racialised deficit discourse where Indigenous people are viewed as lacking self-discipline to take an advantage of 'solutions' offered to them. 'Solutions' in this context being those 'resilience skills' that are provided to them in order to solve the structural issues imposed by the colonisers – the irony here being that the Western view encourages the Indigenous people to fix the issues the Westerners have created.

Despite the fact that the resilience approach sets out to empower the Indigenous people to become changemakers themselves by highlighting their skills and abilities, or as McPhail-Bell (2014, p. 67) puts it, *to gain mastery over their lives*, fundamentally empowerment is coloured by colonial power relations. As I discussed in the theoretical framework section, by *giving* agency to an individual, the health practitioner in fact is

the one who remains at the top of the power chain. Rather than being empowered, the individual or the community is seen as weak and the health practitioner as the expert. (McPhail-Bell, 2015, pp. 67-68).

In addition to this, if strongly focusing only on Western individualized ways of knowing and being, the resilience approach is not capable to provide an avenue for Indigenous, relational ways of knowing. (Bryant, et al., 2021, p. 1409).

5.2 Social-ecological approach: Structural aspects within the environment

What is missing from the resilience approach is the focus on social and structural conditions where people live. This is where the social-ecological approach comes to the picture: The approach understands 'strengths' to stem from people's individual, interpersonal and structural settings in which people live. The approach therefore takes into account factors that influence Indigenous people's health and wellbeing on a broader spectrum. The approach highlights the importance of cultural factors in strengthening cultural identity and belonging and therefore preventing risky health behaviour and promoting health and wellbeing. (Bryant, et al., 2021, pp. 1409-1410).

Bryant et al. (2021, p. 1410) consider the use of traditional language as part of the social-ecological approach. They classify it as a 'protective factor' that contributes to the 'culture as treatment' approach, which shows the importance of context. Taking into account the context, in this case the traditional language, the approach has an ability to support and sustain Indigenous identities and thus have a positive impact on Indigenous wellbeing. However, as Urrieta (2018, p. 17) argues, identity is never

outside of the external reality of social, cultural, economic and political forces – forces that are both physically and symbolically structural.

An example of the use of **Traditional language** can be seen in Picture 6, where Deadly Choices refers to children as *jarjums* and to community as *mob*.

Picture 6.

Picture 7.

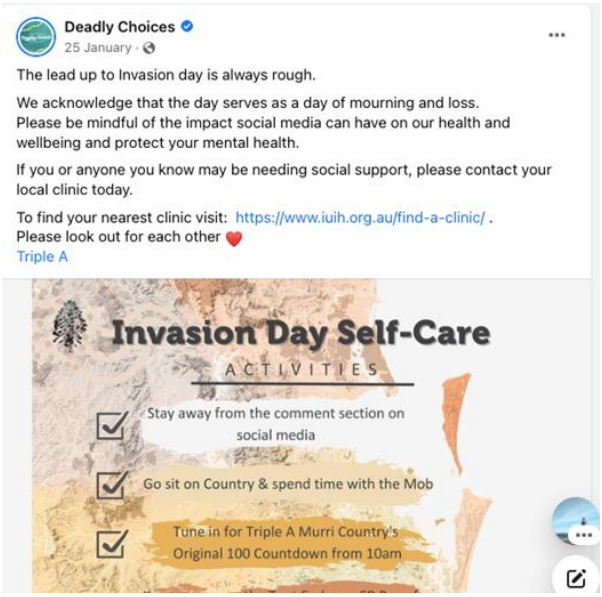
In Picture 7, there is reference to **Cultural traditions**, which according to Bryant et al. (2021, p. 1411) is a strength. By focusing on positively talking about the structural aspects of a person's environment, including participating in traditional activities, the social-ecological approach is able to shift responsibility for health away from the individual to the broader economic and political systems within the community or the state. The caption has also reference to identity, reminding the audience of the collective identity and the notions of *self* and *other* – the groupings that impact the

formation of social categories of belonging as stated by Hall (in 1996, in Urrieta, 2018, p. 4).

