



Supporting Information

Supplementary methods and results

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

Appendix to: Kennedy M, Booth K, Bryant J, et al. How well are researchers applying ethical principles and practices in Aboriginal and Torres Strait Islander health and medical research? A cross-sectional study. *Med J Aust* 2025; doi: 10.5694/mja2.52572.

Table 1. Summary of ordinal regression for perceptions of researcher’s adherence to key ethical research practices, with Aboriginal or Torres Strait Islander status as a predictor, using complete cases

Outcome	Odds ratio (95% CI)*
Engage Aboriginal community in identifying research priorities	0.57 (0.35–0.91)
Engage Aboriginal community in developing the research questions	0.44 (0.27–0.72)
Embed Aboriginal governance, advisory and decision making on the project	0.52 (0.32–0.82)
Enact Indigenous data sovereignty and governance principles	0.6 (0.38–0.96)
Develop research agreements with Aboriginal communities	0.59 (0.37–0.94)
Embed opportunities in the research for capacity building for Aboriginal communities	0.61 (0.38–0.98)
Embed opportunities in the research for capacity building of the research team for research with Aboriginal communities (ie, developing cultural capabilities)	0.51 (0.31–0.82)
Engage Aboriginal community in research implementation	0.44 (0.28–0.71)
Employ Aboriginal project team members	0.7 (0.44–1.09)
Engage Aboriginal community in the analysis and interpretation of findings	0.51 (0.31–0.82)
Reimburse costs to communities for partnership and involvement	0.47 (0.29–0.76)
Pay community members for sitting fees (ie, for research meetings)	0.52 (0.32–0.82)
Disseminate results back to the community	0.35 (0.21–0.56)
Involve community members as co-authors on publications and co-presenters on presentations	0.46 (0.29–0.75)
Translate the findings into policy and/or practice	0.56 (0.35–0.90)

* The odds of reporting a higher level of perceived adherence of researchers to the specific key ethical research practices.

CONSolidated critERia for strengthening the reporting of health research involving Indigenous Peoples (CONSIDER) statement

<p>Governance</p>
<p>This research engages multiple levels of Aboriginal and Torres Strait Islander governance. Formal governance was enacted by the National Indigenous Health Leadership Alliance (NIHLA – formerly National Health Leadership Forum) which comprises of representatives from Aboriginal and Torres Strait Islander organisations and peak bodies committed to systemic and structural reform. The NIHLA has provided governance and oversight across all aspects of the research, guiding and strengthening the research by ensuring it is safe, impactful and upholds prioritisation of need and benefit for Aboriginal and Torres Strait Islander communities. The lead researcher (MK) met with the NIHLA at least bi-annually throughout the development, implementation, interpretation and dissemination of the research to ensure tangible and efficient practice and policy changes were made. The research, as led by a collective of Aboriginal and Torres Strait Islander researchers, uphold governance and oversight of all aspects of the work. All required ethical approvals were obtained, including from the Australian Institute of Aboriginal and Torres Strait Islander Studies (HREC reference no. EO323-20220414) and the Aboriginal Health & Medical Research Council (HREC reference no. 1924/22).</p>
<p>Prioritisation</p>
<p>This research emerged from the priorities of Aboriginal and Torres Strait Islander people and communities for truth telling and critical reflection of the field of ethics in health and medical research. As such, pre-existing, alongside new community partnerships have been established throughout the research to ensure the research continues to uphold the priorities and voice of Aboriginal and Torres Strait Islander people. The governance processes within this research ensure rapid translation of findings into policy and practice to meet the identified community priorities.</p>
<p>Relationships</p>
<p>This work upholds Aboriginal and Torres Strait Islander peoples rights to self-determination, leadership and decision-making throughout all stages of the research in line with the principles of the United Nations Declaration on the Rights of Indigenous People (UNDRIP) and ethical principles of Aboriginal and Torres Strait Islander health and medical research. Relationality to the work, communities and between the researchers has been pivotal to ensure the research safeguards Aboriginal and Torres Strait Islander people and communities throughout the development, implementation, interpretation and translation of this project. This responsibility and accountability to the improvement of health and wellbeing outcomes for Aboriginal and Torres Strait Islander people extends beyond the life of the project to ensure the researchers remained responsive to the evolving and changing needs and priorities of communities. Acknowledging that Aboriginal and Torres Strait Islander people are not homogenous and are a diverse people, the research team brought decades of experience and expertise across a range of settings and locations to ensure the research considered, and was appropriate, across and between communities and their contexts nationally.</p>
<p>Methodologies</p>
<p>This research has been led and implemented by Aboriginal and Torres Strait Islander experts and leaders across a range of disciplines in health and medical research. Indigenous worldviews and relationality, underpinned by Indigenist research methodologies ensure the research is transparent and accountable to</p>

