

Australians through social networking sites

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### Summary

The potential for health promotion through social networking sites (SNSs) is widely recognized. However, while health promotion prides itself in focusing on the social determinants of health, its partiality for persuading individuals to comply with health behaviours dominates the way health promotion utilizes SNSs. This paper contributes to an understanding of collaborative ways SNSs can work for health promotion agendas of self-determination and empowerment in an Indigenous Australia context. An ethnographic study was undertaken with Deadly Choices, an Indigenous-led health promotion initiative. The study involved participant observation of interactions on Deadly Choices SNSs between Deadly Choices and its online community members. Deadly Choices provides an example of SNSs providing a powerful tool to create a safe, inclusive and positive space for Indigenous people and communities to profile their healthy choices, according to Indigenous notions of health and identity. The study found five principles that underpin Deadly Choices' use of SNSs for health promotion. These are: create a dialogue; build community online and offline; incentivise healthy online engagement; celebrate Indigenous identity and culture; and prioritize partnerships. Deadly Choices SNSs empowers Indigenous people and communities to be health promoters themselves, which represents a power shift from health promotion practitioner to Indigenous people and communities and more broadly, an enactment of Indigenous self-determination on SNSs. Mainstream health promotion can learn from Indigenous health promotion practice regarding the use of SNSs for health promotion agendas.

Key words: Indigenous Australia, social networking sites, Aboriginal and Torres Strait Islander health, social media

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#### INTRODUCTION

The potential to use social media and more specifically, social networking sites (SNSs) for health promotion is widely recognized. However, while health promotion prides itself in acknowledging the social determinants of health, health promotion using SNSs emphasizes compliance with individual health behaviours. Individualized and biomedical constructions of health dominate, transforming health promotion into oppressive practices (Baum and Fisher, 2014). The discourse regarding use of SNSs for behaviour change tends to fixate on compliance and the risks associated with online participation, such as racism and bullying for Indigenous Australians (Evers et al., 2013) further diminishing the potential for empowerment and selfdetermination (Tengland, 2012). This paper discusses some lessons learned from an innovative use of social media in the area of Indigenous health promotion (Deadly Choices) where empowerment remained central.

#### **BACKGROUND**

# Health promotion uses of social networking sites

The use of technologies to persuade people to engage in 'healthy behaviours' has become an accepted part of health promotion (Lupton, 2014). Health promoters can now communicate in increasingly persuasive ways via tailored health messages to individuals (Lupton, 2012). In this paper, we focus on SNSs which are used in a variety of ways within health promotion including: digital information access and sharing; self-tracking for health and fitness; health- and fitness-related digital gaming; sensor-embedded environments and citizen science initiatives and big data insights into health behaviours (Lupton, 2014). SNSs are a type of social media, involving Internet-based applications built on Web 2.0 (Park and Calamaro, 2013). SNS are, at their most basic, any website through which its users can create profiles, connect with others and view content created by others (Boyd and Ellison, 2008). SNSs present opportunities for health promotion to reach a broad audience, but unlike one-way mass media approaches such as television, SNSs provide the capacity for a two-way dialogue as well as the ability to deliver information to 'where the people are' (Boyd and Ellison, 2008; Allison et al., 2012; Madden et al., 2013; Nguyen et al., 2013).

Health promotion professionals in Australia have been eager to embrace the opportunities provided by SNSs to promote health (for example, Gold *et al.*, 2012; Australian Drug Foundation, 2013; Nguyen *et al.*, 2013;

Pedrana et al., 2013; Brusse et al., 2014). However, the by-product of this persuasive technology is an emphasis upon, and reinforcement of, control and coercion regarding human behaviour (Purpura et al., 2011). In a content analysis of the use of social media among an American sample of community-based organizations conducting health promotion it was found that despite the capacity for two-way communication, mostly social media was used for unidirectional communication flow and that the most common message being 'pushed' was concerned with organizational promotion, rather than health promotion (Ramanadhan et al., 2013).

Important ethical issues exist in relation to the use of SNS in health promotion. SNSs facilitate health promotion's capacity to operate via 'intensely surveillant' principles, enabling the monitoring of problematic populations and behaviours (Lupton, 2014, p. 5). Users who do not behave compliantly may experience guilt, shame and possibly stress for their failure to conform (Bond *et al.*, 2012; Lupton, 2012). Individualistic approaches in health promotion are known to increase health inequality and intensify the stigmatization of already marginalized people through the amplification of their 'failures' (Goldberg, 2012). Hence the use of SNSs needs careful ethical judgement in their design and use.

