‘I still remember your post about buying smokes’: a case study of a remote Aboriginal community-controlled health service using Facebook for tobacco control

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Abstract. Many Aboriginal Community Controlled Health Services (ACCHS) embrace Facebook as an organisational tool to share positive stories, which counter the negative narrative surrounding Aboriginal issues. However, the Facebook algorithm prioritises posts on personal pages over organisations. To take advantage of the algorithm, this project paid three Yolŋu employees of a north-east Arnhem Land ACCHS to share quit smoking messages on their personal Facebook pages. Smoking prevalence among Aboriginal and Torres Strait Islander Australians is nearly three-fold higher than non-Indigenous Australians, and previous research has identified the need for culturally appropriate communication approaches to accelerate the decline in Indigenous smoking. This research found Yolŋu participants nurtured healthy behaviours through compassionate non-coercive communications, in contrast to fear-inducing health warnings prevalent in tobacco control. Cultural tailoring of tobacco control messages was achieved by having trusted local health staff sharing, and endorsing, messages regardless of whether the content was Indigenous specific. This research also revealed online Facebook activity does not reflect the reach of posts, which may extend beyond social media users to individuals who do not have a Facebook profile.

Additional keywords: Aboriginal health, qualitative methods, smoking, social media.

Introduction

The Aboriginal Community Controlled Health Service (ACCHS) model was established in Australia in the 1970s to exercise self-determination in response to entrenched racist practices in the healthcare system (Mazel 2016). Miwatj Health (hereafter referred to as Miwatj) was established in north-east Arnhem Land over 25 years ago, the vision of Yolŋu, Warnindilyakwa and Nunggubuyu leaders. It services a population of ~10 000 people, of whom the largest group are Yolŋu (http://miwatj.com.au, accessed 4 December 2018). Miwatj was an early adopter of social media in the ACCHS sector. It’s Facebook page, created in 2011, shares positive stories about the ACCHS’s health promotion work including tobacco control.

Despite privacy violations, Facebook continues to add users and is the largest social media platform in the world (Larson and Vieregger 2019). Aboriginal Australians use Facebook at a higher rate than other Australians (Creative Spirits 2018). Facebook can be used to build and express positive Aboriginal identity, often countering racist narratives (Carlson 2013). Understanding how to disseminate messages through personal networks is increasingly important, given the Facebook algorithm prioritises posts by friends over content posted by organisations and businesses (The Guardian 2018).

The aim of this study was to explore how ACCHS health workers could influence the smoking-related attitudes of family and friends, by sharing tobacco control messages on personal Facebook pages. Aboriginal and Torres Strait Islander smoking prevalence is nearly three-fold higher than the general Australian population, and higher among Yolŋu, where it has been estimated at between 65 and 84% (Tane et al. 2018). Research has identified the need for communication approaches that engage with the lived experience and socio-cultural context of Indigenous smoking and quitting (Bond et al. 2012a) to accelerate the decline in Indigenous smoking prevalence.

Methods

This case study is part of a larger research project investigating how social media can be used for Indigenous tobacco control (Hefler et al. 2018). Miwatj has requested the organisation be identified in this paper. Yolŋu co-author, Rarrtjiwuy Melanie Herdman, had multiple roles in this study, aligning with Indigenous research methodologies (Wilson 2008). As the Miwatj Health Tackling Indigenous Smoking (TIS) Coordinator, she conceived the study, identified and supported participants and provided insights into community contexts. She is also an active member of participants’ social media networks. As
What is known about the topic?

- Facebook use among Aboriginal and Torres Strait Islander people is higher than that for the non-Indigenous population.

What does this paper add?

- Aboriginal Community Controlled Health Service staff who post health messages on their personal Facebook pages at work, can take advantage of the Facebook algorithm, to spread health promotion messages and promote self-determination.

non-Indigenous researchers, V. Kerrigan, D. Thomas and M. Heffler have reflected on their beliefs embedded in ‘whiteness’ (Taylor 2014). The Northern Territory Department of Health & Menzies School of Health Research Human Research Ethics Committee approved the research.

