

# ***Dead or Deadly* Report**

## **Waminda Aboriginal Women's Health Service**



Bronwyn Fredericks, Marlene Longbottom, Karen McPhail-Bell and Faye Worner in collaboration with the Board of Waminda

August 2016

## **Recognition Statement**

CQUniversity's Office of Indigenous Engagement acknowledges the sovereignty of Aboriginal and Torres Strait Islander peoples as the original custodians of Australia. Aboriginal and Torres Strait Islander cultures are persistent and enduring, continuing from the past to the present, characterised by resilience and a strong sense of purpose and identity despite the undeniably negative impacts of colonisation and dispossession.

We acknowledge and pay our respects to Elders past, present and future throughout Australia. In particular, we pay our respects to people of the Yuin Nation on whose Country this research was carried out.

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## **Executive summary**

This report discusses the health and wellbeing issues experienced by Indigenous women living in the Shoalhaven region and examines the Dead or Deadly program made available to local Indigenous women by the Waminda South Coast Women's Health and Welfare Aboriginal Corporation.

The evidence presented in this report is drawn from the findings of a needs assessment conducted as part of the Shoalhaven Koori Women Study (SKWS) and from other research relevant to Dead or Deadly. The SKWS is a long-term study designed within a critical Indigenist framework. The first component of the SKWS involved semi-structured interviews with 30 Indigenous women living in Shoalhaven. The responses of interest for this report are those that relate to Indigenous women's wellness and wellbeing, the Dead or Deadly program and the ways Indigenous women access Waminda's health services.

This report identifies that Dead or Deadly is a holistic health promotion initiative, designed by and for local Indigenous women. It has delivered a number of outcomes for its clients, including healthy lifestyle changes, strengthening of community, building support networks, profiling Indigenous voices, and social and emotional wellbeing support and improvements. The holistic, relationship-based model of Dead or Deadly enables it to address numerous health and related life issues, while creating pathways to and opportunities for Waminda's other health and clinical services to support these clients.

The research reveals that the Dead or Deadly program enables Waminda to deliver health services according to a social model of health. Dead or Deadly leads to measurable, positive changes in Waminda's clients' health and wellbeing, including physical health and related factors such as employment, self-esteem, family, education and strengthening cultural identity and connection. These results are promising in light of calls to 'close the gap' between Indigenous and non-Indigenous health outcomes.

Despite its successes, the Dead or Deadly program has repeatedly risked closure due to lack of funding. At the time of completing this report, funding has been made available for a further three years. The authors of this report recommend that state and federal governments must work together to secure the financial sustainability of the Dead or Deadly program to secure its the long-term viability.

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## Abbreviations used in this report

ACCHS	Aboriginal Community Controlled Health Services
AH&MRC	Aboriginal Health and Medical Research Council
CQUniversity	Central Queensland University, Australia
NIRAKN	National Indigenous Research and Knowledge Network
SKWS	Shoalhaven Koori Women's Study

## Key terms and organisations

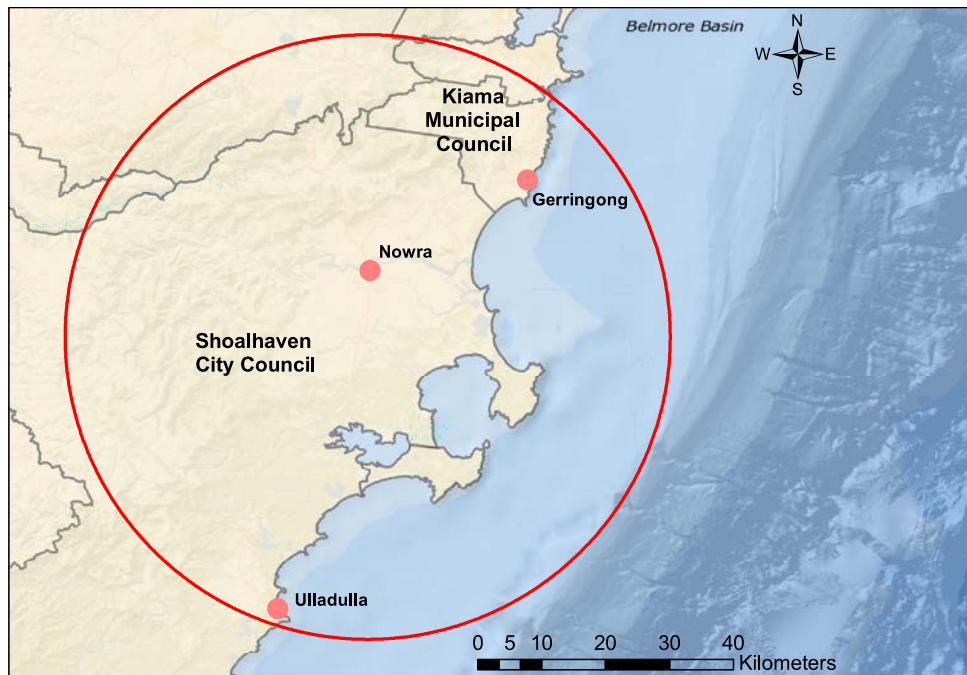
Indigenous	Aboriginal and Torres Strait Islander women are the Indigenous women or First Nations women of Australia. Throughout this report, we use the term Indigenous Australian women to refer to both Aboriginal and Torres Strait Islander women, except when referring specifically to Aboriginal or Torres Strait Islander women or using a quote that specifically refers to Aboriginal and Torres Strait Islander women. We acknowledge that Bronwyn Fredericks, Marlene Longbottom and members of the Board of Waminda are Aboriginal Australian women, and Karen McPhail-Bell and Faye Warner are non-Indigenous Australian woman.
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## About the study region

Waminda South Coast Women's Health Service and its Dead or Deadly program operate in the Shoalhaven region, which is Yuin Nation Country (see Figure 1). Dispossession of the Yuin people began with Alexander Berry's arrival by boat in 1822 at Cullenghutti (Coolangatta). Berry and his contemporaries soon utilised the people of the Yuin Nation for free pastoral labour (Bennett, 2005; Bennett & Egloff, 2003). In the early 1900s, Yuin people and other Aboriginal people from the region were relocated to the reserves at Roseby Park (Jerrinja) and Wreck Bay. These reserves were established to segregate Indigenous people from the broader population (Bennett, 2005). The impacts of that dispossession continue today.

In 2011, the Indigenous population of Shoalhaven represented 4.7% of the region's total population (ABS, 2013a). The Indigenous population lives across Shoalhaven, with a concentration in Wreck Bay and Roseby Park (Jerrinja).

