CENTER FOR INDIGENOUS HEALTH

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Global Learning for Indigenous Well-being

Convening to Develop Strategies to Strengthen Indigenous Health Equity Worldwide

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INTRODUCTION

The health and wellbeing of Indigenous Peoples has been interrupted by processes of colonization. Health inequities are ever widening for many Indigenous Peoples across the globe, including in "westernized" societies (Kirmayer & Brass, 2016). Settler colonialism is one form of colonization wherein invaders remain(ed) in Indigenous territories with a primary goal of land conquest and actions to eradicate, remove, or forcibly acculturate Indigenous Peoples. Colonization continues to underpin modern threats to health (King et al., 2009) and Indigeneity, including attempted erasure/invisibility of Indigenous Peoples, ongoing land displacement, attacks on self-determination, and "violence against Indigenous peoples and knowledges in research and scholarship" (Schultz & Spencer, 2023). Despite such challenges, Indigenous communities maintain knowledges and cultural practices that promote health, healing, and well-being.

There are also important cross-cultural distinctions in the experiences of settler colonization for Indigenous Peoples in diverse nation-states. As just one example, American Indians and Alaska Natives in the United States (U.S.) enrolled in federally recognized Tribes are citizens both of their Tribal Nations (i.e., domestic dependent nations) and of the U.S. Further, American Indians are entitled to rights resulting from hundreds of treaties enacted between the U.S. and Tribes. Treaty agreements between the "state" and Tribal entities do not always exist in other settler colonial spaces. Disparate population sizes (including proportionate to settler society), experiences of historical trauma (e.g., boarding/residential schools, forced relocation, land dispossession), and contemporary requirements for "enrollment," membership, community acceptance, and dominant society treatment of Indigenous Peoples all yield unique political, social, and scholarly pursuits to preserve and protect Indigeneity and Indigenous well-being across the globe.

Rarely are Indigenous scholars or leaders able to convene for in-depth cross-cultural learning in a global sense. This is a significant problem that undermines potential for Indigenous solidarity, cross-national allyship for Indigenous health, and opportunities for Indigenous Peoples to move beyond the "drama of the trauma" to generate solutions and action steps for addressing community well-being priorities in culturally safe ways.

As one step towards addressing these concerns, the Johns Hopkins Center for Indigenous Health (CIH), with support from the Robert Wood Johnson Foundation, convened Indigenous scholars and leaders from diverse settler colonial contexts to address shared challenges, learn from respective successes, and develop strategies to strengthen Indigenous health equity within their communities.

BACKGROUND

This convening was the culmination of two years of planning, connecting, and networking around a shared vision for promoting Indigenous solidarity in research and policy spaces to reclaim the wellbeing of our communities. Logistical and agenda setting activities launched when several members of the team convened virtually in November 2024. Administrative and coordination support was led by members of CIH. Initial themes of interest resulting from virtual and asynchronous deliberations included:

- **Digging Deeper: Culture as Medicine, Healing, Treatment, and Wellbeing**
  Exploring the therapeutic/healing mechanisms of Indigenous culture (including how they are measured and common elements across cultures vs. culturally specific elements).
- **Not Native Enough: Contemporary Pursuits of Indigeneity**
  Discussing lateral oppression (e.g., lateral trauma, language trauma, cultural shaming) and external forces of oppression (e.g., ongoing and new policies to assimilate/eradicate).
- **Bridges of Healing**
  Addressing two ends of a spectrum of macro to micro strategies to promote Indigenous healing and collective wellbeing (e.g., advocacy and policy reform with powerful actors and nation states, healing within ourselves and our communities).
- **Activism For and By One Another**
  Harnessing global Indigenous perspectives to defend and uphold our ways of living/being, including considering transitional justice strategies and holding colonial agents accountable.
- **Indigenous Research Methodologies**
  Defining or standardizing Indigenous Research Methodologies and exploring who benefits from them.
- **Addressing Gaps in Global Indigenous Health**
  Including, for example, responding to the World Health Organization's Global Plan of Action for the Health or Indigenous Peoples (World Health Organization, 2025).

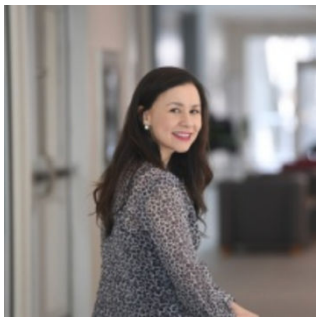
Following the virtual convening, CIH elicited feedback on themes and wrote a concept note to communicate priorities for an in-person convening focused on the following themes.

