



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: Haynes E, Mitchell A, Marawili M, Bessarab DC. Explaining risk in chronic conditions: the Yolŋu science of signs. *Med J Aust* 2025; doi: 10.5694/mja2.70031.

Item Checklist Item		
Governance		<i>Specify how and where you've addressed this in the paper, or note 'Not applicable' and provide reasoning.</i>
1.	Describe partnership agreements between the research institution and Indigenous-governing organisation for the research, (e.g., Informal agreements through to MOU [Memorandum of Understanding] or MOA [Memorandum of Agreement]).	<p>The Perspective piece is based on two research projects: initially a rheumatic heart disease (RHD) PhD research project (ethics approval from the Health Research Ethics Committee [HREC] of the Northern Territory Department of Health and Menzies School of Health Research) and subsequently a Lowitja-funded Wellbeing project (ethics approval from the West Australian Aboriginal Health Ethics Committee [WAAHEC]).</p> <p>Both projects were initiated by Yolŋu leaders and supported by the Yolŋu Rangers, health workers (both Yolŋu and non-Aboriginal), and the Laynhapuy Homelands Aboriginal Corporation (CEO and Board).</p> <p>Please see:</p> <p>Haynes E, Marawili M, Marika BM, Mitchell AG, Phillips J, Bessarab D, et al. Community-based participatory action research on rheumatic heart disease in an Australian Aboriginal homeland: Evaluation of the 'On track watch' project. <i>Eval Program Plann.</i> 2019;74:38-53.</p> <p>Haynes E, Marawili M, Marika MB, Mitchell A, Walker R, Katzenellenbogen JM, et al. Living with Rheumatic Heart Disease at the Intersection of Biomedical and Aboriginal Worldviews. <i>International Journal of Environmental Research and Public Health</i> [Internet]. 2022; 19(8).</p> <p>Regarding the more recent Wellbeing project – the Lowitja Institute will only fund projects that are Indigenous led.</p>
2.	Describe accountability and review mechanisms within the partnership agreement that addresses harm minimisation.	As Yolŋu-led projects we are bound by <i>gurrutu</i> (relational responsibilities), ensuring no cultural or emotional harm is possible. Note also Yolŋu authorship on all publications
3.	Specify how the research partnership agreement includes protection of Indigenous intellectual property and knowledge arising from the	As above

Item Checklist Item		
	research, including financial and intellectual benefits generated (e.g., development of traditional medicines for commercial purposes or supporting the Indigenous community to develop commercialisation proposals generated from the research).	
Prioritisation		
4.	Explain how the research aims emerged from priorities identified by either Indigenous stakeholders, governing bodies, funders, non-government organisation(s), stakeholders, consumers, and empirical evidence	<p>Both projects were initiated by Yolŋu leaders.</p> <ol style="list-style-type: none"> 1. RHD project – initiated by Djambawa Marawili when he heard about the number of people in his community with RHD 2. Wellbeing project - initiated by Minitja Marawili and Makungun Marika (both co-researchers on the above RHD project) as a result of the breakdown in <i>gurrutu</i> caused by COVID
Relationships (Indigenous stakeholders/participants and Research team)		
5.	Specify measures that adhere and honour Indigenous ethical guidelines, processes, and approvals for all relevant Indigenous stakeholders, recognising that multiple Indigenous partners may be involved, e.g., Indigenous ethics committee approval, regional/national ethics approval processes.	<p>As above in question 1., previous research conducted by the authors that underpins this Perspective piece all obtained and adhered to Indigenous ethics and ethical guidelines. The research also takes a strengths-based approach, informed by privileging Indigenous knowledges, perspectives and experiences.</p> <p>Please see:</p> <p>Haynes E, Marawili M, Mitchell A, Walker R, Katzenellenbogen J, Bessarab D. "Weaving a Mat That We Can All Sit On": Qualitative Research Approaches for Productive Dialogue in the Intercultural Space. <i>Int J Environ Res Public Health</i>. 2022;19(6).</p> <p>Haynes E, Mitchell A, Enkel S, Wyber R, Bessarab D. Voices behind the Statistics: A</p>