Berry, Nowra and Ulladulla are major townships in the Shoalhaven region. Waminda Aboriginal Women's Health Service is located in Nowra, 165 kilometres south of Sydney.



**Figure 1: Waminda's service delivery area (Dickson, 2015).**

## Introduction: Why Dead or Deadly?

### Indigenous health in Australia

Indigenous Australians experience gross disadvantage compared to other Australians (Baum, Fisher & Lawless, 2012). The life expectancy of Indigenous men is 10.6 years less than that of non-Indigenous men; likewise, Indigenous women are expected to live 9.5 years less than non-Indigenous women (ABS, 2013b).<sup>1</sup> This inequity and inequality stands out in the international context, with the health gap between Indigenous and non-Indigenous Australians being greater than the health gap in New Zealand, Canada and the United States of America (Cooke, Mitrou & Lawrence, 2007).

Australian governments have responded to Indigenous disadvantage and health inequality by endorsing the Closing the Gap agenda. The Council of Australian Governments (COAG) determined targets for Closing the Gap to monitor improvements in Indigenous health and wellbeing (COAG, 2009). The targets include:

- Close the life expectancy gap within a generation (by 2031)
- Halve the gap in mortality rates for Indigenous children under five within a decade (by 2018)
- Ensure access to early childhood education for all Indigenous four year olds in remote communities within five years (by 2013)
- Halve the gap in reading, writing and numeracy achievements for children within a decade (by 2018)
- Halve the gap for Indigenous students in year 12 attainment rates (by 2020)
- Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade (by 2018).

Progress has generally been slow, with the 2015 Closing the Gap report noting that most of the targets are not on track to be met (Australian Government, 2015). As the Closing the Gap Campaign Steering Committee emphasised, closing the gap in life expectancy takes time. There is evidence that the Closing the Gap Strategy is working in reductions in tobacco use, improvements to maternal and child health outcomes and some improvement in chronic diseases (Holland, 2015). However, continued progress with the Closing the Gap strategy is needed to realise the potential gains. Importantly, there is evidence that Aboriginal Community Controlled Health Services (ACCHS) provide the best returns on investment in terms of access to health services and the quality of health services (Panaretto, Wenitong, Button & Ring, 2014).

In New South Wales (NSW), Indigenous Australians experience higher mortality rates for chronic diseases than non-Indigenous Australians (AIHW, 2015a, 2015b). The NSW Chief Health Officer reported that 70% of the health inequality between Indigenous and non-Indigenous people in NSW is accounted for by preventable chronic conditions including cardiovascular disease, diabetes, chronic respiratory disease and cancer (Centre for Epidemiology and Evidence, 2012). Structural factors that drive these health outcomes also portray a picture of inequality; for example, the

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<sup>1</sup> We acknowledge that consensus does not yet exist for a specific estimate of the life expectancy gap in Indigenous health (Rosenstock, Mukandi, Zwi, & Hill, 2013).



unemployment rate for Indigenous people in NSW aged 15-64 is higher than for non-Indigenous Australians (22% compared with 4% in 2012-13) (AIHW, 2015b).

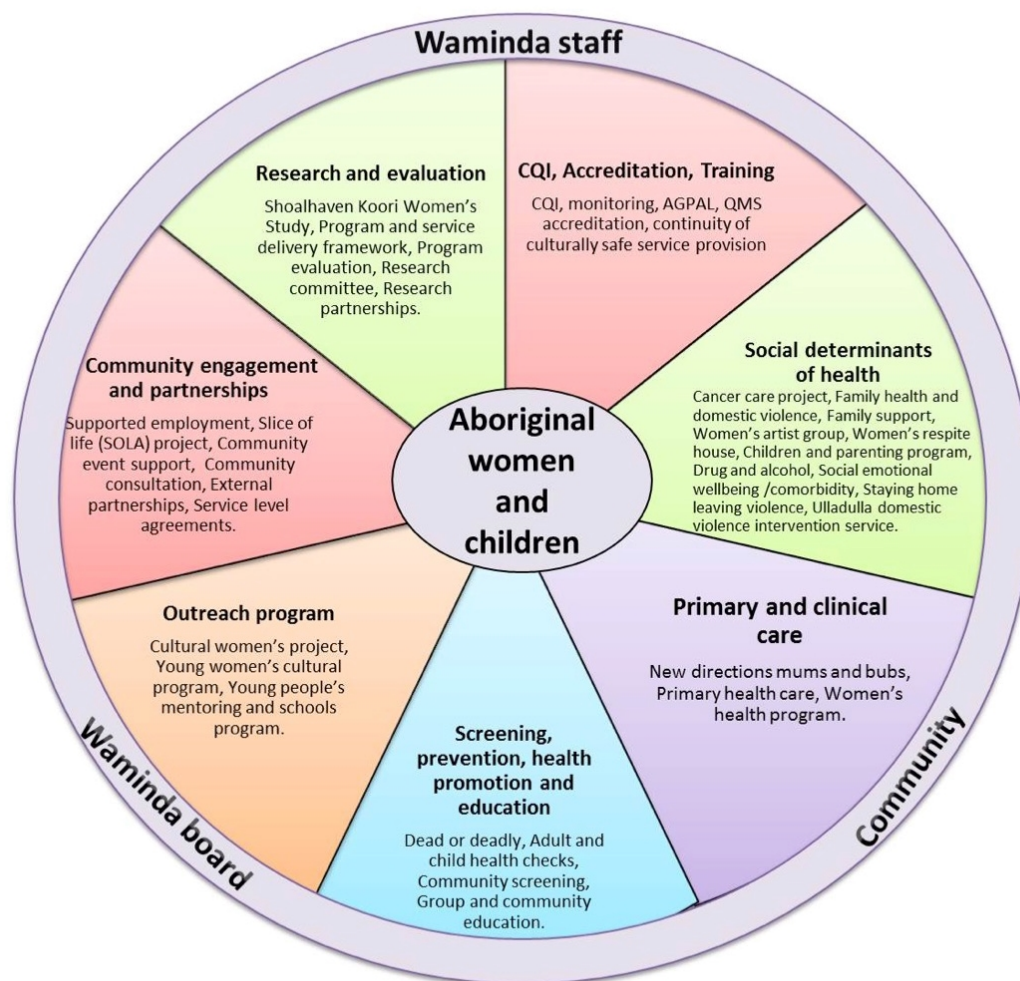
Indigenous women are a priority population of the NSW Health Framework for Women's Health (NSWHealth, 2013). They are the most socially and economically disadvantaged population group in Australia, with the poorest health status (Walker, Fredericks & Anderson, 2012). In addition to their lower life expectancy, Indigenous women carry an increased risk of chronic diseases such as cancer, diabetes, respiratory disease and cardiovascular disease (AIHW, 2015b). According to the NSW Chief Health Officer, reasons for the higher burden of chronic disease experienced by Indigenous people include lower socioeconomic status and barriers to accessing timely, comprehensive primary health care for prevention and early diagnosis (Centre for Epidemiology and Evidence, 2012).

