



## **Supporting Information**

### **Supplementary material**

**This appendix was part of the submitted manuscript and has been peer reviewed.  
It is posted as supplied by the authors.**

Appendix to: Parter C, Murray D, Mokak R, et al. Implementing the cultural determinants of health: our knowledges and cultures in a health system that is not free of racism. *Med J Aust* 2024; doi: 10.5694/mja2.52352.

## **CONSIDER Statement**

Guest Editors of the 2024 *Indigenous Health Special Issue* acknowledge the Indigenous expertise that informed the establishment of the CONSolidated critERtia for strengthening the reporting of health research involving Indigenous Peoples (CONSIDER) statement.

Authors should indicate how they have supported ethical publishing and reporting practices by providing the details of the research practices aligned with this publication in accordance with the CONSIDER statement. The reporting should not exceed two pages. This reporting will be published as online supplementary information. Detailed items can be accessed in the publication:

<https://bmcmmedresmethodol.biomedcentral.com/articles/10.1186/s12874-019-0815-8>

<b>Governance</b>
To recognise the centrality of Indigenous self-determination and leadership relating to a PhD project, to which this editorial article has its origins, and to provide an accountability mechanism, in 2017 the National Health Leadership Forum (NHLF), agreed to be the overseeing governance body and willingly agreed to become the study's reference group. The NHLF is a collective partnership of national community-controlled organisations who represent a united voice on Aboriginal & Torres Strait Islander health and wellbeing, with expertise across service delivery, workforce, research, healing, and mental and social and emotional wellbeing. It provides advice and direction to the Australian Governments about the implementation of the National Aboriginal & Torres Strait Islander Health Plan (NATSIHPlan). The co-authors of this paper are either existing (e.g. DM & KB) or former members (e.g. RW, RM & JM) of the NHLF, who contributed significantly to the research study.
<b>Prioritization</b>
Implementing the cultural determinants (Our Cultures) into health policy, programs, and services, reflected in a policy instrument like the NATSIHPlan, has been a longstanding priority, dating back to the 1989 National Aboriginal Health Strategy. Our cultures and knowledges of ways of being, knowing & doing, are central to our families and community's health and wellbeing, that is supported by expanding evidence about the relationship of Aboriginal & Torres Strait Islander people's cultural knowledges to improvements in their health.
<b>Relationships (Indigenous stakeholders/participants and Research Team)</b>
Adhering to and honouring Indigenous ethical guidelines, processes and approvals including our obligatory ways of being, knowing and doing, which is accountable to our communities, are foundational. The lead author of this editorial is a proud Aboriginal and South Sea Islander person, with wide-ranging experiences concerning expected cultural protocols, especially about engaging with community and partners. While the members of the NHLF, who are all Aboriginal and/or Torres Strait Islander, bring an array of diverse

complementary cultural experiences. Our families and communities are always front and centre to the work that we do.

#### **Methodologies**

An Indigenous paradigm and standpoint including culturally informed methodological underpinnings, published in 2021 by the lead author in a paper titled My Research is My Story, are central to the work that is done, and, in the way that we are expected to do them, which informs methods, such as yarning and storying telling, while producing original scientific knowledge. In describing her standpoint, the stories contained in the paper, demonstrate the centrality of our Indigeneity in the methodology used by also confirming an Indigenising framework of inquiry.

#### **Participation**

Indigenous participation at all levels have been central to the contents of this editorial paper and involved; a strong institutional governance mechanism made up of Aboriginal people and an all Aboriginal and Torres Strait Islander supervisory advisory team, initially, which has been enhanced by the lead author, who is Aboriginal and South Sea Islander, alongside with an all Aboriginal and Torres Strait Islander national peak body – the NHLF. We have learnt from each other while building individual and group capabilities especially in research with reach into our communities.

#### **Capacity**

Self-determination is central to how we work. An all Indigenous led and collective team, is testimony to our rightful place in research, where we learn from each other while building our capabilities in the creation of knowledge in knowledge production.

#### **Analysis and interpretation**

The use of an Indigenous paradigm and standpoint, inherently means that critical inquiry and strengths-based approaches to analysis, which values cultural worldviews and knowledges including involvement of the NHLF in the interpretation process, is central to the contents of this editorial.

#### **Dissemination**

The details relating to the content of this editorial, was always distributed to the NHLF, our institutional partners, and published in peer review journals, with numerous presentations provided to targeted forums involving community, policy makers and public health practitioners.