Whilst there is now a reasonable literature on the use of SNSs in health promotion, it is surprising how limited the literature is once the focus is narrowed to more community-oriented, dialogical uses of SNS rather than as one-way tools for health education. Moreover, research on SNSs is dominated by studies in North American and European contexts (Kumar, 2014). In Australia, research has explored the way Indigenous Australians express their identity online and found that they are active participants on social media sites, particularly young people (Carlson, 2013; Rice *et al.*, 2016). Beyond this, the literature regarding use of SNSs among Indigenous Australians is very limited.

Indigenous uses of SNSs for advocacy, health promotion and community development (Sweet, 2013a, 2013b) present important lessons for health promotion. Indigenous-led Twitter-based events such as #IHMayDay and initiatives such as the Indigenous-curated @IndigenousX are powerful platforms for learning, exchange, advocacy and dialogue about the social and emotional wellbeing of Indigenous peoples (Geia and Sweet, 2015; Sweet et al., 2015). Indigenous Australian examples include the No Smokes campaign, the Rewrite Your Story initiative to be smoke free, and the use of Facebook to promote sexual health and smoking cessation (Sweet, 2013b). Indigenous researchers have found that sustainable SNSs can boost self and community development

offline, as well, when used for community aspirations (Pearson, 2015; Rigney, 2015). In short, SNSs provide potential platforms for community-based health promotion but to date, there has been little exploration of what is required to be effective. This paper addresses this knowledge gap by describing collaborative ways SNSs can work for health promotion agendas of self-determination and empowerment in an Indigenous Australia context.

#### Deadly choices

Deadly Choices is a health promotion campaign designed by Indigenous people for Indigenous people in the South East Queensland (SEQ) region of Australia. In 2010, the Institute for Urban Indigenous Health (IUIH<sup>1</sup>) established Deadly Choices as a chronic disease prevention and education initiative aiming to empower Aboriginal and Torres Strait Islander people living in SEQ to make healthier choices to reduce their risk of chronic disease (Malseed et al., 2014). As some Deadly Choices practitioners say, they do this by trying to 'always put a positive spin on' their health campaigns online and offline. The name, Deadly Choices reflects this positivity: the word deadly is a contranym. In public health terms, deadly means to cause or resemble death. In Aboriginal English, the term deadly means good or fantastic and is used in praise. Hence, in the context of Deadly Choices, deadly signifies positivity to an Indigenous audience. In other words, a 'Deadly Choice' is a healthy choice (Malseed et al., 2014).

Deadly Choices includes a social marketing strategy, a partnership with the Brisbane Broncos National Rugby League (NRL) team, and a primary and secondary school education program. A team of 15 practitioners deliver Deadly Choices in SEQ. Most of the team identify as Indigenous Australians and are from, or active in, the SEQ community with which they work. Deadly Choices has integrated a range of SNS platforms into its health promotion practice including Twitter, Facebook, Instagram, Periscope and Deadly TV via YouTube.

Deadly Choices uses SNSs because they understand that Indigenous people are present there. Indeed researchers argue that, 'for health promotion, there is no real alternative but to engage with social media and mobile software technology' (Brusse *et al.*, 2014, p. 12).

1 IUIH is an Indigenous controlled organisation that positions itself as uniting, integrating and leading Aboriginal community controlled health services in SEQ. Deadly Choices is one of many IUIH program areas, funded primarily through the Australian Government Closing the Gap policy initiative. Built on somewhat organic beginnings, Deadly Choices established its SNSs presence guided by ongoing interactions between IUIH management, the SEQ Indigenous community and Deadly Choices practitioners. In January 2012, Deadly Choices joined its first social networking sites, Twitter and Facebook. In the following year, Deadly Choices joined Instagram and soon established Deadly TV, platformed on YouTube and accessible through the Deadly Choices website. More recently, Deadly Choices established its Periscope account.

The Deadly Choices social media following has increased exponentially. In November 2016, Deadly Choices had 4995 followers on Twitter, and 7027 followers on Instagram. The Deadly Choices Facebook fan page had 14 852 followers. Compare Deadly Choices' Facebook following to these health promotion Facebook pages:

- NoSmokes, a national campaign with 5633 followers
- Diabetes Queensland with 8188 followers
- Cancer Council Queensland with 23 791 followers.

Considering that Indigenous Australians make up 3% of Australia's population (669 900 people) (ABS, 2012), and that Deadly Choices is a SEQ regional initiative, the following of Deadly Choices SNSs is particularly impressive compared to the two above-listed mainstream Facebook pages. Furthermore, Deadly Choices has grown its following without the use of paid promotion, which contrasts the experience of other health promotion initiatives that found they needed paid promotions in order to reach their target population (Nguyen et al., 2013; Pedrana et al., 2013).

