Profiling Excellence
Indigenous Knowledge Translation

Edited by Megan Williams
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Foreword

Aboriginal and Torres Strait Islander peoples are the experts in knowledge translation. Research, evaluation and communication – these actions have been part of our cultures for countless generations. Intergenerational transfer of knowledge for survival and flourishing – we honour it, we plan for it, and we continue to develop strategies for it.

In contemporary Australia, the Lowitja Institute has invested in knowledge translation, and respected it as a funded, supported process for research projects.

In the #LowitjaKT series of four articles bound together in this e-publication, produced with Croakey Health Media, we provide several examples of Indigenous knowledge translation in practice. You’ll notice how local knowledges, protocols and connections to Country are used. You’ll discover the interactions that connect research evidence to changes in policy and practice, which the Lowitja Institute calls Indigenous knowledge translation. You’ll hear how Indigenous knowledge translation results in positive impacts on the health and wellbeing of Indigenous peoples.

Each of the articles in the #LowitjaKT series demonstrate how Indigenous knowledge translation activities begin before and during the process of research questions being developed by and with Indigenous people and organisations. These exchanges of knowledge inform research questions, which then shape research projects, the partnerships, processes, and funding.

The Lowitja Institute’s knowledge translation processes demand excellence from research teams. Few Australian health research funding schemes require such detail or have a Knowledge Translation Plan for researchers to use. All research we fund and are associated with has to be accountable to our cultural authorities, ensuring power is vested in local Elders and community organisations. Benefits of research for communities, organisations and policy makers are identified upfront.

That’s why this is not ‘research translation’ – the Lowitja Institute pushes further than that. We support exchanges in knowledge between community members and researchers, and we support community members being researchers.

Our critics might say this is not scientific, that our relationships and our ‘insider’ positions bias research. But as article 1 in the #LowitjaKT series shows, ‘Aboriginal and Torres Strait Islander people are experts in knowledge translation’, because we have clear principles for research, a need to deeply understand our identity as Indigenous people, accountabilities to Elders and experience in identifying community strengths to redress power imbalances in research and its translation.

Our research and translation strengths are highlighted in article 2, ‘Miyo-pimatisiwin – Living a good life’. This highlights how Indigenous people’s cultural practices shape and improve research, and community health outcomes.
Article 3 expands our view of community health outcomes to include strengthening cultural identity and intergenerational relationships. ‘Rites of passage: a case study in knowledge translation’ conveys dancing, ritual and community development as outcomes of research and as knowledge translation.

The valuing of young Aboriginal and Torres Strait Islander peoples in article 3 and article 4, ‘Following the Jina: knowledges from Country and culture strengthening young men’ counter the negative stereotyping that often occurs in mainstream research and media. These articles also show how Aboriginal and Torres Strait Islander researchers push euro-western health science boundaries about what constitutes data.

Each of the articles in the #LowitjaKT series paint research as an opportunity to connect and not distance people. They show how intergenerational collaboration in research improves its reliability and relevance, and how the expertise of Indigenous peoples results in identifying more effective policy commitments with better impact. Being respectful of Elders’ and community priorities, knowledges and cultural protocols – this is the essence of who we are as Indigenous people to highlight through research and honour in knowledge translation.
Aboriginal and Torres Strait Islander peoples are the experts in knowledge translation

Introduction
Knowledge translation has been at the heart of the Lowitja Institute’s work since its inception, due to the transformative potential for research, practice, policy and community wellbeing.

The Lowitja Institute’s way of doing knowledge translation means community members and end users drive the research agenda, ensuring it is research that Aboriginal and Torres Strait Islander people want and need.

The coolamon in the feature image above, courtesy of Dr Tess Ryan, represents a long cultural history of innovation and intergenerational transfer of knowledge.

This is the first in a series of four articles showing the diversity of Aboriginal and Torres Strait Islander knowledges and excellence in knowledge translation.

Croakey Professional Services writes:
“We have always been researchers,” says Dr Mark Wenitong, one of the first Aboriginal people trained in western medicine in Australia and an experienced researcher and policy adviser.

“Our knowledge bank is based on research over a very, very long period of time; it’s experiential research that has meaning for the cultural, social and emotional wellbeing of our communities.”
It is this sustained and effective use of research over millennia that compels Aboriginal and Torres Strait Islander researchers today as leading practitioners of knowledge translation and research for impact.

In this role Indigenous researchers are also frequently compelled to redress the overwhelmingly negative experiences Aboriginal and Torres Strait Islander peoples have had with their knowledges often being ignored, dismissed or diminished by western science researchers and rigid research methodologies and funding processes.

“Much of today’s health research is still done on, rather than by or with Aboriginal and Torres Strait Islander individuals and communities, without valuing local cultural protocols and ways of knowing, being and doing,” says Dr Janine Mohamed, CEO of the Lowitja Institute and a Narrunga Kaurna woman from South Australia.

“Since day one of British colonisation, systems in society had been created which privilege non-Indigenous peoples and lock out Aboriginal and Torres Strait Islander peoples, including from research and the benefits of research.

“Historic truth-telling reminds us that medical experimentation and many other harms were carried out on Aboriginal and Torres Strait Islander peoples in the name of ‘research’.

“This meant research was embedded in a deficit discourse, where we were the ‘problem’, rather than researchers turning their gaze to historical practices that caused such ongoing harm – colonisation, genocide, assimilation, the forced removal of our children, the Stolen Generations, and more.”

It’s led to what Associate Professor Felecia Watkin Lui calls “the elephant in the room” – in an era of increased government funding for Indigenous health research there has been little improvement in Aboriginal and Torres Strait Islander health outcomes.

“We’ve called it out because researchers are continuing to do more and more research in Indigenous health and yet we are not seeing the impact in our communities,” says Associate Professor Watkin Lui, head of the Indigenous Teaching Program at James Cook University.

“We have to change the way we do research. Our people are dying earlier and we cannot waste time doing more of the same given the acute challenges we have.”