### **Indigenous women in Shoalhaven**

Initial research conducted for the Waminda Dead or Deadly project identified that Indigenous women in Shoalhaven are strong and resilient (Thompson et al., 2014). They have a strong network of Indigenous women and support each other. They are determined and have the strength to speak up about their experiences. However, the Indigenous women in Shoalhaven experience disadvantage on a range of health indicators. The Waminda Aboriginal Women's Health Service works with the region's Indigenous women to overcome a range of health challenges in their daily lives.

According to the Illawarra Shoalhaven Local Health District, Shoalhaven residents are the most socio-economically disadvantaged in the region. Residents in Nowra are particularly disadvantaged, and Nowra has the highest density of Indigenous people in the region (Illawarra Shoalhaven Local Health Districts, 2012). The median age of Shoalhaven's Indigenous population is 20 years (compared to 47 years for the wider population), and 21.4% of Shoalhaven's Indigenous population is unemployed (ABS, 2013a). In 2011, only 55 Indigenous people in Shoalhaven attended university, compared with 1,529 non-Indigenous people. The median household income in Shoalhaven was \$821 per week, with an average household size of 3.2 people (ABS, 2013a).

Waminda Aboriginal Women's Health Service responds to local community issues based on its vision for women and their Indigenous families to be positive, happy and healthy. Waminda's vision is for Indigenous women to be admired and proud of their achievements in their own communities and in Shoalhaven more broadly (Waminda, 2015b). To achieve this vision, Waminda provides women with a culturally appropriate environment where they feel comfortable (Waminda, 2015b). Waminda adopts a comprehensive and holistic service model, enabling a focus on the social determinants of health, primary health care and social support services (see Figure 1) (Waminda, 2012).



**Figure 2: Waminda's holistic and comprehensive service model, within which the Dead or Deadly program functions (Waminda, 2012).**

## What is Dead or Deadly?

The Dead or Deadly Health and Wellbeing program is Waminda's comprehensive and holistic healthy lifestyle program (Firth, Crook, Thompson, Worner & Waminda Board, 2012). Through the program, 150 women participate in personalised, holistic health and wellbeing programs, with group exercise, health education and camps. Participating women can improve fitness, reduce smoking, reduce chronic disease indicators and reduce psychological distress (Waminda, 2015a). In addition, more than 300 Indigenous women participate annually in community events linked to Dead or Deadly, which support access to health information, opportunistic screening, tailored health and fitness advice, and support to quit smoking (Waminda, 2015a).

Dead or Deadly was initially named "Wellbeing". It includes four main components:

- Physical activity
- Nutrition/diet information
- Smoking cessation
- Chronic disease prevention and management.

Dead or Deadly delivers a range of activities across these components, with each activity consistent with the Closing the Gap priorities. The program seeks to address morbidity and early mortality rates amongst Indigenous women in the region through the activities outlined in Table 1, below. Waminda has found that the Dead or Deadly activities have resulted in improved fitness, a reduction in smoking, an improvement in chronic disease indicators, and reduced psychological distress (Waminda, 2015a). Alongside its regular program activities, Dead or Deadly provides community events such as pamper days, sports events and other activities (AH&MRC NSW, 2015a; Waminda, 2015a).

In conducting Dead or Deadly, Waminda strives to balance its commitment to delivering health service against the need for cultural awareness and flexibility (AH&MRC NSW, 2015a).

Waminda receives government funding for the Dead or Deadly program. The funding tends to be program-based and short-term (typically 12 months). This means that Dead or Deadly is in a constant state of uncertainty, governed by the need to apply for new funding.

#### **Dead or Deadly activities provided by Waminda**

- Provide a program focused on healthy lifestyles, chronic disease prevention and self-management, tailored to each participant. Include both individual and group activities that focus on the following goals: increase exercise, improve cardiovascular health, improve fitness and flexibility, reduce girth, lower blood pressure, reduce blood sugar, and encourage smoking reduction or cessation.
- Provide a culturally appropriate yarning approach to the program, that acknowledges the impact of the multiple griefs, losses and traumas affecting Aboriginal women's health risk behaviours. Seek to reduce psychological distress, increase self-confidence and enhance community and cultural connectedness.
- Provide a safe, culturally appropriate place to exercise.
- Provide nutrition information and cooking classes.
- Collect baseline information and review programs with each client every three months to ensure individual and program goals are achieved.
- Provide pathways into and out of the Dead or Deadly program through case management, clinical treatment, mental health programs, supported employment and business enterprises.
- Offer Dead or Deadly services through community outreach – including health and fitness assessments, tailored health advice, smoking cessation support and fun physical exercise activities. Offer activities through pamper days, Aboriginal community events, Waminda clinics and schools programs.
- Train and support local Aboriginal women to provide leadership and peer support, offer health screenings and advice, and ensure the approach is friendly and culturally safe.

**Table 1: Dead or Deadly activities (Waminda, 2015a, p. 1).**

## **Research with Dead or Deadly**

Research and reporting is an important part of the Dead or Deadly program. Waminda has prioritised research and “being a learning organisation” as ways to continuously improve service delivery and outcomes according to the needs of the service, clients and the Indigenous community (Waminda, 2015b). To achieve this, Waminda is building and implementing a self-determined research agenda, which includes the Shoalhaven Koori Women's Study (SKWS). The SKWS was

developed in consultation with Waminda staff, board members and the community. One component of the SKWS is the focus of Marlene Longbottom's PhD research (Thompson, 2015).

The aims of SKWS include (Thompson, 2011, pp. 15–16):

- Identify local health and wellbeing issues relevant to Aboriginal women and their families in the Shoalhaven
- Identify enablers and inhibitors for accessing support services in the region
- Identify ways to overcome barriers and better support Aboriginal women and their families
- Identify the strengths and resilience of local Aboriginal women by enabling the sharing of stories in relation to domestic violence, sexual assault and the stolen generation
- Identify what Aboriginal women see as wellbeing and wellness, and develop a process and strategies for working towards wellbeing and wellness
- Build research and evaluation capacity of Waminda staff and board.