### **ETHNOGRAPHIC METHODS**

This paper forms part of the first author's PhD which was a critical ethnographic study of the health promotion practice of Deadly Choices practitioners (McPhail-Bell, 2015). The QUT Human Research Ethics Committee granted ethical approval for this research. SNSs were part of the 'ethnographic places' in fieldwork (Pink, 2009) and included Facebook, Twitter, Instagram and Deadly TV (YouTube). This paper focuses on the key principles learnt through that study regarding Deadly Choices' use of SNSs.

The role of boundaries and participant observation in ethnography has been repositioned and problematized by connective technologies that enable people to be in multiple places at once, both online and offline (Tunçalp and Lê, 2014; Wittel, 2000, p. 2). The online ethnographer must engage with the various technologies involved

including apps, mobile devices, screen captures, online chatting, following links and reading the text of others online (Ardevol, 2012). Likewise, the ethnographer needs to be cognizant of the way the use of social media (including SNSs) tends to be connected to the offline locale, 'with the qualities, political structures and histories of localities or regions' (Postill and Pink, 2012, p. 123). In light of these requirements, this study followed interactivity between everyday online communications and exchanges to the offline communications of Deadly Choices practitioners, which served to establish connection between the online and offline spheres (Beneito-Montagut, 2011; Pink, 2012).

The study's approach sought to learn from the vibrancy of Indigenous communities in an urban context; such an approach is often overlooked in Indigenous health research (Bainbridge et al., 2015). A decolonizing approach (Sherwood, 2010; Smith, 2012) was theoretically informed by postcolonializm, critical race theory and the cultural interface (Bhabha, 1983; Spivak, 1988; Sefa Dei, 2005; Nakata, 2007; Graham et al., 2011). To align with a decolonizing approach, these theoretical tools worked to critique the Euro-Western paradigm and subsequently inquire how knowledges converge and evolve, through their daily enactment

Fieldwork with Deadly Choices took place over two years. The first author used her personal SNS accounts for online fieldwork and was identifiable when interacting online, but not when observing and monitoring. Ethnographic interviews and ongoing conversations with participants regarding the use of SNSs accompanied the online fieldwork. The iterative-inductive nature of ethnography meant that data analysis was integrated into fieldwork (O'Reilly, 2009) with continued comparison, coding and merging of concepts, including the creation, renaming or modifying of concepts (Thorne, 2000). Data analysis involved regular feedback of findings to Deadly Choices for the purposes of accountability and developing shared interpretation and benefit. Informed by the study's approach, this paper was produced collaboratively with members of the Deadly Choices team.

# 'EVERYONE LOVES GETTING A SHOUT OUT'

This section overviews the findings according to five principles underpinning the Deadly Choices approach to SNSs for health promotion. These principles were developed collaboratively by co-authors, informed by the research, and form part of the broader work of Deadly Choices. Examples provided are not necessarily specific to the principle they accompany due to the principles' interrelated and holistic nature.

### Create a dialogue

By asking the question, What's your deadly choice?' Deadly Choices establishes a pathway for dialogue with community, through which shared understandings of health and 'deadly choices' can be co-constructed. Consider the following interaction on Twitter in which Deadly Choices welcomes a new follower:

Deadly Choices: Big S/O 2 (name of follower). Thanks for the follow and support, so what's your Deadly Choice? New follower: It's about being strong and proud and backing yourself every time @DeadlyChoices.

As this exchange shows, Deadly Choices uses SNSs to facilitate a dialogue that effectively co-creates knowledge and language around health. In response to the same question, another community member posted on Twitter regarding quitting smoking:

Community member: My deadly choice was to give up smokes. Going on 20 wks without one.

Deadly Choices: Giving up smokes WOW and up to 20 weeks without one, congratulations, more leaders like yourself is needed.

This quote shows the way practitioners listen to the community and affirm their deadly choices, while the community demonstrates their endorsement and promotion of the Deadly Choices brand. Through dialogue on SNSs, Deadly Choices creatively navigates the policy context, where the Australian Government's *Closing the Gap* agenda (Australian Government, 2016) funds biomedical constructions of health promotion. Deadly Choices expands upon the biomedical agenda by including it in their practice, while using SNSs to enable Indigenous people to construct their own notion of what a deadly choice is. As one practitioner reflected:

We're using our people to educate, which I like. It's not just us. It's our community in their own words.

In this way, dialogue enables Deadly Choices to collaborate with the community and seek their engagement to make more deadly choices, rather than telling them not to make unhealthy 'non-deadly choices'.