Specifically, CIH proposed a three-day meeting of a select group of prominent Indigenous scholars and leaders from North America, New Zealand (Aotearoa), Sweden, and Australia to:

1. Deepen understanding of the therapeutic and healing mechanisms embedded in Indigenous cultures and applications to health equity. This includes cross-national sharing of efforts to conceptualize and measure the health and well-being promoting dimensions of Indigenous culture in research. Experiential cross-cultural learning helps us to identify common elements and culturally specific approaches to Indigenous health. This includes personal cultural sharing and connections with the Indigenous Peoples of the area where the group gathers.
2. Examine innovative strategies, successes, and levers for change from within each representative's country of origin, including activism and transitional justice frameworks, to uphold Indigenous ways of living and hold governments accountable for enduring harms associated with colonization.
3. Enhance a global network of Indigenous representatives committed to advancing health equity and co-creating future scholarship and action.

A total of eleven Indigenous leaders accepted invitations to join an in-person convening in July 2025:

Dr. Amy Bombay (Anishinaabe)



Amy Bombay is a member of Rainy River First Nations. Her family has been affected by the residential school system and the child welfare system. She has spent her career generating a large repertoire of journal articles, media appearances, and resources related to Indigenous well-being and its links with settler colonialism in Canada. She earned her MA (2008) and PhD (2012) from Carleton University in Psychology and Neuroscience and completed a CIHR Fellowship at the University of Ottawa Institute of Mental Health Research (2014). In 2014, Amy joined Dalhousie University as an Associate Professor in the Department of Psychiatry and the School of Nursing. She has led and been involved in various quantitative, qualitative, and mixed-methods projects in collaboration with Indigenous organizations assessing various topics related to health and well-being among Indigenous peoples.

Andrea Medley, MPH (Jaad ahl' Kiiganga, Haida Nation, she/hers)

Andrea Medley (Jaad ahl' Kiiganga) is from the Dadens Yahgu 'jaanas Raven Clan, Haida Nation. She is of Haida and mixed white settler ancestry and was fortunate to grow up in her home community of Gaw Tlagée, on Haida Gwaii. Since 2011, she has worked in public health and Indigenous health programming, policy, and education. Andrea is a research associate at the Johns Hopkins Center for Indigenous Health, working on projects related to substance use. She is passionate about harm reduction, community-led health initiatives, Indigenous cultural safety, and reproductive justice, and has worked with Indigenous communities across

Turtle Island facilitating conversations about harm reduction, substance use, and sexual wellbeing. Outside of work, she enjoys live music, book clubs, and beading.

Dr. Dan McAullay (Noongar)

Dan McAullay is the Dean of Kurongkurl Katitjin and ECU's Director, Aboriginal Research. Dan is a Registered Nurse (BSc) with APHRA and has postgraduate qualifications in Epidemiology and Primary Health Care at Master and Doctorate levels. He has considerable experience in Aboriginal health research, policy, and practice. He has provided advice to several government departments and non-government organizations, including prominent research institutes, and has sat on several groups providing advice to State and Commonwealth governments in health and research.

Dr. Jon Petter Stoor (Sámi and Swedish)

Jon Petter Stoor, Pikku-Nilsá Ánde Biehtár, is a licensed clinical psychologist and researcher from the Laeváš Sámi reindeer herding community in Arctic Sweden, focusing on Sámi mental health, suicide prevention, and Indigenous health in the Arctic. He earned his PhD in 2020 with a dissertation on Sámi suicide and suicide prevention at the Centre for Sámi Health Research, Tromsø, Norway. A Fulbright scholar, Stoor has worked with Sámi organizations, including the Sámi Parliaments in Norway and Sweden, and collaborated on suicide prevention projects through the Arctic Council and the University of Alaska-Fairbanks. His current research includes Sámi and youth health, and he advocates for Indigenous-led research, teaching Sámi health at Sweden's first university course on the topic.

Dr. Joseph P. Gone (*Aaniiih*-Gros Ventre)

Joseph P. Gone is the Faculty Director of the Harvard University Native American Program and an international expert in the psychology and mental health of American Indians and other Indigenous peoples. A professor at Harvard University, Dr. Gone has collaborated with tribal communities for 30 years to critique conventional mental health services and to harness traditional culture and spirituality for advancing Indigenous well-being. As a clinical-community psychologist and action researcher, he has published over 120 scientific articles and received recognition in his fields through 25 fellowships and career awards, including a Guggenheim Fellowship. Dr. Gone is a graduate of Harvard College and the University of Illinois, and a tribal citizen of the Fort Belknap Indian Community in Montana, where he served for a brief time as the Chief Administrative Officer. He is an elected member of the National Academy of Medicine.