SKWS provides a research approach for considering the implementation and outcomes of the Dead or Deadly program. Through the consultative process used to design the SKWS, Waminda developed an Indigenist research framework using Indigenous research methods (Fredericks, 2008; Longbottom et al., 2015; Thompson, 2015). The methods of yarning (Fredericks et al., 2011; Ng'andu, 2010; Walker, Fredericks, Mills & Anderson, 2013a), Dadirri also understood as quiet reflective awareness or deep awareness (O'Donnell & Kelly, 2011; West, Stewart, Foster & Usher, 2012), and cyclical community engagement (Horner & Stringer, 2008) form part of the research process.

Through a critical Indigenist approach, the SKWS enables Indigenous women to contribute to this research both as research participants and as research drivers (Fredericks, 2008; Thompson, 2015). This works to deconstruct traditional power structures and systemic oppression of Indigenous women (Saunders, West & Usher, 2010; Walker, Fredericks & Anderson, 2013; Walker et al., 2013b).

Critical Indigenist research is based on three principles outlined by Rigney (2006, p. 39):

- The involvement in resistance as the emancipatory imperative in Indigenist research
- The political integrity of Indigenist research
- The privileging of Indigenous voices in Indigenist research.

### **Sample and data analysis**

The SKWS involves six studies. The first study is a needs assessment and it provides much of the data informing this report. This report also draws on Waminda documents, including its strategic plan, continuous quality improvement documents and evaluation materials in relation to Dead or Deadly.

Data for the needs assessment were gathered in 2013, through 30 semi-structured interviews conducted by Marlene Longbottom and Waminda staff member Lauren Crook. The interviews involved Indigenous women over the age of 16, who lived between Kiama and Ulladulla, and in the discrete communities of Roseby Park (Jerrinja) and Wreck Bay (Thompson, 2015). Participants were identified through opportunistic sampling of former and current clients of Waminda.

These interviews explored participants' perceptions of the issues outlined in Table 2, including their perceptions of health, wellbeing, strength and resilience. The interviews also included a substance

use and mental health screen, the Indigenous Risk Impact Screen (IRIS) and questions about tobacco use.

#### Issues explored in the interviews

- Participant demographics, including age, suburb of residence, number of children and employment status.
- Waminda service delivery questions, including client satisfaction and areas for improvement.
- Perceived local health and social issues within the community.
- Perceived strengths and resilience of Indigenous women in the community.
- Aboriginal women's own views of wellness and wellbeing.
- Inhibitors and enablers for Indigenous women accessing services in the region.
- Enablers to assist women to stay in their homes and community during times of domestic violence.

**Table 2: Issues explored with research participants (Thompson, 2011).**

## Strengths of Shoalhaven Indigenous women

This section provides an overview and explanation of the findings of the first SKWS study, specifically in relation to the concepts of wellness and wellbeing. Marlene Longbottom presented a preliminary data analysis in a community report (Thompson, 2015). In her report, Longbottom identified five key themes relevant to the strength, wellness and wellbeing of Shoalhaven's Indigenous women: attributes of strength; importance or influence of family; importance or influence of leaders, role models or teachers; resilience; and the women's support network (Thompson, 2015).

There are important reasons for basing a critical Indigenist research inquiry upon strengths – or “assets” as they are commonly described in public health terminology (Friedli, 2012; Morgan & Ziglio, 2007). Firstly, if policies, practice and research are to be liberating (rather than oppressive) for Indigenous people and communities (and arguably, for any community), Indigenous strengths must be articulated and incorporated into the research (Geia, 2012). Secondly, recognising Indigenous women's strengths enables both the SKWS research and the Dead or Deadly project to be grounded in the lived reality of Indigenous women. This project is designed to acknowledge that Indigenous Australians have a vibrant history of strength, resilience and self-determination upon which contemporary Indigenous Australian intellectualism is built (Rigney, 2006). Thirdly, through its strengths-based approach to research (and fitting to Waminda's strengths-based approach to service delivery (Waminda, 2015b)), the SKWS research provides a counter-narrative to the deficit approach inflicted upon many Indigenous communities in the name of health promotion practice and research (Bond, 2005, 2009; McPhail-Bell, Bond, Brough & Fredericks, 2015). Counter-narrative is a core strategy of critical Indigenist research, which works to provide a counter discourse to “Aboriginalism” (Rigney, 2006). For these reasons, this report presents findings relevant to Dead or Deadly by focusing on the strengths of Shoalhaven's Indigenous women.

Perhaps unsurprisingly, given the ongoing impacts of colonisation on Indigenous women's health and wellbeing (Fredericks, Adams, Angus & AWHNTC, 2010; Fredericks et al., 2013b; Saunders, Sherwood & Usher, 2015; Sherwood, 2013), the Indigenous women involved in this study discussed themes of survival, courage and support to unpack the meaning of their strength (Thompson, 2015). They conceptualised wellbeing in a similar way – using terms such as “spiritual”, “emotional”, “one's life”, “self-esteem and confidence”, “taking care of yourself” and self-determination (for example,

“being able to do the groundwork to make it happen”) to discuss wellbeing. Waminda’s holistic approaches to community health and to the Dead or Deadly program honour these assets of strength and wellbeing. Holistic approaches in Indigenous health are widely recognised as appropriate and necessary (AH&MRC NSW, 2015b; Fredericks, Adams & Best, 2014; McLennan & Khavarpour, 2004; NSWHealth, 2004). It is likely that Dead or Deadly – and Waminda – play a crucial role in holistically nurturing the women’s strengths and enhance health and wellbeing.

**“No matter what's happened they will ask for help. Families are close and they look after each other. Everyone knows each other – massive support network.”  
(Participant)**

Longbottom identified resilience as a characteristic of the women involved in her study. She conceptualised resilience as the ability to learn through life experience and being able to share the knowledge gained with others (Thompson, 2015). Women in Longbottom’s study spoke about strength as involving reaching out to others to seek and offer help. By drawing upon their support networks, the women could talk together and share their experiences safely.

**“Strength to talk about what they’ve been through, instead of being scared/shy.”  
(Participant)**

Longbottom’s study conceptualises resilience and strength as including helping others and seeking help. This is consistent with other Indigenous research. For example, young Aboriginal and Torres Strait Islander people in Townsville were found to be resilient by being proactive and persistent in protecting their sexual health and supporting each other to overcome barriers in doing so (Mooney-Somers, Erick, Scott, Akee & Maher, 2009). In the SKWS study reported by Longbottom, women identified their resourcefulness as a form of resilience.

**“Resilient, for decades have been able to make do with limited services and resources.” (Participant)**

Resilience was also demonstrated in the strength that Indigenous women gained from their cultural values. In previous studies, Indigenous researchers have positioned resilience as having a cultural component, including the “ability to have a connection and belonging to one’s land, family and culture: therefore an identity” and allowing “the pain and suffering caused from adversities to heal” (Kickett, 2011, p. ii). One woman in the SKWS study identified the cultural aspects of resilience, as shown in the quote that follows.