### Build community online and offline

Deadly Choices practitioners connect with their communities online and offline through ongoing, relationship-based health promotion. Converting offline interactions into online content, and vice versa, is core to this blended phenomenon. For example, Deadly Choices

created a Facebook photo album for their surf day held to reward for Deadly Choices students, accompanied by a status update on which many followers commented, liked and 'hearted':

Last week our team organized a Surfing day for our selected Deadly Choices students from around the SEQ region. It was a thrill for all students especially when it was their first trip to Stradbroke Island & surfing.

As this status suggests, Deadly Choices uses SNSs as a platform for positive and ongoing dialogue that affirms Indigenous cultural values online and offline.

It's very easy to have two different personas: one out in the community and one on your social media. But both personalities are very similar within... our Deadly Choices... It's all very positive, it's encouraging, it's promoting leadership, and how we can look after our family and our culture. (Practitioner)

Arguably, the transparency and accountability of a 'consistent personality' works to prevent online abuse and racism. IUIH executives and Deadly Choices report no cyber-bullying, trolling or racism on Deadly Choices SNSs, which contrasts the anonymous online racism and bullying that is prevalent where Indigenous content is profiled on social media (Christie and Verran, 2013; Herborn, 2013; Carlson *et al.*, 2015). By building community in online and offline spaces, Deadly Choices hampers anonymity while collaboratively creating a safe and fun online space to dialogue about health and health education.

IUIH organizational and management support has been essential for the growth of Deadly Choices SNSs. Such support includes allocating a portion of a staff member's position to coordinate Deadly Choices SNSs, providing all Deadly Choices practitioners with iPhones and access to the Deadly Choices SNSs accounts and requiring those practitioners to post from Deadly Choices accounts about their health promotion work with the community. Targets (for example, three tweets per practitioner per day) and peer training helps to skill and empower practitioners to engage in SNSs for health promotion. The combined effect sees Deadly Choices bringing its offline relationships, activities and events into online spaces.

### Incentivise healthy online engagement

Deadly Choices practitioners incentivise healthy online engagement by creating positive and safe spaces for everyday Indigenous people to share their deadly choices. Using SNS, Deadly Choices celebrates and promotes Indigenous people for their choices, positioning them as change agents:

Hey guys when you make a Healthy Choice, the Right Choice the Deadly Choice we want to hear about it. It's time to encourage positive change and decisions within our community and it starts with YOU. Stay deadly. (Deadly Choices Facebook post).

Deadly Choices uses competitions and unstructured interaction (reposts, comments, retweet and so on) to attract and engage SNSs users, with competitions and prizes provided as a 'reward for effort'. Figure 1 portrays a photo and caption entry for a Deadly Choices Facebook competition to make a deadly choice. The entry's author portrays multiplicity in their concept of health: family time, building the next generation, laughter, physical activity, healthy food and Indigenous identity. Deadly Choices responds to the post positively, by reposting it on their Facebook wall. Reposting is a regular Deadly Choices practice that effectively profiles the voice of the post's author and affirms them as a health promoter who can lead others to make healthy, deadly choices. One practitioner reflected about the positive online culture Deadly Choices facilitates:

...in a way there's sort of a shame aspect of just telling everyone, 'Hey, I went for an hour and a half run today, I feel so good'. And some people might say, 'Oh look at you, big-noter<sup>2</sup>' and stuff like that. But if they're putting on a place like our Facebook or Twitter, we're encouraging that, that's what we want to hear. And they're sort of feeling, 'Oh that's good, I'm being congratulated on drinking two litres of water a day,' where they may not get that anywhere else.

Deadly Choices incentivises healthy online engagement by creating a welcoming environment where Indigenous people are not judged or pressured to comply with pre-determined health behaviours but rather, encouraged to make and share their own choices about their health.

## Celebrate Indigenous identity and culture

Deadly Choices has in the words of some practitioners, 'brought culture to social media,' by adhering to Indigenous values online, which has created a platform where Indigenous expressions of health and identity are asserted and celebrated. As Figure 1 reveals, community members use Deadly Choices SNSs to create a new narrative regarding Indigenous health and identity, and effectively for health promotion. In this narrative, there is pride in Indigenous identity and culture:

2 A "big-noter" is Australian slang for a person who promotes himself or herself to appear better than they actually are.



Fig. 1: Shared from the Deadly Choices Facebook page with IUIH permission, posted 17 April 2013. The caption posted with the photo was, 'Deadly Choices now = Deadly Buraay's for the Future. Could not just choose one as so many of our choices now will affect our kids in the future. We walk, Swim, Bike ride, jump on the Trampoline to even playing tennis with the cat. PLUS ALOT MORE.'

Being Aboriginal means everything to me... the connection I have with my people and my country is something money cannot buy. (Community member, Deadly Choices Facebook page).

