

Who is speaking for us? Identifying Aboriginal and Torres Strait Islander scholarship in health research

TO THE EDITOR: Australia is home to the oldest continuing cultures on Earth. Yet, rather than being treasured as a source of national pride, Aboriginal and Torres Strait Islander knowledges remain mostly unappreciated and, at times, actively silenced (eg, Uluru Statement).¹ Passed down through generations, these valuable, continually changing knowledge systems are core to our adaptability, strength and survival against extreme adversity including colonisation.

Persistent health disparities between Indigenous and other Australians signal the ineffectiveness of allegedly well intentioned policy and research that have largely produced deficit-focused research, describing the extent of the Aboriginal and Torres Strait Islander problem rather than being driven by the priorities and solutions of Aboriginal and Torres Strait Islander communities. Institutions are now acknowledging that to close the gap in health disparities, “Aboriginal and Torres Strait Islander people must determine, drive and own the desired outcomes”.² Gradual transformation in research governance and methodologies has occurred through

ethics protocols and quality appraisal tools³ guiding the positioning of Aboriginal and Torres Strait Islander people as leaders and drivers of strengths-based, benefit-led research processes.⁴

Aboriginal and Torres Strait Islander researchers are more often leading the way in key health system domains, such as research ethics, education and effective community-based research, but there is currently no systematic way of identifying our scholarship in the peer-reviewed literature.

How do we, as Aboriginal and Torres Strait Islander people, know who is representing, and speaking for, us?

We assert the need to develop strategies to rectify and improve transparency of Indigenous health research. The first steps could be:

- inclusion of searchable tags for Indigenous authorship and contributorship (acknowledging non-written contributions); for example, through extension of the Contributor Roles Taxonomy (CRediT), which is integrated into the Open Researcher and Contributor ID (ORCID; www.orcid.org) and used in over 120 journals;⁵ and
- expansion of contributor statements outlining diversity of roles and the positionality of our non-Indigenous allies within the research.

This would enhance the ability to efficiently distinguish Aboriginal and Torres Strait Islander scholarship, increasing the visibility of our knowledges and perspectives in research and translation, thereby improving the transparency of academic literature to guide decisions about our health and wellbeing. We seek the *MJA*'s leadership in “foregrounding Indigenous sovereignty”⁶ by advocating and appropriately acknowledging our contribution in health research.

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