**“Live through anything that is put in front of them. Survive the violence; learn to live through anything. Beauty of being a cultural person; culture makes you stronger.” (Participant)**

The way that Shoalhaven Indigenous women spoke about their strength points to resilience amidst oppression, violence and challenges. They found strength in facing adversity, by supporting each other, seeking and offering help, leading a nurturing family, drawing on their cultural identity and identifying their values. The strength of Indigenous women incorporates concepts of leadership, community and empowerment. The Dead or Deadly program works carefully to build on these strengths for participants.

**“Leaders, show initiative, able to adapt to new programs and issues within the community. A lot of support for our women; empowered due to programs available.” (Participant)**

## **Impacts of Dead or Deadly**

At the time of initial data collection for SKWS, the Dead or Deadly program was named “Wellbeing”. This section reports on that initial data collection and reflects the women’s naming of the program. Their feedback is combined with pre-existing evaluations and materials available for Dead or Deadly to explore program’s contributions to improving Indigenous women’s health and wellbeing.

## **Healthy lifestyle changes**

The Dead or Deadly social model of health includes delivery of culturally appropriate healthy lifestyle initiatives. These have resulted in physical health indicators of success. For example, a team of Dead or Deadly women recently won the NSW Knockout Health Challenge by collectively losing 159kg during the 12 week challenge (Long, 2015). Dead or Deadly’s design ensures that health education and support for lifestyle change are delivered for many issues, including smoking cessation, nutrition, drug use and physical activity. Participants’ comments underscored the value of healthy lifestyle support and education as being “groundwork” for improving their health, with clear outcomes.

**Dead or Deadly means ... “being able to do the groundwork to make it happen e.g. attending exercise programs, drug and alcohol education and holismness.” (Participant)**

The healthy lifestyle changes supported by Dead or Deadly present important social, human and economic cost savings for the broader Australian community. For example, 95% of the Dead or Deadly participants involved in a recent study began the program either as pre-diabetic or diagnosed diabetic. The recognised costs to the health system of being pre-diabetic or diabetic are

approximately \$9,600 per annum per person for treatment and complications. For this particular Dead or Deadly cohort, this equated to \$1,353,600 per year for their diabetes-related issues alone (South Coast Women's Health and Welfare Aboriginal Corporation, 2016).

**Dead or deadly means ... "Fitness! Thanks to Wellbeing program at Waminda, good to receive information and participate in program for staff and community. Good to have acupuncture and massage." (Participant)**

In 2015, Waminda evaluated Dead or Deadly with 39 participants, examining seven variables including their smoking status, Fagerstrom score, Kessler 10, weight, girth, blood sugar levels (BSLs) and body mass index (BMI). The evaluation found that Dead or Deadly achieved significant health gains for its participants across all indicators, particularly in smoking status, mental health improvements and wellbeing improvements (Waminda South Coast Women's Health and Welfare Aboriginal Corporation, 2015).

These achievements mean that Waminda is making significant contributions to the broader Indigenous health agenda. For example, large reductions in BSL equate to a major diabetes risk reduction for participants. This directly progresses the Australian Government goal to reduce "the impact of diabetes among Aboriginal and Torres Strait Islander peoples" (Department of Health, 2015a, p. 9).

There is some evidence that Dead or Deadly is more successful than other government initiatives. For example, participants in Dead or Deadly experienced a mean weight reduction of 5.51kg (6% of their body weight). While their mean weight of 97.13kg remained well above the national mean for Australian women in 2011-2012 (ABS, 2013c), their weight loss exceeded the loss achieved through other lifestyle modification programs (such as the NSW Health Get Healthy Information and Coaching Service, which showed a mean weight loss of 4kg per Aboriginal participant) (ABS, 2013c). The evaluation suggested that the ongoing relationship between Waminda and their clients is critical to its success with this high-risk group.

## **Role modelling, leadership and teachers**

**"Seeing how you can help women to get through some things made me want to do something like that, made me want to help others. I couldn't even run one kilometre and now I'm running 20." (Participant)**

SKWS participants openly acknowledged the power of improving their health to be "good role models". Case study 1 (Box 1) provides evidence of one client, Sarah, whose physical health improvements were closely related to improvements in her mental health and self-confidence. She now seeks to help others in achieving their own health and fitness goals. Sarah's story provides an example of the "sense of mastery" (Milroy, Dudgeon & Walker, 2014) that Dead or Deadly can instil in its clients to be able to do things for themselves and for others. In her story, Sarah begins with a



focus on her own health and then seeks to “role model” her healthy lifestyle for her children and for other women. Sarah’s capacity to take control of her health and to impact on others is an example of broad community change, particularly given that children learn about coping and behaviour from their peers, family and community members (Milroy, Dudgeon & Walker, 2014).

*Sarah<sup>2</sup> started with a weight of 95kg and girth of 107cm. She had never really exercised or taken her health seriously before. Sarah was a smoker, but as soon as she started exercising she looked at her nicotine addiction and realised that she needed to cut down with a view to quit. Sarah’s baseline blood pressure was 147/116, with a pulse of 96bpm. As Sarah’s cardiovascular fitness improved, her blood pressure reduced to 130/85. Sarah took 7 minutes off her 1.6km fitness test over a period of 6 months. She can now run 5km continuously, which she is really proud of. Sarah’s eating habits have changed dramatically and she has tried foods she never dreamt of before. This has also impacted on how Sarah’s kids eat. Sarah is now a role model with Dead or Deadly, and helps to motivate other women to achieve their health and fitness dreams. She stated that she would never feel comfortable in a mainstream gym and her success would never have happened without Waminda, Dead or Deadly and the “exercise shed”. Sarah feels as though exercise and healthy eating are now part of her life and she has never felt better.*

**Box 1: Case Study 1: Sarah** (Waminda South Coast Women’s Health and Welfare Aboriginal Corporation, 2016).

Sarah’s story highlights the significance of the safe gym environment created through Dead or Deadly. While research is limited regarding Indigenous women’s use of gyms, research has found that three factors are particularly important in supporting participation in exercise: (1) feeling safe and secure while participating in structured exercise, (2) enjoying the activities, and (3) developing good relationships within the group and with staff (Canuto, Spagnoletti, McDermott & Cargo, 2013). In addition, research recommends that programs focus on reducing barriers to Indigenous women’s attendance, including financial barriers and personal circumstances (Canuto et al., 2013). Waminda’s approach with Dead or Deadly seeks to achieve this. The program is sensitive to the circumstances of their clients, which may include forms of trauma such as interpersonal violence or sexual violence. As Sarah’s story demonstrates, Dead or Deadly is able to support clients to overcome barriers and to build upon their strengths.