Participants

Three female employees, nominated by the TIS Coordinator, participated as co-researchers (hereafter referred to as participants). All participants identify as Yolŋu and worked in health promotion roles at Miwatj. Other participant details are provided in Table 1. Participants used Facebook daily to communicate with family and friends who, in some cases, lived hundreds of kilometres away in remote Aboriginal communities. A male health promotion worker was also nominated, but was unable to participate.

Participants were paid to post one tobacco control message per week over 12 weeks (December 2017 to February 2018) on their personal Facebook page. Participants could post during work hours, to maximise Internet access, or use personal devices after hours. A library of tobacco control content was provided by the research team. It included international and Australian content, some of which featured Aboriginal designs, people and language. Participants received no information about the origins or purpose of the content. Still images (n = 43) and videos (n = 36; 30 in English, four in Yolŋu Matha, two in Kriol) were included. Participants were free to post more than one option per week, create their own content or not to post anything.

Data collection and analysis

Participants took screen shots of each post, including online reactions, and sent explanatory notes regarding their content choice to V. Kerrigan. Qualitative interviews explored decision-making processes and offline interactions stimulated by posts. Five semi-structured interviews were conducted in English, plus a discussion with the TIS Coordinator and TIS Project Officer (non-Indigenous) provided a deeper understanding of the unique workplace culture and social context of posts.

Data were inductively coded, adapted from a grounded theory approach (Charmaz 2014). Iterative analysis was undertaken between interview data and Facebook data to identify motivations for sharing content and subsequent offline interactions.

Results

Fourteen tobacco control messages were posted during 8 of the 12 weeks. Most posts were about the effect smoking has on family and community cohesion, particularly the impact on children: passive smoking, role modelling and financial impact. Only one participant shared one post showing lung damage (Houston Methodist 2016) caused by smoking. One participant, who is also an Elder, explained Yolŋu are resistant to posting health warning messages because tobacco control campaigns including the ‘really gross’ government warning labels on cigarette packets are perceived to be designed to intimidate Yolŋu:

They are always threatening us. Threatening our lives. That is what they think [Participant 1].

They think that the cigarettes are threatening their lives? [Interviewer].

No, the ads on the cigarette packets. That’s what I reckon [Participant 1].

Participants only posted images and avoided videos due to the cost associated with watching videos on mobile phone data plans.

Um yeah, with videos, it does use up my credit. And I’m happy with just posting something with an ad [Participant 3].

Overall, participants reported feeling surprised and optimistic about sharing anti-smoking messages after receiving online support from Facebook friends. All participants expressed a desire to use Facebook to complement their profile as a community health worker. Posting Facebook health messages was likened to ‘planting seeds’ as a primer for face-to-face interactions.

It’s a relationship thing, the social media stuff, it’s really good because we don’t sound like a broken record. . . [TIS Coordinator].

All participants also displayed a higher propensity to protect non-smokers from smokers, as opposed to trying to help smokers to quit.

. . . I wanted to post to the Facebook page, to send out a message to my family and my friends. . . ‘cause a lot of my family they smoke near children and I always tell them off not to smoke inside where people are, where non-smokers and children are [Participant 1].

Two key characteristics of an influential Facebook post were identified: (1) a personal connection is required; and (2) an empathic communication style creates a supportive context for

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Table 1. Participant characteristics

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<thead>
<tr>
<th>Age (years), leadership status</th>
<th>Smoking status</th>
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<tbody>
<tr>
<td>&gt;40, Elder</td>
<td>Ex-smoker</td>
</tr>
<tr>
<td>&lt;40, Emerging leader</td>
<td>Never smoked</td>
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<tr>
<td>&gt;40, Elder</td>
<td>Current smoker</td>
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‘tricky’ conversations. We also found Facebook health posts reach beyond social media users to individuals who do not have a Facebook profile.

