



Supporting Information 1

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: Kennedy (Wiradjuri) M, Morton Ninomiya M, Morton Ninomiya M, et al. Knowledge translation in Indigenous health research: voices from the field. *Med J Aust* 2024; doi: 10.5694/mja2.52357.

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>

Governance
This work was governed and owned by the Lowitja Institute. All of the planning, implementation, analysis and reporting was conducted with governance and oversight of the institute. Furthermore, the CEO, Deputy CEO and Executive Manager of Lowitja Institute are authors of this work. This work also has governance of two elders, one in Australia and one in Canada.
Prioritization
Lowitja Institute has always prioritised Knowledge Translation. This has been guided by the Board of Directors and Aboriginal and Torres Strait Islander communities for decades. Knowledge Translation is critical in making research matter and ensuring research has impact. This research priority was raised over 12 months ago when engaging with the Aboriginal community-controlled sector regarding guidance on Knowledge Translation strategies and privileging of local Knowledge Translation approaches in the wider academic sector.
Relationships (Indigenous stakeholders/participants and Research Team)
This work was led by Indigenous interests, needs and rights as Indigenous peoples, consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), AH&MRC guidelines and just as wise and ethical practices expect “nothing about us without us”. In Indigenous health research, more and more scholarship on Indigenous research is held to a higher standard of transparency regarding relationality and acknowledging community accountability and responsibilities, authors relationships to the research and each other, and intentions behind the research. This is a foundational matter of ontology and epistemological consideration, shaping the paradigm for this program of work and not merely a matter of identity. This paper was conceptualised with Indigenous leadership and engagement, including our Indigenous lived experiences [MK, RM, SB, JM, JS, PS and TC] and non-Indigenous experiences [MEMN, MMN] located in Australia [MK, TC, RM, JM, PS], and Canada [MEMN, MMN, JS, SB]. Our research expertise includes commercial tobacco control [MK, RM, TC], ethics [MK], knowledge translation [JM, MK, JS, MEMN, RM], and maternal health [JS, MEMN, MK, JM]. Ethical approval for this work was granted by AIATSIS HREC (reference no. REC-0113).
Methodologies
As researchers and authors, we aim to conduct ourselves and facilitate Indigenous health research “in a good way”. The concept of working “in a good way” is central to any health or medical research. SB (author), as an Elder and teacher, prefaced the writing of this paper by emphasising the importance of working “in a good way”, sharing that the path to learning requires a transformative process. Learning through research, by definition, is transformative. Indigenous research incorporates practices and ideas that are part of medical professionals’ commitment to care for peoples’ journey to “living a good life” and “having a good mind”. The practice of doing things “in a good way” is ancestral knowledge passed on from one generation to another through Elders and Knowledge Keepers, which includes family, friends, and community through various means such as yarning, art, teachings, ceremony, and more. As authors, we came together and developed this paper in the spirit of working together “in a good way”, with a collective

commitment to advancing KT practices that help clear pathways to living a good life for Indigenous peoples. The conduct and reporting of this research adhered to the CONSIDER statement and reporting of Yarning Method.

Participation

Participants who attended the 2023 Lowitja Institute International Indigenous Health Conference were invited to participate in the workshop. The workshop included Indigenous researchers from Australia, Aotearoa New Zealand, Canada, and Papua New Guinea sharing definitions and examples of KT in their Indigenous context, followed by facilitated discussion. Participants were asked to each share an example at their respective tables before inviting participants to share their examples with everyone attending the workshop. Participants at each table recorded notes from their table group discussions on a large sheet paper that was collected by workshop facilitators at the end. In addition, a research team member [MMN] also took notes throughout the workshop. The data collection process facilitated a collaborative process where findings and ideas were discussed through knowledge generation and sharing between researchers and participants.

Capacity

This research was conducted unfunded and based on the interest and collaboration of the authorship team. The collective processes of this research built the capacity of the authorship team, particularly through the wise leadership of the elders.

Analysis and interpretation

Collaborative Yarning between the researchers was central to the analysis process which prompted reflexive analysis and meaning-making from the data. Drawing on Braun and Clarke's methods of reflexive thematic analysis, MMN gathered all of the notes and participant responses and assigned inductive codes. The raw data, grouped by the initial codes, were collaboratively discussed, and revised by the research team members over Zoom who agreed on proposed themes. Based on the themes, a summary graphic was developed. The research team met face-to-face and online throughout the analysis process to review and refine the themes. This collaborative approach to developing, reviewing, and refining themes helped to uphold Indigenous research principles and practices by sharing of knowledge and ideas.

Dissemination

Lowitja Institute will continue to disseminate these findings beyond this publication. Dissemination will be embedded in Lowitja Institute training and resources targeted at building the Aboriginal and Torres Strait Islander health research workforce.