## Support network

**“At Waminda, you get time for yourself and other women in the same boat. You’re not by yourself.” (Participant)**

Waminda’s work is underpinned by a social model of health, facilitated through the support network that Dead or Deadly creates between staff and clients, and between clients themselves. For example, to address the “cataclysmic” impact of colonisation on Indigenous people’s food practices (Foley, 2005; Fredericks & Anderson, 2013; Fredericks & Stoter, 2013), Waminda has established and

<sup>2</sup> Pseudonyms are used to refer to clients to retain confidentiality and anonymity.

shares the care of a community garden in partnership with Aboriginal Women from the Jerrinja Community. Community gardens provide a public health benefit (Twiss et al., 2003), create a welcoming space where Aboriginal approaches to healing and health can be promoted, and provide an empowerment tool for Indigenous people (Mundel & Chapman, 2010). The opportunity to “mix with good women” and for “learning about culture with other women” is an important aspect – and possibly an essential requirement – for healthy lifestyle changes to be achieved by Dead or Deadly participants. This is illustrated by Alison’s story (Box 2) below.

Alison has schizophrenia and has been in and out of jail. She started the Dead or Deadly program and loves interacting with the other Aboriginal women. Alison said that mixing with good women, having a yarn and learning about healthy lifestyles have changed her life. She enjoys learning more about her culture with the other women and feels more grounded and focused.

Alison has addressed her soft drink addiction and wants to look at her smoking habits. Her self-esteem and confidence increased enough for her to become more independent, including moving into her own apartment for the first time in her life. Alison is increasingly starting to take her own health seriously and feels like life is worth living. She reveals that being in jail was the scariest time of her life and she never wants to return. For her, the Dead or Deadly support and education about how to get healthy and stay healthy have been essential.

Alison’s first day on Dead or Deadly was the first day in some time that she wasn’t using drugs. Alison wants to attend Dead or Deadly more often to help her stay clean and healthy (off drugs). However, due to stretched resourcing and unstable funding for Dead or Deadly, Waminda has been unable to offer Alison this support.

**Box 2: Case Study 2: Alison** (Waminda South Coast Women’s Health and Welfare Aboriginal Corporation, 2016).

Alison’s story provides some insight into the value of the space provided by Dead or Deadly. The gender-sensitive and culture-sensitive approach of Waminda is vital for its success; racism and sexism are closely intertwined and one cannot be eradicated without the other (hooks, 1990). Women involved in the SKWS reported feeling stronger for addressing racism and said they felt respected and supported by the men in their community. This is important when racism and sexism are recognised as driving determinants of health, a reality acknowledged by the Australian and NSW governments (e.g. Department of Health, 2015b; NSW Government, 2015; NSWHealth, 2013). Despite the almost 30 years that have passed since the National Aboriginal Health Strategy was released (NAHS Working Party, 1989), racism and health inequity remain a priority in Indigenous women’s health (Arabena, 2016; Fredericks, et al., 2010).

**“... More strong now to address racism.” (Participant)**

**“Respected and supported by the men in the community today.” (Participant)**

## Voice in Waminda

**“Voice in Waminda [is a strength of Aboriginal women in Shoalhaven] ... we're happy to voice our opinions and have a say, respected and supported by the men in the community today.” (Participant)**

When asked about the strengths of Indigenous women in Shoalhaven, a number of women discussed the power having a “voice” through Waminda. The Waminda Strategic Plan begins with an aim “to ensure Aboriginal and Torres Strait Islander women have a voice” (Waminda, 2015b). This aim has guided the organisation’s work since it was established in 1984. This clearly stated aim was, in part, a response to the racism experienced by Indigenous women, which prevented them from accessing essential health services. Waminda’s approach enables Indigenous women to attend preventative services earlier and receive culturally safe health care. From this work, Waminda has strengthened its focus on providing a voice for Indigenous women and continues to lobby and advocate for the improvement of Indigenous women’s health and wellbeing.

Indigenous women have written about the importance of giving each other voice as Aboriginal and Torres Strait Islander women, in light of their lengthy silencing in Australia. The White feminist movement has essentially failed Indigenous Australian women (Moreton-Robinson, 2000). Feminism seeks to raise the profile of women’s status, address the positioning of power relations and give voice to women’s issues. At times, feminism seeks to create a space of separatism from men (Moreton-Robinson, 2000). Prior to colonisation, Indigenous women always had their own agency, within their own cultural framework. There was a communal responsibility that required mutual decision making as a collective group and there were also decisions made on the basis of gender when required by specific issues (Fredericks, 2010; Moreton-Robinson, 2000). Since colonisation, Indigenous women have been generally positioned as the object of patriarchal processes and the voices of Indigenous women have been silenced (Fredericks, 2010; Moreton-Robinson, 2000). Racism and sexism continue to shape the way in which Indigenous women are treated in Australia, including the wider community’s tolerance of abuse (and rape) of Indigenous women (Behrendt, 1993).

Internationally, the importance of having a voice is enshrined in the United Nations declaration on human rights, which identifies the right to freedom of opinion and expression without interference and the right to receive and impart information through any media (United Nations, 1948). However, in Australia this has not been the case, as has been recognised at multiple levels, including by the United Nations (Anaya, 2010). Against this backdrop, Waminda’s focus on providing a platform for Indigenous women’s voices is an explicit strategy for improving Indigenous women’s health and wellbeing.

**“Stronger now they have a voice that is heard (which is why they have organisations), empowered now and reach out to other women who are in a black hole and build their confidence and bring them along.” (Participant)**

## Social and emotion wellbeing support

**“When I needed help, they helped me.” (Participant)**

Research shows that the Dead or Deadly program attracts women who are in substantial need of support to deal with their emotional distress (Hasswell & Gaskin, 2013). Almost 70% of women beginning Dead or Deadly experienced moderate to high levels of distress at the time of joining, which is more than double the proportion of Indigenous women experiencing this level of distress in the wider population (Hasswell & Gaskin, 2013). In a representation to the Standing Committee on Health (2016), the Waminda CEO noted this, saying that “women who come to our service and continue to come to our service do not go to other mainstream services, because they are highly vulnerable. They are coming straight out of jail. They are coming straight out of rehab. Often, because of not only their complex issues around violence and domestic violence but also their violence potential as a perpetrator and their drug and alcohol use, other services will not see them ...” (Standing Committee on Health, 2016, p. 10). This vulnerability was reflected in the reasons that Indigenous women provided for coming to Waminda or Dead or Deadly, as shown in the examples below.