Lowitja Institute’s approach to knowledge translation for research impact therefore comes as a “breath of fresh air” as a way to bridge the gap and apply knowledge to meet the needs of Indigenous communities, according to Dr Wenitong, strategic adviser to Lowitja Institute.

Lowitja Institute’s definition of knowledge translation is a reciprocal process that combines Indigenous people’s experiential wisdom with academic research:

Knowledge translation is the complex series of interactions between knowledge holders, knowledge producers and knowledge users, with the goal of achieving research impact, which we define as positive and sustainable long-term benefit for Aboriginal and Torres Strait Islander peoples, beyond the realm of academia.”
This research process flips the mainstream paradigm, starting with community engagement and leadership to co-design and develop research priorities and questions, select methodologies, collect and analyse data, translate knowledges and measure research impact.

“Measuring research impact helps us determine if our investment and implementation of knowledge translation activities has been effective at any point along the research timeline and if we have been successful in connecting research to impacts beyond academia for the benefit and empowerment of Aboriginal and Torres Strait Islander peoples,” says Dr Mohamed.

The Lowitja Institute is the only Aboriginal and Torres Strait Islander community controlled research institute in Australia. It is also the only known Australian research institute that funds knowledge translation from the beginning of the research process and incorporates the research principles of benefit, leadership, engagement, capacity building and measurement into planning.

Dr Janine Mohamed (centre) pictured with the Institute's patron, Dr Lowitja O'Donoghue AC CBE DSG (L) and the Institute's chair, Dr Pat Anderson.

What is the change you want to see?
Associate Professor Felecia Watkin Lui and her colleagues in the Torres Strait Researchers’ Community of Practice studied knowledge translation frameworks internationally and in Australia and identified more than 150 models for a scoping review.

Almost all of these models were ‘push’ systems primarily focused on the producers of knowledge who plan and implement approaches to push (disseminate) knowledge towards audiences who they believe need to receive it.

“Very few models were based on a ‘pull’ approach, where you ask the end user ‘what is the knowledge you need, what are your priorities, what is the change you want to see?’” says Associate Professor Watkin Lui.

Pull approaches involve the knowledge users who plan and implement strategies to pull knowledge from sources they identify as producing knowledge that is useful to their decision-making.

“The Lowitja Institute approach starts with the stakeholders to identify priorities and needs. At this stage we're not even talking about projects, but we use community engagement to determine what change is required and then develop methodology and indicators to measure how we will translate this knowledge. Knowledge translation in many other models is often thought about at the end, if it's thought about at all.”

Community engagement and knowledge translation for research output is rarely funded by government bodies such as the National
Health and Medical Research Council (NHMRC) and the Australian Research Council. And it is all but impossible for community organisations to meet guidelines for research funding without a university or research institute leading the proposal.

The Lowitja Institute took a radical turn last year in its first funding round as a community-controlled organisation when it made health research funding available for community-based organisations such as Aboriginal-controlled health services, small businesses and non-government organisations. Universities and research institutes were not eligible for funding, except as partners with the community-based organisations.

“It’s really flipped the process and changed the power imbalance by giving control to community-based organisations,” says Associate Professor Watkin Lui.

Knowledge translation in practice

For Dr Mark Wenitong, a Kabi Kabi man from southern Queensland, knowledge translation has enhanced his research practice and better informed his clinical practice.

“It’s quite different from academia,” he says. “As a service provider in primary healthcare I’ve been frustrated by academic processes where a think-tank comes up with the research question without co-design by Indigenous communities. The research findings can then be irrelevant to service delivery, even though that was central to the research.”

A decade ago a small study looking at the high incidence of cannabis use in Cape York, found that 76 percent of users wanted to quit or reduce consumption. The main reasons for quitting were getting a job (26.9 percent), followed by being a role model for the family (16.4 percent), with concerns about physical and mental health and financial costs of the drug not registering above six percent, according to the Cape York Cannabis Project.

Dr Wenitong was then Aboriginal Public Health Medical Adviser at Apunipima Cape York Health Council and was able to translate the research findings into practice in other settings.

“We used the research in our men’s groups. We could say: ‘Do you guys want to be good role models for your family?’ And we knew it resonated because we had the research,” he says.

Dr Wenitong says the Aboriginal-developed and led Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing is “so translatable into practice” and is now “a cross-cutting piece of policy” in the National Aboriginal and Torres Strait Islander Health Plan.

“It’s a much more grounded process when you have Aboriginal sovereignty about how the research is done, why it’s done, where it’s
done and what the implications are, all the way through the process,” says Dr Wenitong.

Mayi Kuwayu, a ground breaking longitudinal study led by Wongaibon (Ngiyampaa) epidemiologist Associate Professor Ray Lovett, is measuring for the first time how Indigenous people’s wellbeing and health is linked to factors like connection to Country, cultural practices, spirituality and language. It aims to provide an evidence base for the creation of better policies and programs.

“Lowitja Institute is very proud to be one of the organisations that helped seed the idea of the Mayi Kuwayu study,” says Dr Mohamed.

She said mainstream funding bodies didn’t really understand the concept of the research but Aboriginal and Torres Strait Islander peoples knew “that people who live on Country, and are strong in culture, will usually have better health outcomes”.

“Lowitja Institute backed Ray’s research and he was later able to access NHMRC funding. About a quarter of our research grants go on to win bigger grants but we’re often the starting point for important research projects,” says Dr Mohamed.

Last year a Deloittes Access Economics Review of the Lowitja Institute found that a quarter of the 41 research projects supported between 2014 and 2019 received further grants from the NHMRC and the Australia Research Council (ARC).

More than 10,000 Aboriginal and Torres Strait Islander people have so far participated in Mayi Kuwayu. Over time the study aims to provide insights into how culture contributes to wellbeing and how oppression impedes health and wellbeing.