Indigenous cultural values inform the way Deadly Choices moderates its SNSs platform, including sharing, leading by example, collectivity, inclusivity, cultural safety and positive identity (Bond, 2005). Indeed, Deadly Choices is inclusive of the general community,

including non-Indigenous people, which they frame as an indication of wider community support.

With us, we can't be negative in any way. We're there for the community, we're there to promote them and also be an ear or be their forum as well. (Deadly Choices practitioner).

The positive framing of Indigenous identity and culture in health promotion and in online spaces is not

commonplace, with representation of Indigenous health and identity in traditional media overwhelmingly negative and perpetuating of racist stereotypes (Stoneham, 2014). Contrasting Australia's Indigenous health and social policy context of paternalism and control (McPhail-Bell *et al.*, 2015), Deadly Choices encourages their followers to share the knowledge they gain and behaviours they develop for the sake of their family and community, because 'it is your responsibility to look after your family'.

It's all about empowering our people to be good leaders and mentors in their community. It's them taking on their own health and taking that in regards to making their own lifestyle decisions. (Practitioner).

Rather than being a tool to require the community to seek perfect health, Deadly Choices use SNSs to create a positive, inclusive culture that supports people to make better choices on their own terms. In doing so, Deadly Choices promotes Indigenous identity and culture as health producing and as a deadly choice.

### Prioritize partnerships, big or small

Deadly Choices uses SNSs to foster strategic partnerships with and remain visible to their priority communities and a broader audience, including politicians, community role models, health agencies, sporting identities and celebrities. At the community-based level, Deadly Choices' philosophy underpins its partnerships approach:

"...build... strong leaders among Aboriginal and Torres Strait Islander communities to encourage healthy lifestyles and create a healthy future for our people'. (Deadly Choices Facebook page).

For Deadly Choices, health promotion involves promoting community on SNSs, for which they partner with and profile leaders from all parts of the community, including children and young people. For example, Deadly Choices rewarded school students who consistently participated in the Deadly Choices schools education program with the opportunity to accompany one of the two NRL teams onto the field to open a home Broncos game (see Figure 2). Subsequently, Deadly Choices profiled the event across their SNSs, contributing to the ongoing dialogue about making deadly choices.

Deadly Choices ambassadors partnered with this event, as they often do in Deadly Choices health promotion. While the use of ambassadors in health promotion programs is not new, the diversity of the ambassador backgrounds and their promotion of health according to

Indigenous perceptions of health beyond only risky behaviours and disease are new. Deadly Choices ambassadors come from a range of backgrounds, including NRL, music, film production, softball, soccer, boxing, cooking, bodybuilding and academia. Deadly Choices profiles each ambassador on its SNSs with their own deadly choice, which range from getting an 'education', to 'stay fit, healthy and mentally strong' and 'to educate our people'. However, Deadly Choices are selective in who it partners with, 'follows' or 'friends' as part of maintaining a safe and positive environment where SNS are used for Indigenous health promotion:

...not to talk about politics or anything that's happening negative in the community. It's all about promoting what we're doing and promoting the community... (Deadly Choices practitioner).

Deadly Choices strategically aligns with others who are consistent with its agenda on SNSs. For example, Deadly Choices partners with local Indigenous health services, contributing to increased referrals for Indigenous health checks in SEQ, for which SNS were key (Malseed *et al.*, 2014). Deadly Choices establishes new partnerships online by participating in activities such as Twitter reporting at the Australian Health Promotion Association (AHPA) 2013 conference. Their tweeting in AHPA 2013 contributed to bringing an Indigenous voice to the forefront (Sweet, 2013a) and provided a mechanism for interaction and feedback; for example:

Tweeter: Sometimes you just want to sit back and hear a great example of health promotion done well. Thanks @DeadlyChoices #ahpa2013

Deadly Choices: (Twitter Name) thanks very much, always great to have positive feedback.

Partnerships create opportunities to amplify Deadly Choices' SNSs audience and strengthen the Deadly Choices brand. At the same time, SNSs enable promotion, strengthening and creation of partnerships for Deadly Choices, which are culminating outcomes for SNSs in the use of health promotion (Neiger *et al.*, 2013).

# 'A DEADLY CHOICE IS A HEALTHY CHOICE': DISCUSSION AND IMPLICATIONS

Five interconnected principles for the collaborative use of SNSs for Indigenous health promotion have been presented: create a dialogue; build community online and offline; incentivise healthy online engagement; celebrate



Fig. 2: Deadly Choices students who completed the Deadly Choices Education Program were rewarded with the opportunity to run onto the field with one of the two NRL teams to open a home Broncos game. The Broncos are involved with Deadly Choices as ambassadors, including Sam Thaiday (pictured). Shared with IUIH permission.