A personal connection

The TIS coordinator explained tobacco control messages shared on the Miwatj organisational Facebook page are most effective when ‘a personal connection’ to the target audience is obvious, such as content featuring local people. The need to manufacture a personal connection disappeared when participants shared a tobacco control message, reflecting their lived experience, on their personal Facebook page. An image by a Belgian photographer, of a red haired white girl lighting a cigarette from another cigarette (Janssen 2011) was posted by one participant because the image replicates the behaviour of Yolŋu children. The child’s ethnicity did not affect the message’s relevance:

“It means something to us because we see it. We see adults giving, passing it on to go and take it to someone. Smoking is so normalised, like kids will pick up a stick and mimic what an adult is doing [TIS Coordinator].

Participants chose only two posts that featured Aboriginal design elements. One participant posted the ‘Not Our Culture!’ image (National Aboriginal Community Controlled Health Organisation 2013) to challenge the perception that smoking is a revered part of Yolŋu culture (Tane et al. 2018). She explained ṣarali (tobacco) has been adopted into Yolŋu songlines and some people, including her mother, have a strong relationship with tobacco and consider ṣarali as a kinship connection to a specific clan:

“She’s like, ‘It’s my waku’. Like waku is a daughter or a son. ‘She’s my waku I can’t give up on her, she’s my waku. It’s my waku’. Like that. ‘But your waku is killing you’, that’s what I tell her. ‘It’s damaging your mind, your body, your brain. That’s what it’s trying to do to you’ and then all she says is ‘No, my waku’ [Participant 1].

Participants were also concerned money for tobacco was prioritised over money for family. A British Heart Foundation image (British Heart Foundation 2015) of a child’s piggy bank being used as an overflowing ashtray with the words ‘Daddy couldn’t give me pocket money’ reflected the lived experience of one participant:

“Yo [Yes], that’s what I’ve seen. I have seen children come up to their Dad asking for what they want to buy, they always tell them nothing but when the children are gone, then they get their money and buy something like ṣarali or some other stuff [Participant 1].

A ‘tricky’ conversation

Despite being trained health promotion workers, discussing smoking habits was difficult for all participants, including this Elder:

“It’s tricky... when I tell them that ṣarali isn’t good for your health. They always say, ‘No its’ alright, we can smoke. This is living. This is life’. That’s what they tell me [Participant 1].

To broach ‘tricky’ conversations, an empathic communication style was used, which avoided stigmatising smokers. This indirect communication style prioritises the importance of community cohesion over potentially vexatious conversations about individual health choices. One participant reported posting an image of a fair skinned baby lying on its back with blackened lungs painted onto the pink baby jumpsuit accompanied by the words ‘You Smoke. Your Child Smokes! Take your smoke outside.’ (Healthier Futures 2016). The passive smoking message generated an offline conversation between the participant who is a smoker and a female relative who is also a smoker.

Yeah a relative called me... she asked ‘Oh why did you put that thing up?’ So I sort of like explained to her... ‘Miwatj is working with Menzies, you know like, spread the word about smoking and trying to get, like you know, help people stop smoking’ [Participant 3].

Their conversation turned to concern about children smoking, not their own smoking habits. The explanation reveals the participant’s desire to distance herself from the content, but also shows she is comfortable posting work-related, smoke-free messages on her personal page, even though she is a smoker. There was no trace of this conversation on Facebook.

Facebook reach

There was no visible link between online and offline interaction. The two participants who are respected Elders reported offline conversations stimulated by Facebook posts, despite those same individuals not commenting online. According to the TIS Coordinator, some people feel ashamed to ask questions online. One participant described her nurturing, non-coercive communication style, which may reduce the risk of shaming individuals and highlights the potential for using social media to disseminate messages that contribute to the self-determination narrative:

“We are just sending out messages to people smoking ṣarali too... People are important to us, our Elders are important to us, our children are our future. This is what I say to people that come to me. If you think about quitting, don’t be ashamed to come to Miwatj to see the TIS team; they are here to help people that are thinking about quitting ṣarali [Participant 1].

Asked if any of those individuals had contacted the TIS team for help, or had quit smoking, the participant replied:

“They’ve said they’re thinking about quitting... but I don’t know if they’re still smoking or not [Participant 1].