Creative strategies and cultural storytelling

Indigenous knowledges can be translated in many ways and are increasingly drawing on creative strategies using cultural metaphors, 21st century technologies like games-based problem-solving, and age-old ways of yarning in communities.

Knowledge translation can include changes to policy and clinical practice guidelines, information packages and fact sheets, video, storytelling, dance and performance.

Associate Professor Felecia Watkin Lui, whose giz or ancestral roots are from Erub (father) and Mabuiag Islands (mother), is a member of the first known Torres Strait Islander researchers’ community of practice known as ‘Meriba buay – ngalpan wakaythoemamay’ (We come together to share our thinking).

The community of practice, funded by the Lowitja Institute, sought to translate and use both western sciences and research, and local experiential (personal, traditional and cultural) knowledges, so that Torres Strait Islander
people can develop their own solutions to the complex environmental and social problems in their communities.

Recognising the power of performance art in their communities, the researchers launched their first knowledge translation event about climate change at the 2018 Cairns Indigenous Art Fair, a high-profile event attended by politicians, Torres Strait Island community leaders and members.

The 15-minute multimedia performance piece titled ‘Woer Wayepa – The Water is Rising’ featured a time-travelling Elder in 2050. A tidal surge had sunk the last remaining island, culture was “clinging to a life buoy” and seagulls roamed the skies forever because there was nowhere to land.

“The performance used cultural metaphors, traditional language and visual storytelling in ways that are familiar to us, in addition to graphs of rising sea levels,” says Associate Professor Watkin Lui. “We’re increasingly seeing creative strategies in the Indigenous space where art forms and storytelling are being adapted as part of the knowledge transfer process.”

Leading the way internationally

Knowledge translation is at the heart of decolonising research and involves privileging Aboriginal and Torres Strait Islander research leaders and communities.

More than two-thirds (68 percent) of research projects funded by the Lowitja Institute are led by Aboriginal and Torres Strait Islander researchers, according to the Deloitte report, compared with less than 10 percent of funding by the NHMRC into Aboriginal and Torres Strait Islander health issues. Under the Lowitja Institute’s new commissioning process this figure will rise to 100 percent, with all research projects being led by Aboriginal and Torres Strait Islander organisations.

Associate Professor Watkin Lui says Indigenous knowledge transfer is being led in Australia by the Lowitja Institute, which controlled a small amount of the total research dollars but was developing critical research infrastructure. The Institute’s work is estimated to represent 0.1 percent of the total spending on health research in Australia and around 5.4 percent of the total spending on Aboriginal and Torres Strait Islander-specific health research, according to the Deloitte report.

“Lowitja Institute is leading the way internationally to provide the support that’s needed to strengthen capacity in community organisations to lead and conduct research to improve health outcomes,” says Associate Professor Watkin Lui.

Her team at James Cook University developed a two-day professional development course, Pathways to Knowledge Translation and
Impact in Aboriginal and Torres Strait Islander Health Research, funded by Lowitja Institute and accompanied by a framework to plan, implement, monitor and evaluate knowledge translation and research impact.

Associate Professor Watkin Lui says she had changed her research practice after her immersion in knowledge translation in recent years.

“I don’t do projects the same way I was taught in my PhD,” she says. “It’s been a personal journey of growth and change, putting myself in the place of communities and asking what does the community want to change, and what information do they need to make those decisions.

“It’s not easy and there are challenges. Genuine community engagement takes time and can require some courageous conversations, research institutions are resistant to change and funding is always an issue.

“But my motivation is that knowledge translation is really opening up conversations about what is knowledge, how that knowledge can lead to impact, and what constitutes evidence to improve the health and wellbeing of our communities.”

Dr Mohamed says closing the gap in health and wellbeing among Aboriginal and Torres Strait Islander peoples requires sovereignty over research and the active involvement of communities to identify the issues and solutions and translate that knowledge back to the community.

“Being community controlled allows us to privilege Aboriginal and Torres Strait Islander people and organisations when it comes to allocating research funds. It means we can ensure Aboriginal and Torres Strait Islander people drive our research agenda more strongly than ever and we can do the research our people want and need,” she says.

Further reading

Knowledge translation that works

Research into policy
Miyo-pimatisiwin – Living a good life

Introduction

Important cultural practices such as intergenerational feasting, yarning and storytelling are among many ways that Indigenous peoples globally have enacted knowledge translation for millennia.

However, Western journals and institutions ignore or overlook these ancient cultural practices, insisting that knowledges are acquired only through ‘evidence-based’ research and formal academic publications.

Yet these ways of knowing, being and doing are intrinsic to sharing with each other what we know about how to “live a good life” and engage in “wise practice” in Indigenous health globally.

As leading Canadian Metis researcher Dr Janet Smylie says in the article below:

Indigenous peoples don’t tend to separate out knowledge from action and, although there is some deep and careful thinking in my culture before action, the idea of creating knowledge that is disconnected from its practical application is inconceivable.”

Croakey Professional Services writes:

When a First Nations community in Canada wanted to support new mothers and improve breastfeeding rates, they turned to a respected grandmother – known as Auntie – to share with young mothers the benefits of a cultural practice.

What grew into a program sharing “the loving advice of the ever-present mothers,
grandmothers, aunts and sisters” saw breastfeeding rates increase significantly over six years, from 19 to 75 percent in the first week of life (see Healthy Bubs breakout below).

Métis health researcher and academic Dr Janet Smylie explains that this approach built on relationships and networks in the Mohawk community of Kanesatake to reframe and support breastfeeding as reflecting Indigeneity.

“There was a whole process of community engagement and investment, so the community actually took on the action,” Dr Smylie said.

Dr Smylie, a Tier One Canada Research Chair and family physician at the University of Toronto and St. Michael’s Hospital, cites the program as a good, documented example of the importance of Indigenous knowledge translation. Intergenerational knowledges and skills were shared to advance Indigenous health and wellbeing.