**“Needed support to get a better life.” (Participant)**

**To access ... “support, being a single mum”. (Participant)**

**Waminda provides “... support for Indigenous women, who understand my disability and support me in living life”. (Participant)**

The vulnerabilities encountered by Indigenous women relate to experiences of trauma and interpersonal violence. For these women, interpersonal violence is an expression trauma which links colonisation with their current lived experience (Atkinson, 2002; Moreton-Robinson, 2000). Data presented in the 2009 National Aboriginal and Torres Strait Islander Social Survey estimated that 25% of Indigenous women had encountered physical violence in the previous 12 months (ABS, 2009). Of these women, 94% reported they knew the perpetrator (ABS, 2009). Further to this, the New South Wales Domestic Violence Death Review Team identified that 12% of victims of intimate partner domestic violence deaths were Aboriginal women (n=13/108). Aboriginal men accounted for 34% (n=12/35) (Domestic Violence Death Review Team, 2015). In addition, 31% of perpetrators of intimate partner domestic violence homicides were Aboriginal women (n=9/35). The overrepresentation of Aboriginal women as both victims and perpetrators highlights the need to address the experiences of Aboriginal women with interpersonal violence. This issue is part of Longbottom’s longer term work in the Shoalhaven as a component of the SKWS.

Indigenous women begin Dead or Deadly in states of emotional distress or positions of vulnerability. This provides a powerful basis from which to understand the significance of Deadly or Deadly as a program of support to these Indigenous women to overcome, achieve, grow in self-determination and regain their agency as strong, resilient Indigenous women. Self-determination flows from the

endeavour to regain recognition of the original rights held by Indigenous Australians to freedom and to control of their own lives, which were destructively impacted by colonisation (Foley, 1999; Gooda, 2014). A combination of the healthy lifestyle activities and support provided through Dead or Deadly promotes a sense of wellbeing in Indigenous women that enables them to overcome health and life challenges.

**“Doing what you wanna do, going to wellbeing and art group, confidence, support your own issues within, self-esteem, doing what you want to, being your own issues.” (Participant)**

Rebecca’s story below (as outlined in Box 3) provides an example of the holistic outcomes that Dead or Deadly facilitates. Rebecca’s story highlights the interacting nature of both the Dead or Deadly approach and its outcomes, where a client might experience improvements in mental and physical health due to the social networks provided by Dead or Deadly, and vice versa. Over time, clients can become empowered to pursue their broader goals, such as this case where Rebecca gained both her driver’s licence and employment – both significant outcomes that are known to improve health (Bambra, 2011; Department of Prime Minister and Cabinet, 2015).

*Rebecca started attending the program 2-3 years ago. Rebecca suffers from mental illness, mainly anxiety and bipolar disorder. She loved Dead or Deadly not only for the exercise, but also to socialise with other Aboriginal women. Day by day, Rebecca became increasingly stronger and more stable. She now works 3.5 hours per week for Waminda, in the garden. She has overcome her fear of driving, and achieved her learners’ driving licence. She attends training with other Waminda staff, which she absolutely loves.*

*The Schizophrenia Fellowship agreed to enlist Rebecca as a “peer support mentor” for the smoking support group through Dead or Deadly. Rebecca recently quit smoking cigarettes and provides great support for other women with mental illnesses who want to quit. Rebecca feels comfortable working in and around other Aboriginal women and stated she would never be able to work in a mainstream service. She has improved her eating and tries to do at least half an hour of exercise or walking each day.*

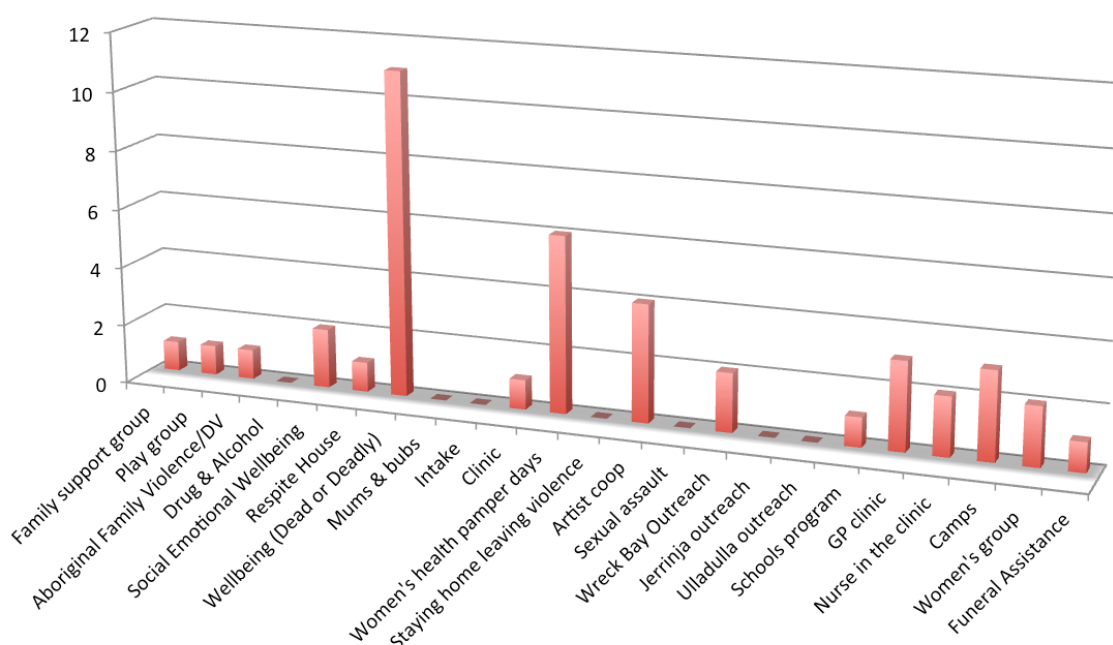
**Box 3: Case Study 3: Rebecca** (Waminda South Coast Women’s Health and Welfare Aboriginal Corporation, 2016).

**“I suffer a bit of depression as well so [Dead or Deadly] has been really good for me to get out and get active. It makes me feel good. If it wasn’t for programs like Wellbeing [Dead or Deadly], I wouldn’t be motivated to try and do something about my chronic diseases. So thank you Willow and Waminda and the Wellbeing program, it’s unreal.” (Participant)**

## Dead or Deadly as relationship-based access to Waminda

**“Wellbeing [Dead or Deadly] makes me feel healthy and fit.” (Participant)**

When the SKWS asked Indigenous women why they come to Waminda, Dead or Deadly was one of the important reasons they gave. Data regarding the way Indigenous women first access Waminda confirms this, with the Dead or Deadly activities providing important soft entry points. By far the most popular program providing access to Waminda was Dead or Deadly, followed by pamper days and the artist cooperative (which dovetail with the delivery of Dead or Deadly) (see Figure 3). This suggests that Dead or Deadly is an important part of Waminda’s model of care, and enables Waminda’s clinical services to reach Indigenous women. This conclusion is reinforced by research elsewhere (McPhail-Bell, 2015).