No offline conversations were reported by the youngest participant; however, she actively engaged with all online comments, creating a non-judgemental conversational tone. She was the only participant to post an image that displayed the health risks of smoking. The healthy/unhealthy lungs (Houston Methodist 2016) post received the most online interaction for a single post, with 11 likes, three wows and six comments (Yolŋu Matha and English). A revealing comment in Yolŋu Matha, posted by a cousin-sister with whom the participant has regular face-to-face contact was translated to English in an interview:

“She’s talking about herself ‘Oh I’m a poor thing, my lungs are all black because I started smoking when I was 14 years old [Participant 2].
And what was your reply to her? [Interviewer].

‘Yuwalk nha bay’, it’s like, ‘That’s true’ [Participant 2].

The participant’s respectful online acknowledgement of her cousin-sister’s admission extends to the anticipated empathic offline communication style in which the participant would only offer help if her cousin-sister sought assistance:

If she wants any help, just tell her that I’m here to help her [Participant 2].

The ‘Daddy couldn’t give me pocket money’ (British Heart Foundation 2015) post was the only example in which a participant tagged Facebook friends, all of whom were female smokers with children despite the message targeting fathers. The post received one like and generated five comments; none from the tagged females. All comments echoed the harsh message. Three comments came from respected male Yolŋu leaders, including one from a participant’s uncle:

more money is spent on smoke, card and kava than on any thing for the family or kids when pay day comes. yo marrkap nganitji wiripuya (same is spent on grog) [FB comment, February 2018].

While none of the females tagged reacted online, face-to-face conversations occurred with all five tagged relatives, who described the post as ‘manymak’ (good) and ‘powerful’. Significantly, tagging created an opportunity for the participant and her daughter to chat about what could be a sensitive issue.

We drove to the shop, to the local community shop and she bought a packet of cigarettes, 20s and then she thought about that…she thought about my post see. She said, ‘Mum, I still remember your post about buying smokes. Spending money on smokes’ [Participant 1].

What did you say to her? [Interviewer].

I was just sending a message to everyone. Like you. [Participant 1].

Participants explained some Yolŋu use Facebook as their preferred communication tool (over phone calls or texting) because the platform can be accessed free with particular mobile phone providers. It also became apparent that people without their own Facebook profiles are exposed to Facebook messages. Family share mobile phones, hence share Facebook access. One participant reported five or six offline conversations about tobacco control posts with people who do not have their own Facebook profile:

They’re telling us in person, face to face, ‘This is good that you’re posting posts on Facebook about ḋarali, telling us to stop ḋarali. ‘They look on other people’s phone, one person sharing a phone with another person. Like, ‘Here have a look at this’, just like that [Participant 1].

Discussion

This study addresses the lack of Indigenous-specific evidence regarding smoking interventions using social media and ‘how to culturally tailor interventions’ (Chamberlain et al. 2017). We found that Yolŋu sharing posts on their personal Facebook page was an effective way to culturally tailor anti-smoking messages. Miwatj employees can play a bridging role as a ‘cultural broker’ (D’Arcy et al. 2018) between the hegemony and their community. When a Miwatj worker, a respected community member, posts a generic tobacco control message on their personal Facebook page, it is interpreted as local and culturally applicable. In this context, it is not necessary to explicitly tailor content by featuring Aboriginal designs, people or language. Posts from other settings can reflect the lived experience of Yolŋu when filtered through the Yolŋu cultural lens. This may be generalisable to other populations using social media. Social media messages have been shown to have greater effect on behaviour when they are shared by a close contact, with the closeness of the contact determining the strength of the influence (Bond et al. 2012b).

Tobacco control messages were posted because participants felt a personal connection to the content and responsible to their community. ‘Tricky’ anti-smoking messages were accepted by Facebook friends because of the trust stemming from those personal connections. Trusted Yolŋu health workers play a strategic role in supporting Indigenous smoking cessation (Bond et al. 2012a). Crucial to the success of the ‘cultural broker’ role was an empathic and non-stigmatising communication style using both English and Yolŋu Matha. Engagement that emphasises ‘Indigenous people ‘could’ rather than ‘should’ quit smoking’ has previously been identified as a critical factor in successful Indigenous smoking cessation (Bond et al. 2012a). Similarly, our research found online and offline communication that allowed smokers to retain autonomy was preferred by participants.