“I think that First Nations, Inuit and Métis people experience many barriers to living a good life or what we call miyo-pimatisiwin in Cree,” she says.

“Things like being able to access healthcare, having a good place to live, having strong kin relationships, and a sense of self and belonging as an Indigenous person.

“Many of these things are disrupted for Indigenous, Inuit and Métis people and we need to spend a lot of energy trying to repair that in our ways of living.”

A respected international leader in the field of Indigenous health, Dr Smylie’s 25-year-long career has focused on addressing health inequities among Indigenous peoples in Canada by bridging gaps in health knowledge and practice. This has included addressing the failure of euro-western systems of knowledge translation in Indigenous contexts.

Knowledge translation first emerged as a health research, policy and practice priority in Canada following the creation of the Canadian Institutes of Health Research (CIHR) in 2000.

The aim was to ensure new knowledge, such as clinical innovations, was rapidly ‘translated’ from research into better health services and products. It was needed, Dr Smylie says, due to the siloing of information in academic journals and institutions.

But, after studying the model, many Indigenous health researchers in Canada were concerned these mainstream approaches represented a ‘one-way street’. Information was going to service providers and decision-makers working with Indigenous populations, leaving behind Indigenous communities and knowledge sharing processes, she says.

As Croakey’s first article in this series reported, Aboriginal and Torres Strait Islander peoples know well how their expertise in knowledge translation has often been overlooked or diminished by mainstream researchers and rigid western methodologies, practices and funding processes.
Key elements for knowledge translation should include Indigenous people’s views on:

- what constitutes knowledge
- whose knowledge is shared
- how knowledge is shared, and
- in what contexts particular knowledge is relevant and valued.

It needs to understand that, within Indigenous communities, knowledge translation activities are inseparable from research and other knowledge development activities.

Dr Smylie says:

My understanding as a Métis woman about Indigenous health disparities comes from relatives who have shared their information – often across generations. From my grandmothers, mother, aunts, and from other Elders and knowledge holders who have taken me on as a relative.

If those processes don’t continue, then Indigenous culture and ways of being will be threatened, and we won’t be able to ‘Live a Good Life’.

Indigenous peoples don’t tend to separate out knowledge from action and, although there is some deep and careful thinking in my culture before action, the idea of creating knowledge that is disconnected from its practical application is inconceivable.

Where I come from on the Prairies, if I just sat around and thought stuff all day and came up with ideas but wasn’t practically applying them, it would be laughable. Historically, such a lifestyle would have been in tension with the survival of my family and community.

Using the current COVID-19 pandemic as an example, Dr Smylie says she recently participated in a vaccine ‘pow-pow’, or traditional gathering, in Toronto – where Indigenous peoples have been hard hit by three waves of infection. The concept was to bring community together socially and in a culturally relevant way to enhance vaccine roll-out.

Dr Smylie has been working with Australian National University health researcher Dr Raglan Maddox, from the Modewa Clan in Papua New Guinea, on a literature review of effective knowledge translation approaches in Indigenous health research.

Their early publication points out that mainstream knowledge translation concepts are based on the premise that knowledges are acquired through ‘evidence-based’ research.

To counter that, they are looking at initiatives to help identify “wise and promising Indigenous
knowledge translation practices and language” in Canada, Australia and elsewhere, in a bid to counter systemic inequities, privileges, and power relationships that inhibit Indigenous peoples’ control, input, and benefits over mainstream research.

Dr Maddox says: “How do we make sure that every step along the way is undertaken using wise practices? How do we make sure Aboriginal and Torres Strait Islander voices and other First Nations voices are being heard from pre-conception of research right through to dissemination and improving health outcomes?”

“As a result of our knowledges being sidelined – our ways of knowing, being and doing – Indigenous researchers want to ensure First Nations people are at the decision-making table in health research, policy formulation and program implementation, to minimise poor practice and get the best health outcomes,” says Dr Maddox.

Dr Janet Smylie agrees the literature review will be useful in informing wise practice but adds that “the best Indigenous knowledge translation practitioners I have seen do not use written modalities as their primary mode of sharing”.

Rather they are sharing and modelling through family and community stories, the arts, and day to day practical living. Critical to wise Indigenous knowledge translation practice is knowledge, experience and expertise in the local Indigenous systems, however these are often described only in the grey literature or not written up at all.

The review team is trying to uncover that missing information, and examine the grey literature to identify what has been silenced or hidden because it didn’t fit the way journals accept information or their word limitations.

Dr Maddox says that because knowledge translation literature has generally sidelined Indigenous knowledges, highlighting work being undertaken by Indigenous researchers that is driving tangible benefits in health outcomes is critically important.

“The more we create space for each other, the more we can share and celebrate the successes that people are having, the more we can continue to progress and shift the narrative that Indigenous peoples have been subhuman, or substandard, or second-class citizens,” he says.

**Community vote with their feet**

Pointing to his own Modewa Clan in Papua New Guinea, Dr Maddox says the way knowledge and information is shared mightn’t be written up in *The Lancet* or other such medical publications, but there are other ways to pass on knowledges.

“For our clan, ceremony and feasting are an important aspect of knowledge sharing. This might not be considered a knowledge translation exercise, but for us, it upholds our community and kinship lines of accountability and builds relationships, while sharing knowledges.”

Dr Maddox.
Dr Maddox says ceremony and feasting is commonly used by Indigenous peoples, with Aboriginal Community Controlled Health Organisations (ACCHOs) also using ceremony and feasting to improve their programs and services. But this detail might not be shared at a conference, published in a peer-reviewed journal or reported to a government body.

In Australia, where colonisation is ongoing issue and impacts are experienced by Aboriginal and Torres Strait Islander people daily, First Nations people have been doing knowledge translation since time immemorial.

“It just hasn’t been written about, discussed, funded or given the same opportunity to be promoted as euro-western knowledge translation,” says Dr Maddox.