Item Checklist Item		
		Systematic Literature Review of the Lived Experience of Rheumatic Heart Disease. Int J Environ Res Public Health. 2020;17(4).
6.	Report how Indigenous stakeholders were involved in the research processes (i.e., research design, funding, implementation, analysis, dissemination/recruitment).	<p>Research conducted by the authors that underpins this Perspective piece was supported (and obtained written approval) by Aboriginal Elders of the community and the local Health Services.</p> <p>Please see: Haynes, E. (2020). 'Weaving a mat we can all sit on': Understanding the experience of living with Rheumatic Heart Disease at the intersection of biomedical and Aboriginal worldviews. [Doctoral Thesis, The University of Western Australia].</p> <p>And regarding the Wellbeing project, as above, the Lowitja Institute insists on Indigenous leadership throughout the research process.</p>
7.	Describe the expertise of the research team in Indigenous health and research.	This has been addressed in the Perspective piece section 'Introduction'
Methodologies		
8.	Describe the methodological approach of the research including a rationale of methods used and implication for Indigenous stakeholders, e.g., privacy and confidentiality (individual and collective)	<p>Research conducted by the authors that underpins this Perspective piece uses Aboriginal participatory action research as its fundamental methodological approach. This approach ensures that Yolŋu researchers and elders lead the research and adheres to both Yolŋu and non-Indigenous confidentiality and privacy protocols</p> <p>Please see: Haynes, E. (2020). 'Weaving a mat we can all sit on': Understanding the experience of living with Rheumatic Heart Disease at the intersection of biomedical and Aboriginal worldviews. [Doctoral Thesis, The University of Western Australia].</p>

Item Checklist Item		
9.	Describe how the research methodology incorporated consideration of the physical, social, economic and cultural environment of the participants and prospective participants. (e.g., impacts of colonisation, racism, and social justice). As well as Indigenous worldviews.	Aboriginal participatory action research and Yolngu leadership is based in Indigenous worldviews and addresses the impacts of colonisation and racism
Participation		
10.	Specify how individual and collective consent was sought to conduct future analysis on collected samples and data (e.g., additional secondary analyses; third-parties accessing samples (genetic, tissue, blood) for further analyses).	Not applicable
11.	Described how the resource demands (current and future) placed on Indigenous participants and communities involved in the research were identified and agreed upon including any resourcing for participation, knowledge, and expertise	Research conducted by the authors that underpins this Perspective piece employs Yolngu researchers, reimburses community participants and pays Yolngu elders as cultural consultants.
12.	Specify how biological tissue and other samples including data were stored, explaining the processes of removal from traditional lands, if done, and of disposal.	Not applicable – This research did not involve the collection of biological tissue and other samples.
Capacity		

Item Checklist Item		
13.	Explain how the research supported the development and maintenance of Indigenous research capacity (e.g., specific funding of Indigenous researchers).	This has been addressed in the "Next Steps/Recommendations" section
14.	Discuss how the research team undertook professional development opportunities to develop the capacity to partner with Indigenous stakeholders?	<p>Previous research conducted by the authors that underpins this Perspective piece allowed for capacity building opportunities, including building research capacity and training opportunities such as completing a 10513NAT Certificate II in Community Health Research. Non-Indigenous authors have spent years living in the Homelands, Alice Mitchell is a linguist who speaks Yolngu matha.</p> <p>Research conducted by the authors that underpins this Perspective piece employs Yolngu researchers.</p> <p>Please see:</p> <p>Haynes E, Marawili M, Mitchell A, Walker R, Katzenellenbogen J, Bessarab D. "Weaving a Mat That We Can All Sit On": Qualitative Research Approaches for Productive Dialogue in the Intercultural Space. Int J Environ Res Public Health. 2022;19(6).</p> <p>Haynes E, Marawili M, Marika BM, Mitchell AG, Phillips J, Bessarab D, et al. Community-based participatory action research on rheumatic heart disease in an Australian Aboriginal homeland: Evaluation of the 'On track watch' project. Eval Program Plann. 2019;74:38-53.</p>
Analysis and interpretation		
15.	Specify how the research analysis and reporting supported critical inquiry and a strength-based approach that was inclusive of Indigenous values.	It is the objective of this piece to demonstrate the outcome of encouraging critical inquiry and a strength-based approach that was inclusive of Indigenous values.
Dissemination		

Item Checklist Item		
16.	Describe the dissemination of the research findings to relevant Indigenous governing bodies and peoples.	This has been addressed in the "Conclusion" section
17.	Discuss the process for knowledge translation and implementation to support Indigenous advancement (e.g., research capacity, policy, investment).	This has been addressed in the "Conclusion" section