We also found the reach of a Facebook post can’t be assessed by online activity. Some Yolŋu Facebook users chose not to react online, but instead have offline conversations, highlighting the importance of not relying on visible online interactions to assess the reach of social media-based communication.

Posts focussed on the damage smoking can cause to relationships, particularly the negative effect (health and financial) smoking has on children. Messages that smoking restricts the ability to care for family were more salient than those about cessation to improve the smoker’s health. Previous research with Indigenous people in the Northern Territory recommended the development of family-centred tobacco control campaigns to assist individuals to quit (Johnston and Thomas 2008).

Anti-smoking mass media campaigns, which use graphic health warnings, have been found to be effective in promoting smoking cessation (Dunlop et al. 2014); however, those messages did not appeal to Yolŋu participants. Mainstream health warnings could be construed as a threat in the Yolŋu worldview, where predicting or warning of an illness can suggest sorcery to cause the illness (Lowell 1998). Health warning campaigns have also been known to inspire resistance rather than compliance as they are perceived to form ‘part of a broader apparatus of oppression among Indigenous people’ (Bond et al. 2012a). A history of negative experiences with non-Aboriginal authorities can result in Yolŋu dismissing government health warnings, preferring instead to share messages that aim to strengthen community as opposed to stigmatising individuals.
Social media have been demonstrated to have negative impacts on people’s well-being in other Aboriginal settings (Carlson et al. 2017). Such harms were not mentioned by participants in this study, but we did not specifically ask about this. However, we contend Facebook creates an opportunity to ‘transmit intergenerational knowledge’ (Rice et al. 2016). Posts created an opportunity for other community Elders, via comments and online reactions, to build social capital and challenge the idea that smoking is an accepted part of Yolŋu culture. Receiving online recognition increased the credibility of the participant’s message, and social recognition led to increased confidence for the participant (D’Arcy et al. 2018). ACCHSs aim to improve health outcomes by prioritising Indigenous values and participation (Mazel 2016) and we found Miwatj health workers used Facebook to promote Yolŋu values and empower themselves and others.

For many Aboriginal professionals, regardless of their employment, they are primarily a member of their community (Taylor 2014). The boundaries between personal and professional lives are also blurred on social media (Batenburg and Bartels 2017), and some employers allow employees to use Facebook for task-based, work-related activities. While employers may have concerns about effects on productivity and potential reputational damage from ambiguous posts, allowing ACCHS employees to access social media at work overcomes technological barriers such as limited personal Internet access. Furthermore, accessing Facebook at work can positively affect the employees’ performance and increase knowledge sharing (Leftheriotis and Giannakos 2014). Sharing evidence-based information on personal pages takes advantage of the Facebook algorithm, which prioritises personal over organisational pages. Maximising the benefits to the organisation of allowing Facebook use to be integrated into employees’ routine work requires organisational policies and guidelines that take into account blurred professional and personal identities.

Strengths and limitations

The small sample reduced the thickness of data, which necessarily limits analysis and interpretation. There may be other characteristics of successful posts we did not identify. Larger projects are required to assess the relationship between Facebook smoke-free posts and successful smoking cessation attempts. We also recognise the findings of this study may not be generalisable to other ACCHSs due to their different social, cultural and historical contexts. However, this research reveals the potential of an approach using social media for tobacco control, which uses local people who are trusted by their community.

Conclusion

ACCHSs could encourage staff to post Facebook health messages on their personal pages at work. Health promotion staff could take advantage of their personal networks as they already do in the offline world. In contrast, it is becoming more difficult to fight the Facebook algorithm by trying to send online traffic to an ACCHS Facebook page.

When Yolŋu health practitioners use Facebook to share tobacco control messages, they are contributing to a narrative that Aboriginal people are engaged with, and in control of, health education. Having Elders and leaders start and participate in health discussions on their personal Facebook pages, and social media generally, creates opportunities for ‘tricky’ conversations, which may lead to improvements in Aboriginal health.

Conflicts of interest

The authors declare that they have no conflicts of interest.

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