Dr Maddox explains that while euro-western academic research often requires a beginning, a middle and an end, his work in Indigenous knowledge translation has no end – but multiple beginnings.

“Information is constantly shared throughout the process, to make sure that whatever we are implementing, exploring or examining is of tangible benefit to communities in improving health outcomes,” he says.

Community accountability is crucial to the process, because if you don’t get the community to engage, they will “vote with their feet”.

“You learn very quickly that if you don’t have that accountability, you don’t have that type of integrity, then you can’t improve health outcomes.”

Dr Maddox says it’s inherent with Indigenous research that there will be a knowledge translation process occurring.

“There is no time that we would generate knowledge or undertake research ... and then not do anything with that information, or continue to build on it,” he says.

One world

Dr Maddox, who spent five years in Canada, thinks Indigenous peoples in Australia, Canada and elsewhere can learn from each other, with ongoing discussions about sovereignty, self-determination and the ongoing impacts of colonisation.

“Sometimes when you are grinding away, the challenges can seem so large, that to share and hear how other people are addressing similar hurdles, pushing each other to thrive, is exciting,” he says.

Twenty or thirty years from now, Dr Smylie wants to see thriving Indigenous communities around the world, where everyone has the opportunity to “Live a Good Life”.

She says:

At the root of that we will be sharing with each other what we know about how to live a good life – that’s what knowledge translation means to me.

Knowledge translation doesn’t happen in a vacuum – it’s a global world. Hopefully, if we support continuity of Indigenous knowledges, maybe will be contributing some of those to solve the big world problems.

And our knowledges will be recognised as the amazing global resource that they are – not appropriated and exploited – but another rich resource for the collective good.”
Healthy bubs

Proof of the importance of community ownership and engagement in health programs has been highlighted in a Canadian review of infant and toddler health outcomes.

Set up against a background of continuing health disparities in Indigenous maternal-child health outcomes in Canada despite increasing health initiatives, the 2016 study looked at why some Indigenous prenatal and infant-toddler promotions were making a positive difference.

The study found the twenty successful programs identified had local Indigenous community investment, community ownership, and high levels of sustained community participation and leadership.

One of the programs included was the Ka'nisténhsera Teiakothsnie breastfeeding promotion initiative in the Mohawk community of Kanesatake.

Including all three stages of community investment and subsequent community activation, the program began with the community health centre staff identifying low rates of exclusive breastfeeding at birth, then applying for funding, and conducting research which identified a lack of confidence by mothers and their families in their breastfeeding abilities.

Seeking to empower mothers, it built upon Mohawk maternal kin support systems by hiring and training a respected grandmother – known as Auntie – to support breastfeeding by new mothers and promote breastfeeding in the community more generally.

The grandmother became the catalyst for cross-community buy-in and breastfeeding promotion through the vehicle of “the loving advice of the ever-present mothers, grandmothers, aunts and sisters”, and breastfeeding rates increased significantly over six years, from 19 to 75 percent in the first week of life.

Participants told of how they valued the wisdom of peers and extended family over traditional prenatal classes and advice from health care professionals, with the program building on local community systems, in a deliberately decolonising fashion.

All the programs were linked to improved birth outcomes; better access to pre- and postnatal care; less prenatal street drug use; increased breast-feeding; better dental health, infant nutrition and child development; and increased child exposure to Indigenous languages and culture.

In summary, the review outlines local Indigenous community leadership processes for knowledge translation, and actions that increase Indigenous families’ participation in prenatal and infant toddler health promotion programs.
Rites of passage: A case study in knowledge translation

Introduction

On Yuggera Country in south-east Queensland, the Inala Wangarra community organisation is a partner in a research project that shines a light on the strengths of communities and young people.

The Inala Wangarra research partnership demonstrates that effective knowledge translation is based upon researchers listening to, learning from and working in partnership with communities.

The article below shows knowledge translation being used to promote health, wellbeing, justice and decolonising.

Croakey Professional Services writes:

It’s the night of nights in the Brisbane suburb of Inala as young people in sharp suits and beautiful gowns enter the Rite of Passage Ball for a coming of age ceremony where they are formally presented to their Elders and community.

“Seeing all the sista girls and brothers all dressed up and looking deadly and all the smiles of the Aunties, Uncles and all the Elders in the community, you just felt empowered,” one young woman said of the experience.

This is a debutante ball with a difference, a ritual firmly anchored in culture that marks the commitment of the Indigenous-controlled Inala Wangarra community organisation to invest in its young people as the strengths of their community.
“We’re walking alongside our young fellas,” said Professor Chelsea Watego, a founding member of Inala Wangarra, and recently appointed Professor of Indigenous Health in the QUT Faculty of Health, School of Public Health & Social Work. Until recently, she was Principal Research Fellow in the Aboriginal and Torres Strait Islander Studies Unit at the University of Queensland.

“Part of the ceremony is an introduction to the community and a declaration of who our young people are and their bloodlines to Country, but it’s also about their aspirations, about where they want to go in their lives.”

The biennial ball, an initiative of the Inala Wangarra Youth Committee, has been held since 2009 to celebrate the transition of young people aged from 15 to 21 from adolescence to young adulthood.

Over time protocols and traditions have been added to the ball and, in the lead-up to the event, the young people attend dance rehearsals and workshops about Aboriginal and Torres Strait Islander culture and identity.

“Dancing teaches you to be delicate with each other, be kind and gentle,” one young man said in a video produced about the ball, as his partner gently notes that he steps on her toes.

The research project, funded by the Lowitja Institute, used a Participatory Action Research framework and the Most Significant Change technique, with film, in-depth interviews and photovoice to gather qualitative data from young men participating in the 2018 Rite of Passage Ball, their partners, families, and stakeholders.

The project findings indicate that rites of passage and rituals should be celebrated to show the value and legitimacy of young Indigenous men in an urban Indigenous community – “a community constructed as economically poor, yet culturally rich”.

As an Inala parent said: “These kids know that they matter more than anything in this world... we want them to love themselves as much as we do.”