Aboriginal and Torres Strait Islander communities. As Aboriginal and Torres Strait Islander people and researchers, the concept of ethical practice is not new. The ways in which this research is conducted is deeply rooted in our lived experiences and realities, including the complexities of upholding relational research practices within Euro-Western systems. Consequently, this intrinsically influences how this research has been shaped, interpreted and translated, upholding Aboriginal and Torres Strait Islander rights to ethical research and outcomes.

Participation

This study sought to understand the experiences and perspectives of a diverse range of participants conducting health and medical research with Aboriginal and Torres Strait Islander people and their data. This included from Aboriginal and Torres Strait Islander communities, researchers and human research ethics committee members. The seeking of individual and community consent was imperative to mitigate burden placed on participants, particularly any Aboriginal and Torres Strait Islander people or communities. Indigenous data sovereignty principles were upheld to ensure the safety and security of all participants throughout the research. All data has been presented as deidentified to protect participants and communities.

Capacity

The *Murru Minya* project supports Aboriginal and Torres Strait Islander research capacity through the development and mentorship of an Aboriginal PhD Candidate and an Aboriginal community researcher. The guidance and leadership of the extensive Aboriginal and Torres Strait Islander research team has been woven throughout all stages of the research. Through respectful and reciprocal relationships, this research has engaged with key stakeholders within the Aboriginal and Torres Strait Islander community-controlled sector and other research institutes to build capacity within the sector across a range of areas including research design, implementation and knowledge translation.

Analysis and interpretation

Collaborative Yarning between the Aboriginal and Torres Strait Islander researchers was pivotal to the analysis process which prompted reflexive analysis and sense-making of the data. Drawing on our own lived experiences as described by Tuwahi-Smith, the research team have become deeply interconnected with the data as both the researched and researcher. Grounded in our standpoint, Nakata describes this *“is a distinct form of analysis and is itself both a discursive construction and an intellectual device to persuade others and elevate what might not have been a focus of attention by others”*. Consequently, this uniquely influences and shapes the ways in which the data in this research have been analysed and interpreted. Through an exploration of the field of Aboriginal and Torres Strait Islander health and medical research, by Aboriginal and Torres Strait Islander researchers, this work re-positions Euro-Western standard practices of research whereby the predominantly non-Indigenous researchers and research systems are the subjects of Indigenous research as defined by us.

Dissemination

Rapid knowledge translation and dissemination of findings from this study have been interwoven and in-process prior to publication of this work. During project implementation, ongoing knowledge translation to project governance and leaders occurred, and a website was created with a focus on community-level translation in real-time. Through the website, members of the academic sector and community were able to register to receive regular newsletters and project updates. Prior to submitting manuscripts, in-process

findings of this study were shared with the research governing body and the Aboriginal Health & Medical Research Council Ethics Committee. A series of personal invitations, locally and nationally, were received to present to community organisations and research institutes. This has included presentations to the Wakul Yabung Aboriginal Health Research Panel at the University of Newcastle (NSW), Wardliparingga Aboriginal Health Equity Unit at the South Australian Health and Medical Research Institute (SA) and Telethon Kids Institute (WA). Key international presentations have included the Lowitja Institute International Indigenous Health Conference (2024), World Indigenous Cancer Conference (2024) and an International Knowledge Exchange Event held with Indigenous colleagues from the British Columbia Network Environment for Indigenous Health Research, Canada (2024). A 16-page knowledge translation booklet has been developed to share findings with key stakeholders and communities in the sector.