**Figure 3: Access points to Waminda for Shoalhaven Aboriginal women.**

Dead or Deadly is thus an important health promotion initiative in itself, and an important way of engaging with the community to establish and maintain relationships. There is plentiful evidence to support engagement as an integral aspect of health improvement; as the Federal Government notes, “without genuine engagement of Indigenous people it will be difficult to meet the [Closing the Gap] targets of the Council of Australian Governments” (Hunt, 2013, p. 1). Relationships between Indigenous communities and services must be built upon trust and integrity, and sustained (Closing the Gap Clearinghouse, 2013). This is particularly vital in the context of Australia’s history of colonisation, removal of children and the impacts of policy on Aboriginal families. That the Shoalhaven Indigenous women trust and relate to Waminda staff and clientele is evident in their comments as part of the SKWS and in the outcomes of Dead or Deadly.

**I come to Waminda to ... “socialise and yarn with the groups, girls, staff as well”.  
(Participant)**

**I come to Waminda because I am ... “treated with respect, staff yarn with you,  
clients feel comfortable”. (Participant)**

**I come to Waminda ... “because Willow [the Dead or Deadly facilitator] is good”.  
(Participant)**

## **Conclusions and recommendations**

**“The government should understand how valuable Waminda is to the  
community.” (Participant)**

The Dead or Deadly program enables Waminda to deliver its health services according to a social model of health, embedded within an emancipatory space where Indigenous women’s voices are heard, mutual support is provided and self-determination is a core value. Dead or Deadly is an important part of the Waminda model of culturally safe, strengths-based health services. Its holistic approach allows it to achieve the strong health outcomes it does.

While Waminda and its Indigenous clients work hard together to improve the physical health of individual Indigenous women, Waminda also works with women on matters that influence their broader health and wellbeing. For example, Waminda provides family support, youth leadership, playgroup, school education, culture support and domestic violence support. This approach provides an important departure from the public health tendency to align Indigenous people with statistical narratives, rather than the conditions that produce inequality (McPhail-Bell, 2015; Pholi, Black & Richards, 2009). Waminda’s model of care is one that is sensitive to the ongoing impacts of colonisation, the silencing of Indigenous women’s voices, experiences of racism, and removal and dispossession. At the same time, Waminda’s model is sensitive to the strengths of Aboriginal women in their relationships, and the strengths of Aboriginal cultural identity and values (Fredericks, 2007, 2013; Fredericks, Adams & Best, 2014). This combination positions Dead or Deadly as a healthy lifestyle endeavour based upon what is known to work: encouraging and supporting change through positive (rather than negative) interactions (Bond, Brough, Spurling & Hayman, 2012).

The Aboriginal and Torres Strait Islander Community Controlled Health Services (ACCHS) sector, of which Waminda is a member, has a long history of providing holistic health services for Indigenous Australians (AH&MRC NSW, 2015b; Fredericks & Legge, 2011). The Australian Government’s own Aboriginal and Torres Strait Islander Health Plan recognises the critical role of ACCHSs to achieve their vision of an evidence-based, culturally safe, high quality, responsive and accessible health system for Indigenous Australians (Department of Health, 2015b). Likewise, the NSW Government’s various strategies including its Tobacco Strategy, Women’s Health Strategy and Aboriginal Health Plan acknowledge the centrality of working in partnership with Aboriginal communities to improve



Indigenous health (NSW Government, 2012; NSW Ministry of Health, 2012; NSWHealth, 2013). However, while each of these strategies and plans are vitally important for progressing Indigenous health, the silo-focused activity and short-term funding cycle they encourage cannot lead to change (as noted by Ann Sudmalis MP, below). Waminda provides an example of a possible way to overcome this siloing through the way it incorporates each of the focus areas through Dead or Deadly. Programs like Dead or Deadly present local, state and Australian governments with an opportunity to meet their own objectives, by supporting community based health and wellbeing programs.

*“A 12-month model is not working for the sort of system that needs to happen in the regional areas. They (Waminda) establish a group of people who are professional or trainees or going through a system and then, all of a sudden, they have to revamp everything and re-evaluate... I know that the minister is trying to assist in rejigging the submission so that it works, but I think that this constant resubmitting for funding is something that we really need to be very aware of. I know we are tight for money, but there is a return on social investment and a return on health investment here that is almost immeasurable, and I just want to formally note here that that is very significant.” – Mrs Ann Sudmalis MP (Standing Committee on Health, 2016, p. 11).*

Dead or Deadly presents as a well-governed, return-on-investment program within a well-governed organisation. Waminda has a quality improvement process in place to continuously improve its capability to meet identified needs in the Shoalhaven Indigenous community. Waminda was found by an independent quality improvement review to have either met or exceeded all quality innovation performance standards. It exceeded standards in three broad areas: (1) the provision of cultural safety and appropriateness, (2) the incorporation of and contribution to good practice, and (3) community and professional capacity building (Quality Improvement Council, 2015). With an organisational culture that values continuous quality improvement, Waminda seeks to continually enhance Dead or Deadly to improve the health of the Shoalhaven Indigenous community. As an example of this continual improvement, Waminda is involved in a research partnership with the University of Wollongong to assess the holistic and supportive approach of Dead or Deadly and its impact on retention, in comparison to evidence-based treatments (Firth & Falzon, 2015). This continual quality improvement process helps to ensure that Dead or Deadly is a value-for-money option for departments and agencies seeking to deliver or secure culturally safe and effective Indigenous health promotion services, valued by the community.

Dead or Deadly's holistic and comprehensive approach is a long-recognised necessity for improving Indigenous health (e.g. NAHS Working Party, 1989). The holistic model provides a strong foundation for other health initiatives to build upon and complement. Dead or Deadly is, at its essence, an exemplary funding model for government to support, in response to the Close the Gap agenda. Despite Dead or Deadly's positive impact upon health and social outcomes for Shoalhaven Indigenous women, there is no sustainable funding stream available to support such programs. The program exists in a short-term funding cycle that continually threatens the program's closure and makes long-term planning impossible. This is in spite of the acknowledgement of the program given by many NSW and Australian government funding bodies. In light of this, this report recommends that the NSW and Australian governments work together to review the funding mechanisms to



ensure they align with the evidence-based call to support holistic, Indigenous-led initiatives such as Dead or Deadly.

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