A Rite of Passage Ball debutante added: “It’s just that feeling that you’re making everyone in your family proud.”

Roles and Ritual: The Inala Wangarra Rite of Passage Ball case study (2018–2019) was researched by the University of Queensland in partnership with Inala Wangarra to look at strengths-based community development in practice, and in particular to gain a deeper understanding of the roles and expectations of urban Indigenous men in order to highlight their power and capabilities.

What does it mean to be a blackfella?

Indigenous male wellbeing is of research interest in North America, Hawaii, Aotearoa/New Zealand and Australia. Professor Watego led the research team that asked 13 Inala men and teenagers ‘What does it mean to be a blackfella?’
Their answers revealed a distinct concept of Indigenous masculinity rooted in place with an intergenerational sense of responsibility.

“Much of what we know about Indigenous men is about loss, or they are typically framed as problems, as threats and risks,” Professor Watego said.

“But in our research we saw they are powerful and beautiful and vulnerable.”

The researchers heard stories of men having to ‘act hard’, having to be strong and having no choice but to stand up for themselves.

“Indigenous men spoke about being better for one’s children, about being a better version of one’s own father, about being respectful, about providing and guiding and about showing your children that it’s okay to hurt;” Professor Watego said.

“The articulation of a strong Black masculinity centred on a strong sense of brotherhood and belonging that sustained men in everyday life.”

Speaking on the video, participants said:

- *Being a blackfella, you either stood up for yourself or you lived on your knees.*
- *To be a strong Black man you need to know who you are and where you’re from; and if you don’t know, you need to find out.*
- *The old people taught me the difference between right and wrong.*

The research, funded by Lowitja Institute, was developed every step of the way with the Inala Indigenous community and produced knowledge translation resources including a strengths-based approach practitioner guide for policymakers, vodcasts and videos.

A teaser film about the Rite of Passage Ball was pitched to SBS TV, which produced the documentary Rite to Dance and premiered it at Citipointe Church at Inala.

“Knowledge translation is not something you do after the research,” Professor Watego said. “If the foundations on which the work is built aren’t strong, if they aren’t grounded in Indigenous sovereignty and strengths then what follows will be all but useless.”

The Inala Wangarra research partnership was approved by its Board, which was kept up to date throughout the study. The Inala Community Jury for Aboriginal and Torres Strait Islander Health Research, a group of local Indigenous people, provided community approval for the research to progress and the Inala Indigenous Men’s Advisory Group oversaw cultural content produced for the project.

**Home is where the heart is**

The suburb of Inala is situated in Yuggera Country, 18 kilometres south-west of Brisbane’s CBD. It was a place where many Indigenous people came in search of affordable housing when government and church-run missions closed in the 1960s.

It’s now home to one of the largest Aboriginal and Torres Strait Islander communities in Brisbane and known for its strong sense of...
community that extends well beyond its geographical boundaries.

“It was a place where blackfellas could get a home relatively easy because no one wanted to live here. Now, many of us live here because there is real beauty in this community,” Professor Watego said.

A Munanjahli and South Sea Islander woman who moved to Inala 20 years ago, Professor Watego was among a group of volunteers who established Inala Wangarra around that time, as a self-determining community-controlled organisation to empower Indigenous people to collectively control their futures. It provides community-driven programs and services for sport, education, health, employment, justice, culture and arts.

“We spent two years just yarning with our community, asking ‘What do we want? What can we build with strong foundations that no matter what happens we’re not going to fall over?’” Professor Watego said.

Inala Wangarra had a strengths-based approach from its inception, investigating the knowledge already held by the community and using that to inform community development programs.

“When we looked at our strengths in Inala we found it was our young people, a community that is often problematised in health. But we had a different imagining: we are proud of them and we see them as an asset, not a risk,” said Professor Watego, a mother of four sons and one daughter.

Like many Indigenous peoples and organisations, Inala Wangarra recognises that reaffirming and strengthening connections to culture, spirituality, Country, language, and place is integral to achieving better health outcomes for Aboriginal and Torres Strait Islander peoples. There is also a recognition that culture is not static but undergoes a process of re-articulation between generations.

A contemporary symbol is the graffiti tag ‘Inala Boyz’ that engenders community pride in Inala as an historical site of Black resistance and an inclusive place of belonging for diasporic Indigenous communities. The moniker ‘Inala Boyz’ has a special meaning to young and old men from Inala, representing a proud identity, strong connections and a sense of community belonging.

To Professor Watego, a strengths-based approach is about truth-telling that questions and counters dominant racialised stereotypes to mobilise existing power, capabilities, knowledge, skills and talents.

In Inala the community organisation works from the premise that “blackfellas might know something; we are knowledge holders, not just subjects in need of saving”.

Four generations of Inala men: representing a proud identity. L-R: Uncle Frank Clarke, Ian Tyson, Jermaine Tyson, Darnell Tyson, Josh Shadford, with Josh Shadford-Clarke at front.
**Strengths-based**

One research project led by Professor Watego investigated effective quitting techniques for smokers in her community, drawing on the strengths-based approach and translating that knowledge to the community.

Instead of targeting the smokers in the community, the researchers flipped the demographic and interviewed Aboriginal and Torres Strait Islander men and women who had successfully quit to find knowledge to pass on.

Some of the ex-smokers had just passed the three-month quit mark while others had given up for 30 years and all were proud to be involved in research they saw would have impact in their community.

Professor Watego found the mainstream motivators of health risk, guilt or stigma had little effect “because when you’re poor and Black you’re guaranteed to already live with stigma”.

What did work, though, were the anonymous Quit phone lines where trained counsellors were non-judgmental and provided follow-up, instead of doctors lecturing about the dangers of smoking.

Major changes in life events – a significant birthday, a new job, a new start after divorce, or becoming a grandparent – was often the impetus for quitting smoking.

“So we learned we have to use the whole-of-life story and see where smoking fits into identity,” Professor Watego said.