Indigenous identity and culture; and prioritize partnerships. In enacting these principles, Deadly Choices portrays Indigenous relationality and self-determination in online spaces as being health promotion agendas themselves. Deadly Choices uses SNSs for dialogue and as a tool to welcome and 'have a friendly conversation with community members' (Deadly Choices practitioner). By prioritizing relationship, health promotion is transformed into a dialogue between practitioner and community, rather than that of a health promotion expert seeking individual compliance. By asking, 'What's your deadly choice?' authorship of the health promotion messages-that is, the deadly choices people make and promote-shifts away from health promotion practitioners to the community. As a result of Indigenous people choosing, deadly choices range across a wide spectrum, well beyond the narrow frames of 'disease prevention'. Pride in identity is for example valued equally with giving up smoking. In this way, community members are supported to take ownership of their own conceptions of health and to share those with others. In doing so, the

health promotion conversation and agenda broaden, where choice works to incentivise healthy online engagement, through which Indigenous people govern the health promotion message. Effectively, Deadly Choices positions the community as health promoters too.

Deadly Choices demonstrates that the five principles can work for health promotion agendas of selfdetermination and empowerment with Indigenous Australians. Deadly Choices uses SNSs to promote the voice of Indigenous people, which is key for empowerment for Indigenous health (Bond and Brady, 2015). Instead of being based upon health promotion experts advising the community about how to be 'healthy', Deadly Choices is built upon Indigenous communitybased interactions and concepts of health. This is not to say that Deadly Choices does not deliver some familiar health messages about, for example, chronic disease prevention; however, it is the capacity of Deadly Choices to not be contained by such narrow frames which is powerful here. The community defines deadly choices rather than the more familiar enactment of neo-colonial arrangements of knowledge. Such an approach is divergent from the majority of health promotion uses of social media and SNSs, which tend to focus upon pre-defined messages seeking compliance to a distant body of expert knowledge. In contrast, Deadly Choices positions expert knowledge within the Indigenous community and portrays Indigenous people and their knowledge in positive, empowering ways, thus enabling the re-imagining of Indigenous people and communities in online spaces.

#### **CONCLUSIONS**

This paper argues that the Deadly Choices approach to SNSs provides an example of a health promotion agenda of Indigenous self-determination and empowerment. That Deadly Choices enables the 'writing back against the deficit position' is a health promoting exercise and essential to self-determination (Arabena et al., 2014). Also essential to Indigenous self-determination is having choices about how to define what health means in Indigenous lives and the means to make those choices (McPhail-Bell et al., 2015). To achieve this agenda, Deadly Choices use SNSs as a tool for relationships with Indigenous people and communities, to define and promote their health and a healthy sense of Indigeneity and community. In doing so, Indigenous people are repositioned as health promoters themselves, and Indigenous people and culture reconfigured according to a positive narrative. The way Deadly Choices uses SNSs for health promotion represents a power shift from health promotion practitioner to Indigenous people and communities and more broadly, an enactment of Indigenous selfdetermination on SNSs.

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#### **REFERENCES**

- Allison, S., Bauermeister, J. A., Bull, S., Lightfoot, M., Mustanski, B., Shegog, R. et al. (2012) The intersection of youth, technology, and new media with sexual health: moving the research agenda forward. *Journal of Adolescent Health*, 51, 207–212.
- Arabena, K., Rowley, K. and MacLean, S. (2014) Building evidence about effective health promotion in Aboriginal and Torres Strait Islander communities. *Australian Journal of Primary Health*, 20, 317–318.
- Ardevol, E. (2012) Virtual/visual ethnography: methodological crossroads at the intersection of visual and Internet research. In Pink, S. (ed), Advances in Visual Methodology. SAGE, London, pp. 74–93.
- Australian Drug Foundation. (2013) Prevention in Action: Alcohol and Drug Information Leveraging Social Media: Using New Communications Technologies has Never Been so Important for Health Promoters. Australian Drug Foundation, Melbourne.
- Australian Government. (2016) Closing the gap Prime Minister's report 2016. Commonwealth of Australia, Canberra.
- Bainbridge, R., Tsey, K., McCalman, J., Kinchin, I., Saunders, V., Lui, F. W. et al. (2015) No one's discussing the elephant in the room: contemplating questions of research impact and benefit in Aboriginal and Torres Strait Islander Australian health research. BMC Public Health 2015, 15(696).
- Baum, F. and Fisher, M. (2014) Why behavioural health promotion endures despite its failure to reduce health inequities. Sociology of Health & Illness, 36, 213–225.
- Beneito-Montagut, R. (2011) Ethnography goes online: towards a user-centred methodology to research interpersonal communication on the internet. *Qualitative Research*, 11, 716–735.
- Bhabha, H. K. (1983) The other question. Screen, 24, 18–36.
- Bond, C. (2005) A culture of ill-health: public health or aboriginality? *Medical Journal of Australia*, 183, 39–41.
- Bond, C. and Brady, K. (2015) Locating Indigenous Australia within community development practice-clients, consumers or change makers? Quarterly Journal for Social Justice, Sustainability, Community Development and Human Rights, 43, 2.
- Bond, C., Brough, M., Spurling, G. and Hayman, N. (2012) 'It had to be my choice' Indigenous smoking cessation and negotiations of risk, resistance and resilience. *Health, Risk & Society*, 14, 565–581.
- Boyd, D. and Ellison, N. (2008) Social network sites: definition, history, and scholarship. *Journal of Computer-Mediated Communication*, 13, 210–230.
- Brusse, C., Gardner, K., McAullay, D. and Dowden, M. (2014) Social media and mobile apps for health promotion in Australian Indigenous populations: scoping review. *Journal* of Medical Internet Research, 16, e280.
- Carlson, B. (2013). The 'new frontier': emergent indigenous identities and social media. In Harris, M., Nakata, M. and