Bryant et al. (2021, p. 1410) note however that 'culture as approach' does not come without its criticism. It tends to primarily address health issues and inequalities through the lens of culture, leaving any structural determinants, such as poverty or racism, out of the equation. Culture is operationalised as an 'add-on' instead of the means by which people understand the social world.

Even though the social-ecological approach does not focus on the individual, it can still be seen as focusing on the individual's capacity to take up the assets that are available, for example providing cultural activity as an option to the 'main' treatment that lies within Western biomedical paradigm. In other words, culture can be seen as something that individuals can learn as part of their treatment but not as a system of knowledge. (Bryant, et al., 2021, p. 1412).

In Picture 8, Deadly Choices post about Invasion Day. Officially known as Australia Day, celebrated on the 26 January, as a commemoration to the landing of the First Fleet in Sydney in 1788. Within Indigenous communities the day is called Invasion Day or Survival Day, as it reminds Indigenous communities of the massacres, land theft, stolen generation and widespread oppression that took place after the colonisation. For them, 26 January is a day of mourning the history that followed the arrival of the colonisers. (Common Ground, 2022).



Picture 8.

With this post, Deadly Choices reminds their followers of the political structures that surround them. They acknowledge how this day is particularly hard and can have an effect on people's mental wellbeing. They use the term Invasion Day to speak to their audience, and clearly state that they are part of the same history. This can be seen as demonstrating an understanding and trusting relationship between the audience and the health provider. As I discussed in the theoretical framework, such a relationship is a sign of a successful process of empowerment: The health care professional is not hierarchically higher than the client, but the relation is mutual (Tengland, 2006, p. 205).

As Bryant et al. describe, in the social-ecological approach, 'strengths' are seen to derive from the interpersonal and structural aspects of the person's environment, including community bonds and participation in traditional activities. They continue that positive relationships with health professionals are seen as protective factors as

people can feel valued and cared for in such an environment (2021, p. 1411). Deadly Choices is saying here that they offer a health service that is a safe space to build a sense of community and pride.

5.3 Sociocultural approach: Strengths as shared social relationships

The theme **Community**, which is the third most recurring theme in my categorisation, corresponds to the sociocultural approach by Bryant et al. This theme has reference to notions of community, family and togetherness. It conceptualises strengths-based approaches as shared social relationships, collective practices and shared identities instead of the qualities of the individual or the environment. The main difference between the sociocultural approach and the two previously discussed approaches is that the sociocultural approach looks at the structure and quality of relationships, rather than privileging the individual's or the environment's qualities.

Both Picture 9 and Picture 10 focus on social relationships – the former by encouraging community members to look after each other and the latter by promoting to engage in a conversation with the community to learn from others.

Picture 9.

Picture 10.

In Picture 10, Deadly Choices describes young students spending time with community and learning from them; an example of a strength being 'made'. As Brough et al. continue, having access to a shared space supports the production of identities and pride in 'being Aboriginal'. This creates an access to one resource, which can then lead to turning more resources into strengths. According to Nakata et al. (in 2012, in Bryant, et al., 2021, p. 1415) such a knowledge-building process is seen as a central task of decolonisation. A similar message can be seen in Picture 11, where individuals are asked to *lead the way* by making healthy choices and decisions, and in Picture 12 where Deadly Choices highlights their role as empowering younger generations in honour of the ancestors.

Picture 11.

Picture 12.

In both Picture 11 and Picture 12 Deadly Choices also brings attention to the ancestors, highlighting the community relationships. They promote healthy lifestyles *in honour of our ancestors*, which can be seen as a shared worldview, where collective good is valued over individual wellbeing (Bryant, et al., 2021, p. 1413).

Picture 13, that was featured in the previous chapter too, mentions identity and tradition, referring to knowledge building and shared worldviews. Knowledge building can be seen as an action of empowerment, and as McPhail-Bell (2015, p. 68) stated, empowerment should indeed be seen as an action to increase people's control over factors that have an influence over their lives. Through this kind of an empowerment, the ongoing impacts of colonisation can be acknowledged.

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Picture 13.