**Reclaiming research**

Professor Chelsea Watego has worked in public health and research for more than 20 years, achieving a PhD and most recently being awarded a prestigious national research grant.

But as one of Australia’s leading experts on the impact of racism and social exclusion on health inequities for Indigenous peoples she witnesses the violence inherent in the dehumanisation of Aboriginal and Torres Islander peoples and the deficit discourse about their wellbeing.

Public health is fairly new to the concepts of decolonising practice and Professor Watego questions whether it has the capacity to use strengths-based practice as a common sense, everyday approach to Indigenous health.

“But when you look at an Indigenous community like Inala operating in a context of clear need – and operating from its strengths – it offers some hope for public health,” she said.

A few years ago the ‘Inala Manifesto’ called for a new way forward for Indigenous health research where health inequalities were recognised as the product of an ongoing process of colonisation, which continues to claim that poor health experienced by Indigenous peoples “is a product of Black lack, biologically or culturally”.

Her vision is for health research to privilege Indigenous sovereignty, not as a radical or alternative position but one that makes visible the knowledge, strength, capability and humanity of Indigenous peoples.

“Health and wellbeing is a fundamental human right, which means that health research is a question of politics and political struggle, rather than simply the production of an evidence base for action.”

Professor Chelsea Watego
“Health and wellbeing is a fundamental human right, which means that health research is a question of politics and political struggle, rather than simply the production of an evidence base for action,” she said.

Last December Watego was awarded a $1.77 million Australian Research Council (ARC) grant for her team to develop Indigenist Health Humanities as a new and innovative field of inquiry.

The aim is to develop a transdisciplinary collective of Indigenous health researchers, and a more sustainable and ethical approach to advancing new knowledge, research careers and health outcomes for Indigenous peoples.

The ARC’s National Test Statement for the grant noted that despite decades of investment by federal and state governments, there were still significant health inequalities for Aboriginal and Torres Strait Islander peoples.

“This research agenda aims to yield new insights into Indigenous health and wellbeing that will be used to better inform Indigenous policy responses, recognising the limitations of relying too heavily upon a medical response to what is effectively a socio-political problem,” the statement said.

Professor Watego said there had been too much investment in descriptor studies, “telling us what’s wrong with Black people”.

“It’s not that we don’t know why Black people are dying earlier, it’s not that we don’t have the evidence base. We lack the political environment to make the changes for blackfellas to live longer.”

There are high hopes that the field of Indigenist Health Humanities will transcend western methodologies and power bases and reconfigure the role of the Indigenous health researcher as a public intellectual, a truth-teller and change maker.

“We’re not coming to research for discovery,” Professor Watego said. “We’re coming to research to reclaim all that is ours.”

• Professor Chelsea Watego’s book, Another Day in the Colony, published by UQ Press, is scheduled for release in November 2021.

“We’re not coming to research for discovery. We’re coming to research to reclaim all that is ours.”
Professor Chelsea Watego
Following the Jina: Knowledges from Country and culture strengthening young men

Introduction
In Western Australia and Queensland, Aboriginal Elders have been sharing cultural knowledges with young men in research exploring their strengths, experiences and aspirations.

The Valuing Young Aboriginal and Torres Strait Islander Men project, described below, was funded by the Lowitja Institute to support intergenerational knowledge exchange.

It produced videos that demonstrate the power of yarning and connecting to Country within research.

Croakey Professional Services writes:
Under a blanket of stars in the Pilbara region of Western Australia, Ngarluma and Yindjibarndi Elders are yarning around a campfire, sharing knowledge of their cultures with young countrymen.

They explain that knowledge of their cultural law is key to young men growing strong and taking their rightful place in the communities, as leaders of the future.

The young men are reminded of the importance of travelling in the footsteps of their ancestors.
“When we put young fellas through the law, we don’t sit them down in a workshop, talk at them or run them through a classroom learning module,” says Ngarluma Elder Peter Jeffries.

“We take them out and get them to follow the Jina...to walk, use their feet to travel the footprints of the old people. We get them to learn by following the steps, singing the old songs, being with their family and being on Ngurra or Country.”

The campfire sessions are part of a health research project funded by the Lowitja Institute using Indigenous knowledge translation.

The Valuing Young Aboriginal and Torres Strait Islander Men project aims to share knowledge about the strengths of young Aboriginal and Torres Strait Islander men and what supports them to be the best they can be.

Using Indigenous knowledge translation principles, the project was a collaboration between senior Aboriginal male researchers and research partners connected with Country and communities in Western Australia and north Queensland.

It contributes to the strong body of evidence about health benefits of connection to culture and Country for Aboriginal and Torres Strait Islander peoples.

In 2017, more than 30 people working in the area of Aboriginal and Torres Strait Islander men’s health and community wellbeing came together in Naarm/Melbourne for a roundtable meeting convened by the Lowitja Institute with the aim of guiding future work. Participants discussed the importance of celebrating the diverse identities of young Aboriginal and Torres Strait Islander men.

“Culture, and the values and principles of Aboriginal and Torres Strait Islander culture, connect young men to the past, present and future,” stated a report of the roundtable.

“Cultural identity can build individual and community capacity and is a resource for facing challenges.”

**Working together**

The Valuing Aboriginal and Torres Strait Islander Young Men research was based at the Australian Indigenous HealthInfoNet at Edith Cowan University. It was undertaken in partnership with the University of Western Australia, Murdoch University and several community groups.

The project emphasises the importance of developing supportive processes for the exchange of intergenerational knowledge; for example, sharing it with communities, through the processes of yarning, video voicing and filming.

It also demonstrates the importance of research processes, to centre the experiences of communities and for the research to be community-driven, in this case by male Elders and other fellas.

These are all key elements of Indigenous knowledge translation.
The Valuing Aboriginal and Torres Strait Islander Young Men project produced two videos (see below) and a report exploring strengths-based approaches to cultural wellbeing, at the most critical stages of young men’s transition into adult life.