Carlson, B. (eds), *The Politics of Identity: Emerging Indigeneity*. University of Technology Sydney E-Press, Sydney, pp. 147–168.

- Carlson, B., Farrelly, T., Frazer, R. and Borthwick, F. (2015) Mediating tragedy: facebook, Aboriginal peoples and suicide. Australian Journal of Information Systems, 19, 1–15.
- Christie, M. and Verran, H. (2013) Digital lives in postcolonial Aboriginal Australia. *Journal of Material Culture*, 18, 299–317.
- Evers, C. W., Albury, K., Byron, P. and Crawford, K. (2013) Young people, social media, social network sites and sexual health communication in Australia: "This is funny, you should watch it". *International Journal of Communication*, 7, 263–280.
- Geia, L. and Sweet, M. (2015) #IHMayDay: showcasing Indigenous knowledge and innovation. Paper presented at the 13th National Rural Health Conference, Darwin Convention Centre. http://www.ruralhealth.org.au/13nrhc/ images/paper\_Geia%2C%20Lynore.pdf (last accessed July 2016).
- Gold, J., Pedrana, A. E., Stoove, M. A., Chang, S., Howard, S., Asselin, J. et al. (2012) Developing health promotion interventions on social networking sites: recommendations from The FaceSpace Project. Journal of Medical Internet Research, 14, e30.
- Goldberg, D. S. (2012) Social justice, health inequalities and methodological individualism in US health promotion. *Public Health Ethics*, 5, 104–115.
- Graham, L., Brown-Jeffy, S., Aronson, R. and Stephens, C. (2011) Critical race theory as theoretical framework and analysis tool for population health research. *Critical Public Health*, 21, 81–93.
- Herborn, D. (2013) Racial vilification and social media. Indigenous Law Bulletin, 8, 16–19.
- Kumar, N. (2014) Facebook for self-empowerment? A study of Facebook adoption in urban India. New Media & Society, 16, 1122–1137.
- Lupton, D. (2012) M-health and health promotion: the digital cyborg and surveillance society. *Social Theory & Health*, 10, 229–244.
- Lupton, D. (2014) Health promotion in the digital era: a critical commentary. *Health Promotion International*, 30, 174–183.
- Madden, M., Lenhart, A., Cortesi, S., Gasser, U., Duggan, M., Smith, A, Beaton, M. (2013) Teens, social media, and privacy, Pew Research Centre, Washington. http://www.pewin ternet.org/2013/05/21/teens-social-media-and-privacy/ (last accessed December 2013).
- Malseed, C., Nelson, A. and Ware, R. (2014) Evaluation of a school-based health education program for urban Indigenous young people in Australia. *Health*, 6, 587–597.
- McPhail-Bell, K. (2015) "We don't tell people what to do": an ethnography of health promotion with Indigenous Australians in South East Queensland. (Doctor of Philosophy), Queensland University of Technology, Kelvin Grove.
- McPhail-Bell, K., Bond, C., Brough, M. and Fredericks, B. (2015) "We don't tell people what to do": ethical practice