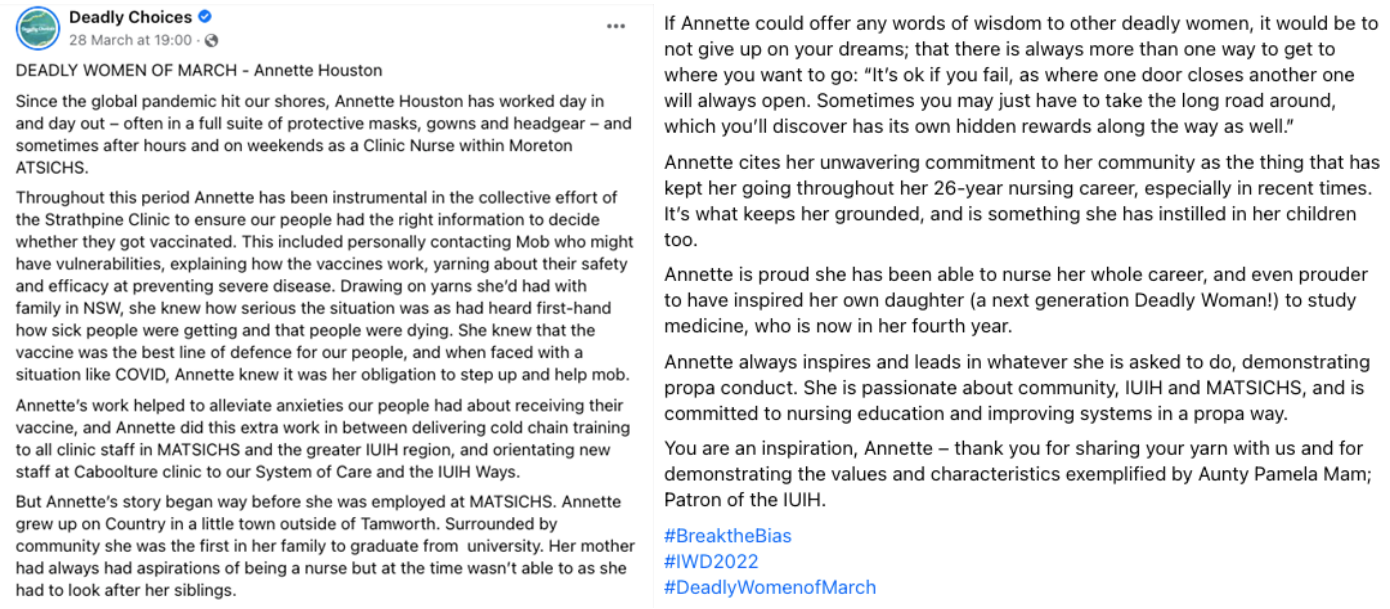
I will continue discussing empowerment in the context of decolonisation in the next section.

5.4 Strengths-based approaches and empowerment

In the general definition of strengths-based approach, I outlined that by nature, the approach focuses on positive stories. Deadly Choices states that they try to always put a positive spin on every health campaign they run. After all, even their name *Deadly Choices* reflects positivity – *deadly* in this case being good or fantastic instead of something morbid. (McPhail-Bell, et al., 2017, p. 772). By focusing on the good stories, they are able to reframe some of the expectations that are presented in institutional policies and interventions and can therefore break the internalised assumptions about deficit (Bryant, et al., 2021, p. 1406). This is in line with Tengland's (2006, p. 205)

conclusion that for empowerment to work, the health professional must create a favorable climate for change. Such a climate includes empathy, unconditional positivity and authenticity from the professional. In other words, the professional must be willing to try to understand the individual's or the community's 'world view' without judgement and pretense.

An example of such positivity is Deadly Choices Facebook post from 28 March, picture 14. This is a positive story of an Indigenous woman who has worked hard and helped the community to survive the difficult times of the pandemic. However, positive stereotypes may pose a risk in that they can form part of the same problematic thinking that already restricts Indigenous' people's lives if they simultaneously ignore the structural causes of Indigenous health inequity with roots being in colonialism and racism (Bryant, et al., 2021, p. 1407).