Lead researcher and Elder Dr Mick Adams, a descendant of the Yadhiagana/Wuthathi peoples of Cape York Peninsula, says the emphasis was on positive messages from and to young Aboriginal and Torres Strait Islander men.

“Many of the young men taking part in the project wanted to learn about culture and what they did learn made them more aware of their roles as males,” says Uncle Mick. “It gives them a more positive outlook in life.”

This engagement with culture is reflected in Australian Bureau of Statistics data quoted in the report, which found that in 2018, 24 percent of young Aboriginal and Torres Strait Islander men 15 years or older attended a cultural ceremony in the 12 months prior, and that almost all had been to an Aboriginal and/or Torres Strait Islander funeral.

It also pointed out that the 2008 Aboriginal and Torres Strait Islander Social Survey found 65 percent of children and young people said they had been to one or more selected cultural events (fishing and hunting, ceremonies, and NAIDOC events) in the past year.

**Proper process**

In line with Indigenous knowledge translation, the team worked to protect the sovereign data of the communities involved – their control of how data is collected, used and owned. This supported them to use their knowledge to influence governments, and advocate for strong, financially sustainable programs throughout Australia.

The researchers worked with local men, visiting the Pilbara and Broome in Western Australia, and Cairns and the Gulf of Carpentaria in Queensland, in order to explain the research and role model how it is done. This included data being collected as stories via video interviewing.

At every point of the research project’s journey, the team were accompanied by local custodians and no stories were recorded or filmed without the clearance of those who had responsibility for that Country and law. Film footage was then checked to ensure its accuracy and that it was culturally safe to share.

The discussions and interviews were arranged and conducted where the participants felt safe, comfortable and confident to share. The researchers recorded the participants’ voices, emotions and actions, and worked hard to convey how the young men lived and the connections between health, culture and identity.

Elders, young men and extended community were also recorded together. This helped encourage knowledge sharing during in-depth conversations – the ways the Elders nurtured and supported young men, and how young men saw their lives, the positives and what they want to achieve.
The project helped young men to know they are valued, and to know their rightful place and important roles in society, says Muthi Muthi man Jack Bulman, who leads one of the community partners participating in the project, Mibbinbah Spirit Healing. This is an Aboriginal-led health promotion organisation that itself began as an action research project.

Mr Bulman says:

- We need all the fellas in community to have a say. We have to remember our diversity as Aboriginal and Torres Strait Islander males.

- And we have to remember that there are fellas who feel alienated in the community, and find ways that we hear from them.

- Our dream is to ensure that our cultural knowledge is not lost, can’t be lost, but is shared and used by our next generations of young men.”

See the two videos

As part of a mid-2019 trip on Country to ‘follow the Jina’, Yindjibarndi man Vincent Adams speaks on the video about the importance of young men being taught law by their Elders in the Pilbara in Western Australia.

Uncle Vincent explains that the Jina connects all the men and women in those remote communities, bringing together more than 29 language groups to celebrate a youth becoming a man.

“Most importantly, it teaches respect... Respect your elders, your family, your law, your culture and, most importantly, respect Mother Earth,” he says in one of the videos above.

“When they see an Elder that has full control over his law and culture in his Country, is here witnessing you going through law, that is the utmost respect you can get anywhere. Everywhere they go; out bush, in town, in the cities ... doesn’t matter. That respect will stay with that young fella forever.”

In that video of the trip, young men, children and Elders gather around a campfire and walk on Country. Elders explain plants and physical features of the land, and tell of the importance of the storylines and the songlines, the dances and the art, and of the connection between people and Country.

One of the young men, Gary Ramirez, explains how he connected with culture after moving to the Pilbara town of Roebourne.

“This law gives me a way of life,” he says. “It teaches me how to live a good life.”

On the video, Aunty Michelle Adams explains that “getting the Jina right” requires participation and practice.
“Go in, participate, sing and dance...don't leave it on the law ground...What the law teaches you is an abiding respect for all your people. Because all your people in this generation, like all the mob before them, they were doing the same thing,” she tells the campfire gathering.

Ngarluma Elder Peter Jeffries says his greatest fear is that he and other Elders will take the knowledge with them when they go or it will end up in a display cabinet in a museum, complete with little models of people doing things from a bygone era.

“If we don't teach the young people about the law or bring them along on the journey – rather than force them – that's what might happen,” he says.

For the research team, connecting across generations – with aunties, uncles, grandmothers, grandfathers, fathers and mothers – was important as all play important roles in shaping young men's lives.

This is Indigenous knowledge translation in action and what the Valuing Aboriginal and Torres Strait Islander Young Men project has been able to record and share.

Among the messages coming through the project were that while many young men transitioning to adulthood are living with trauma, they had a positive approach to life but needed strong role models and mentors to guide them.

As Ramirez explains: “I had all this great help from my people and people weren’t dictating to me. They weren’t talking down to me. They were actually below me talking up, saying ‘you will be right, get through this’...

“With all of that strength from them, it helped me turn my life around.”

**Community solutions**

Uncle Mick says in spite of the continuing impacts of colonisation, Aboriginal and Torres Strait Islander young men and communities become stronger through sharing knowledges of culture.

The Valuing Aboriginal and Torres Strait Islander Young Men videos are useful for changing mindsets, he says, with feedback from community that it’s “really good” to be able to view the videos and learn from the shared knowledge.

“In the end, the young men become teachers themselves. That’s the way the culture lives on.”

That is why the team wants the research and the videos shared as widely as possible.

“We didn’t want to put it in a cabinet and leave it there,” says Uncle Mick. “What we want to do is share the teaching and learning. That’s why Indigenous knowledge translation – via yarning and film – is very important to us.”

In addition to the two videos produced for the project, the raw footage of the interviews is available via the Aboriginal HealthInfoNet website.
To find out more, visit our website

www.lowitja.org.au

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