- and Indigenous health promotion. *Health Promotion Journal of Australia*, 26, 195–199.
- Nakata, M. (2007) Disciplining the Savages: Savaging the Disciplines. Aboriginal Studies Press, Canberra.
- Neiger, B. L., Thackeray, R., Burton, S. H., Giraud-Carrier, C. G. and Fagen, M. C. (2013) Evaluating social media's capacity to develop engaged audiences in health promotion settings: use of Twitter metrics as a case study. *Health Promotion Practice*, 14, 157–162.
- Nguyen, P., Gold, J., Pedrana, A., Chang, S., Howard, S., Ilic, O. et al. (2013) Sexual health promotion on social networking sites: a process evaluation of the FaceSpace project. *Journal of Adolescent Health*, 53, 98–104.
- O'Reilly, K. (2009) Key Concepts in Ethnography. London: SAGE.
- Park, K. and Calamaro, C. (2013) A systematic review of social networking sites: innovative platforms for health research targeting adolescents and young adults. *Journal of Nursing* Scholarship, 45, 256–264.
- Pearson, L. (2015) Reflections on engaging with the Indigenous digital world. In Foundation, T. (ed), Making the Connection: Essays on Indigenous Digital Excellence. Vivid Publishing, Fremantle, pp. 45–35.
- Pedrana, A., Hellard, M., Gold, J., Ata, N., Chang, S., Howard, S. et al. (2013) Queer as F\*\*k: reaching and engaging gay men in sexual health promotion through social networking sites. Journal of Medical Internet Research, 15, e25.
- Pink, S. (2009) Doing Sensory Ethnography. Sage, London.
- Pink, S. (2012) Visual ethnography and the Internet: visuality, virtuality and the spatial turn. In Pink, S. (ed), Advances in Visual Methodology. SAGE, London, pp. 113–130.
- Postill, J. and Pink, S. (2012) Social media ethnography: the digital researcher in a messy web. *Media International Australia*, 145, 123–132.
- Purpura, S., Schwanda, V., Williams, K., Stubler, W., Sengers, P. (2011) Fit4life: the design of a persuasive technology promoting healthy behavior and ideal weight. Paper presented at the CHI '11 Proceedings of the SIGCHI Conference on Human Factors in Computing Systems, New York.
- Ramanadhan, S., Mendez, S. R., Rao, M. and Viswanath, K. (2013) Social media use by community-based organizations conducting health promotion: a content analysis. BMC Public Health, 13, 1–10.
- Rice, E., Haynes, E., Royce, P. and Thonpson, S. (2016) Social media and digital technology use among Indigenous young people in Australia: a literature review. *International Journal for Equity in Health*, 15, e16.
- Rigney, L.-I. (2015) Digital inclusion and Aboriginal futures: three questions. In Foundation, T. (ed), Making the Connection: Essays on Indigenous Digital Excellence. Vivid Publishing, Fremantle, pp. 25–33.
- Sefa Dei, G. J. (2005) Critical issues in anti-racist research methodologies: an introduction. In Sefa Dei, G. J. and Johal, G. S. (eds), Critical Issues in Anti-Racist Research Methodologies. Peter Lang, New York, pp. 1–27.

- Sherwood, J. (2010) Do no harm: Decolonising Aboriginal health research. (Doctor of Philosophy), University of New South Wales, Sydney.
- Smith, L. T. (2012) Decolonizing Methodologies: Research and Indigenous Peoples, 2nd ed. Zed Books, London.
- Spivak, G. C. (1988) Can the subaltern speak? In Nelson, C. and Grossberg, L. (eds), Marxism and the Interpretation of Culture. Macmillan Education, Basingstoke, pp. 721–313.
- Stoneham, M. J. (2014) The portrayal of Indigenous health in selected Australian media. The International Indigenous Policy Journal, 5. Retrieved from: http://ir.lib.uwo.ca/iipj/vol5/iss1/5 (last accessed June 2014).
- Sweet, M. (2013a) Indigenous tweeps out in force at health promotion conference. Retrieved from http://blogs.crikey. com.au/croakey/2013/06/16/indigenous-tweeps-out-inforce-at-health-promotion-conference/ (last accessed June 2015).

- Sweet, M. (2013b) Social media: new links for Indigenous health. Medical Journal of Australia, 199, 18.
- Sweet, M., Geia, L., Dudgeon, P. and McCallum, K. (2015) #IHMayDay: tweeting for empowerment and social and emotional wellbeing. Australasian Psychiatry, 23, 636–640.
- Tengland, P.-A. (2012) Behavior change or empowerment: on the ethics of health-promotion strategies. *Public Health Ethics*, 5, 140–153.
- Thorne, S. (2000) Data analysis in qualitative research. *Evidence Based Nursing*, **3**, 68–70.
- Tunçalp, D. and Lê, P. L. (2014) (Re)Locating boundaries: a systematic review of online ethnography. *Journal of Organizational Ethnography*, 3, 59–79.
- Wittel, A. (2000) Ethnography on the move: from field to net to internet. Forum: Qualitative Social Research, 1. http:// www.qualitative-research.net/index.php/fqs/article/view/ 1131/2517 (last accessed June 2014).