Deadly Choices
28 March at 19:00 ·

DEADLY WOMEN OF MARCH - Annette Houston

Since the global pandemic hit our shores, Annette Houston has worked day in and day out – often in a full suite of protective masks, gowns and headgear – and sometimes after hours and on weekends as a Clinic Nurse within Moreton ATSICHS.

Throughout this period Annette has been instrumental in the collective effort of the Strathpine Clinic to ensure our people had the right information to decide whether they got vaccinated. This included personally contacting Mob who might have vulnerabilities, explaining how the vaccines work, yarning about their safety and efficacy at preventing severe disease. Drawing on yarns she'd had with family in NSW, she knew how serious the situation was as had heard first-hand how sick people were getting and that people were dying. She knew that the vaccine was the best line of defence for our people, and when faced with a situation like COVID, Annette knew it was her obligation to step up and help mob.

Annette's work helped to alleviate anxieties our people had about receiving their vaccine, and Annette did this extra work in between delivering cold chain training to all clinic staff in MATSICHS and the greater IUIH region, and orientating new staff at Caboolture clinic to our System of Care and the IUIH Ways.

But Annette's story began way before she was employed at MATSICHS. Annette grew up on Country in a little town outside of Tamworth. Surrounded by community she was the first in her family to graduate from university. Her mother had always had aspirations of being a nurse but at the time wasn't able to as she had to look after her siblings.

If Annette could offer any words of wisdom to other deadly women, it would be to not give up on your dreams; that there is always more than one way to get to where you want to go: "It's ok if you fail, as where one door closes another one will always open. Sometimes you may just have to take the long road around, which you'll discover has its own hidden rewards along the way as well."

Annette cites her unwavering commitment to her community as the thing that has kept her going throughout her 26-year nursing career, especially in recent times. It's what keeps her grounded, and is something she has instilled in her children too.

Annette is proud she has been able to nurse her whole career, and even prouder to have inspired her own daughter (a next generation Deadly Woman!) to study medicine, who is now in her fourth year.

Annette always inspires and leads in whatever she is asked to do, demonstrating propa conduct. She is passionate about community, IUIH and MATSICHS, and is committed to nursing education and improving systems in a propa way.

You are an inspiration, Annette – thank you for sharing your yarn with us and for demonstrating the values and characteristics exemplified by Aunty Pamela Mam; Patron of the IUIH.

#BreaktheBias
#IWD2022
#DeadlyWomenofMarch

Picture 14.

In the Literature Review, I described strengths-based approaches as something that promote a set of values and practices that inherently manifest Indigenous self-determination and celebrate the capacities of Indigenous people, and by doing this they combat the operations of the deficit discourse. (Bryant, et al., 2021, p. 1406). As McPhail-Bell states, essential to Indigenous self-determination is having choices to define what health means to Indigenous people and having the means to make such choices. In Picture 12, that was listed in the previous chapter, Deadly Choices highlighted how their role is to empower their people to make healthy choices. Through these words, Deadly Choices gives agency to Indigenous people to become health promoters themselves. They give space to the community to define their health and their sense of a healthy choice by themselves, and this can be seen as a representation of a power shift from health promotion practitioner to the Indigenous people, in other words an enactment of Indigenous self-determination. In addition, the message can be classified as part of their positive narrative. (McPhail-Bell, et al., 2017, p. 778).

As Tengland (2006, p. 205) describes it, empowerment as a process means that it is the client who formulates the problem, comes up with a solution to the problem, and solves the problem. The actions for change are thus the client's. The health professional's role is to perhaps initiate a project and then trust the client that they have the capacity to solve the issue. This leads to the relation between the professional and the client to be mutual and non-hierarchical. The word tree below, Figure 3, is an example of some sentences where the term *empower* has been used: One can see that Deadly Choices is framing their communication in such a way that they do not make the decisions for the Indigenous people but rather the Indigenous people are in control and can make positive decisions for themselves.

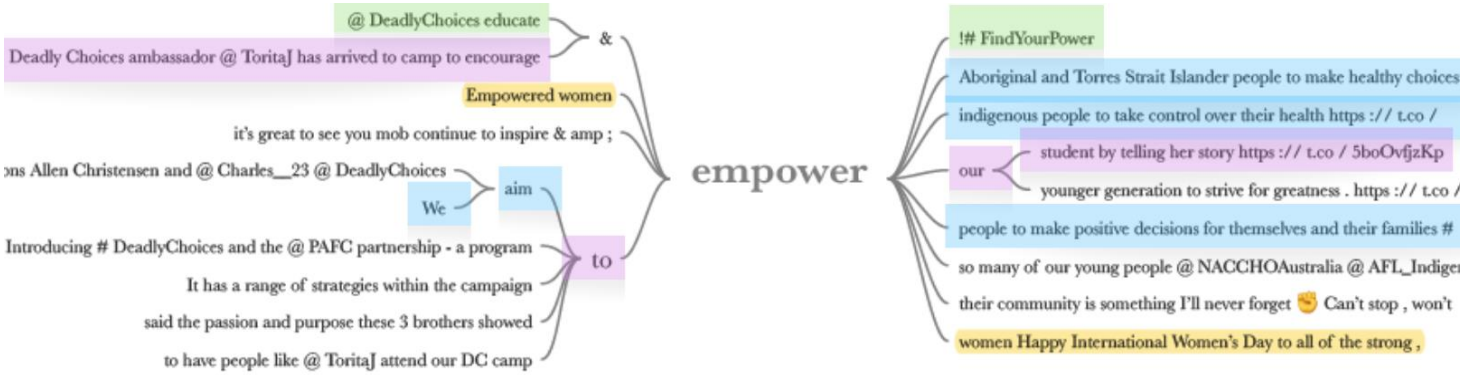


Figure 3. Extract from NVivo.

5.5 Summary

In the Facebook posts and Twitter tweets that I have analysed in this research project, there is no direct reference to Indigenous people's risk behaviours or problems. There are hardly any references to Indigenous people's susceptibility to chronic disease. Therefore, at a first glance it could be said that Deadly Choices does not follow the deficit approach. However, the resilience and social-ecological approaches together form the majority of Deadly Choices communication approaches, and as Bryant et al. continue, the resilience and social-ecological approaches still lack notions of Indigenous knowledge and instead rely on Western concepts of individualised rationality (2021, p. 1405). In that sense they indeed support notions of absence and deficit.

Bryant et al.'s categorisation helped to identify any patterns underpinning the most common approaches to understanding 'strengths'. They had concluded that the most prominent strengths-based approaches are the ones that have foundation in Indigenous ways of knowing, being and doing, as they have an ability to reveal specificities of the social relations, identities and collective practices. This is in contrast to the resilience and social-ecological approaches that rest on rather Western ways of knowing and being, which are distant from Indigenous people's everyday lives, and thus tend to be less successful. They value individual rationality and therefore rest on the logic that feeds into the deficit discourse where Indigenous people are seen to lack crucial skills or need supportive environments. In the sociocultural approach strengths are not possessions of individuals but rather the structure and quality of the social relationship, collective practice, or identity. (Bryant, et al., 2021, pp. 1415-1416).

Based on the collected and analysed data, it can be concluded that Deadly Choices uses a strengths-based approach to empower Indigenous people to become health promoters themselves in the context of decolonising health promotion *to a degree*. The majority of their Facebook posts and Twitter tweets tended to follow the resilience approach as described by Bryant et al. This approach, as explained above, fails to take into account social relationships and Indigenous identities as a strength and thus falls into the trap of individualised, Western biomedical take, in other words the deficit view. The sociocultural approach, which was the second most appearing theme within the posts and tweets, suggests that Deadly Choices indeed consider the broader view that looks at Indigenous ways of being and knowing, which according to Nakata (in 2012, in Bryant, et al., 2021, p. 1415) is the process of *decolonial-knowledge building.* Nakata continues that this knowledge-building process is a central task of the process of decolonisation. Thus, Deadly Choices is using a strengths-based approach to empower Indigenous people to become health promoters themselves in the context of decolonising health promotion to a certain degree.

Figure 4. Extract from NVivo.

Figure 4 is a textual example of the use of the word knowledge, and it is an example that reflects the knowledge-building process by Nakata. The highlighted example shows how the program is to increase the participants' knowledge in order to make healthy choices for themselves.

In conclusion, the strengths-based approach contributes to empowerment and to the practice of decolonizing health promotion in an Indigenous context in a way that it creates a positive story while taking into account the structural inequalities that surround Indigenous people. It does not only empower individuals to take an advantage of their skills and abilities but rather emphasises the importance of social relationships, communal practices, and Indigenous identities to turn these into strengths. All three Bryant et al.'s categories were clearly identifiable in the posts and tweets. The strengths-based approach manifests itself in a myriad of ways in the Deadly Choices Facebook and Twitter communication: For example, they mention shared world views, and position Indigenous ways of being and knowing at the forefront. As I discussed in my theoretical framework, decolonisation proactively looks to move the focus away from the Western worldviews and ideologies and to give space to Indigenous knowledge instead (Fogarty, et al., 2018, p. 13).

In the final chapter I will draw conclusions based on these findings.

6 Conclusions

I will now draw conclusions based on the analysis of Deadly Choices Facebook and Twitter communication. I set out to discover which aspects in their narrative contribute to the strengths-based approach, and which aspects, if any, counteract the deficit discourse. I also looked at how the findings correspond to the concept of empowerment in the context of decolonisation.

In summary, it became apparent that Deadly Choices indeed uses a strengths-based approach in their health promotion. My main research question was ***"To what extent is the strengths-based approach applied to empower Indigenous people to become health promoters themselves in the context of decolonising health promotion?"*** Analysing the data, it became clear that most of Deadly Choices' posts and tweets fall into the resilience approach by Bryant et al. The resilience approach however is a rather Western way of doing health promotion as it highlights the individual's role without taking into account any structural forces. At first glance, the resilience approach looks *empowering* but in fact when the health practitioner gives agency to an individual, it is the practitioner who has the ultimate power. Therefore, the resilience approach has a tendency of making the individual or the community seen as weak and the health professional as the expert. (McPhail-Bell, 2015, pp. 67-68).

However, Deadly Choices incorporates the sociocultural approach as well, just to a lesser extent. This shows that they take into account shared social relationships, collective practices and shared identities instead of just the qualities of the individual

or the environment. Concluding from this it can be said that Deadly Choices certainly apply a strengths-based approach but the majority falls into the category which Bryant et al. distinguished as the least prominent strengths-based approach. Only the sociocultural approach would have the ability of leading into a knowledge-building process, which is a central task of the process of decolonisation. (Nakata (in 2012, in Bryant, et al., 2021, p. 1415).

My first sub research question was ***"How does the strengths-based approach manifest itself in the Deadly Choices social media communication?"*** The strengths-based approach is visible in such a way that their narrative is positive, inclusive, and openly proud of Indigeneity (McPhail-Bell, 2014, pp. 3-5). Their communication is formed around a question "What is your Deadly Choice?", instilling a dialogue between the health professional and the community members. This kind of a dialogue entails a shared power: The health professional and the individual have more equal power each, contrasting to the traditional, Western health promotion activities where advice comes from the health professional down to the individual. (McPhail-Bell 2014, p. 4).

The final sub research question was ***"How does the strengths-based approach contribute to empowerment and to the practice of decolonising health promotion in Indigenous context?"*** As discussed in my analysis, the strengths-based approach contributes to empowerment by creating a story with a positive twist but simultaneously considering the structural inequalities that surround Indigenous people. The important notion here is that it should not aim at empowering individuals to rely on their skills and abilities but rather highlight the importance of social relationships, communal practices, and Indigenous identities to turn these into strengths.

This study is relevant for Communication for Development as it focuses on a specific communication strategy that is used often when communicating to marginalised or minority groups. The approach is most used in Australia, but this study shows that it is useful and could therefore be used in the context of other countries. In addition, this study aimed at bringing something new to the table by focusing on the content of health promotion discourse and concluding what aspects contribute to the creation of a strengths-based approach.

This Degree Project is limited in word count, but it provides an avenue for further study to deepen the understanding of the role of strengths-based approaches when communicating to different communities.

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