Louise Kuraia, BA, LLB (Ngāpuhi, Ngāti Manu, and Kōhatutaka)

Louise Kuraia was the 2023–24 Aotearoa New Zealand Harkness Fellow in Health Care Policy and Practice, hosted by CIH. She is a wahine Māori (indigenous woman) and widowed māmā (mother) of three beautiful young men, descended from the Ngāpuhi, Ngāti Manu, and Kōhatutaka tribes of the far north of the country, where she lives amongst her people and works from her ancestral homelands of Te Tai Tokerau (Northland). From 2020 to 2025, Louise was the Chief Advisor, Māori Crown Relations in the Māori Health Directorate of the Ministry of Health, who are chief stewards of the health system and policy advisors to the Minister of Health. She previously worked for more than 20 years in tribally owned partnership, primary and community health organizations to advance Māori health equity and address systemic racism through giving practical effect to the rights and responsibilities of Māori and the Crown under Te Tiriti o Waitangi (the Treaty of Waitangi), New Zealand's founding document. Louise has served on multiple national health advisory and strategy groups, bringing her extensive expertise and experience in applying Treaty principles of partnership, equity, tino rangatiratanga (self-determination), options, and active protection of Māori culture, knowledge, and ways of being and doing to drive change in complex systems.

Dr. Melissa Walls (Anishinaabe)

Melissa Walls is a Bloomberg Professor of American Health in the Department of International Health at Johns Hopkins University and Co-Director of the Center for Indigenous Health (CIH). She strives to work in authentic collaboration with Indigenous communities to advance health equity in culturally safe ways. She has engaged in Indigenous health research partnerships for over 20 years on topics including mental health epidemiology, substance use prevention and mental health promotion, and understanding strength and thriving in the face of ongoing assaults related to colonization. Dr. Walls has led numerous federally funded research projects in the U.S. and Canada in collaboration with American Indian and First Nations communities. She lives on ceded territory of the Fond du Lac Band of Ojibwe in northeastern Minnesota, where she directs the Great Lakes Hub of the CIH designed to promote place-based, community prioritized research, practice, and training for Indigenous well-being.

Dr. Nicole Redvers (Deninu K'ue First Nation, Northwest Territories)

Nicole Redvers is an Associate Professor, Western Research Chair, and Director of Indigenous Planetary Health at the Schulich School of Medicine & Dentistry at Western University. She also currently serves as the VP of Research for the Association of Faculties of Medicine of Canada (AFMC). Dr. Redvers has had previous appointments in both the Department of Family & Community Medicine and the Department of Indigenous Health at the University of North Dakota, where she helped co-develop the first Indigenous Health PhD degree program in North America. She has been actively involved at regional, national, and international levels promoting the inclusion of Indigenous perspectives in both human and planetary health research and practice. Dr. Redvers sits on the Canada Research Coordinating Committees' (CRCC) Indigenous Leadership Circle in Research and is an advisory

member to the World Health Organization (WHO) Technical Advisory Group on embedding ethics in health and climate change. She is also a commissioner on the Lancet Commission on Arctic Health, as well as the Lancet Commission on the Prevention of Viral Spillover; and sits on the steering committee for the Planetary Health Alliance at John Hopkins. Her scholarly work engages a breadth of projects attempting to bridge the gap between Indigenous and Western ways of knowing as it pertains to individual, community, and planetary health. Dr. Redvers is the author of the trade paperback book, "The Science of the Sacred: Bridging Global Indigenous Medicine Systems and Modern Scientific Principles".

Dr. Rachel E. Wilbur (descendant Tolowa/Chetco)

Rachel Wilbur is an Assistant Research Professor in the College of Medicine at Washington State University and grew up in northern California and western Washington state. She works with Tribes and urban Indigenous communities across the U.S. on research focused on the role of cultural engagement and revitalization in promoting wellbeing. She is particularly invested in community- and strengths-based research. She received both her MPH in health behavior and her PhD in biological anthropology from the University of North Carolina at Chapel Hill before continuing her training as a postdoctoral fellow in Indigenous Community Wellbeing at Harvard Medical School, where she was also a scholar with the Harvard University Native American Program. She currently serves as a member of the Indigenous Research Working Group for the All of Us Research Program through the National Institutes of Health.

Dr. Sandra Eades (Noongar)

Sandra Eades is from Mount Barker, Western Australia. She completed her medical degree in 1990 and after working as a general practitioner, started her career in health research at the Telethon Kids Institute. In 2003 she became Australia's first Aboriginal medical doctor to be awarded a PhD. Her PhD investigated the causal pathways and determinants of health among Aboriginal infants in the first year of life. Professor Eades was named NSW Woman of the Year 2006 in recognition of her research contributions to Aboriginal communities and has received a 'Deadly Award' (National Aboriginal and Torres Strait Islander Awards) for Outstanding Achievement in Health. As well as Deputy Dean (Indigenous), she is a Professor at the Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health. *Dr. Eades was unable to join the gathering in-person due to illness. Remarks were shared by Dr. Dan McAullay on her behalf.*

Dr. Terryann Clark (Ngāpuhi, Ngāti Wai, Ngāti Whātua ki Kaipara)

Terryann Clark is a registered comprehensive nurse with extensive experience in youth health, community health, sexual health, health promotion, youth mental health, and Māori health. She is a Professor and Cure Kids Chair in Child and Adolescent Mental Health based in the School of Nursing, Faculty Medical Health Sciences at the University of Auckland. She is a founding member of the New Zealand Adolescent Health Research Group (AHRG) and has led/co-led the national youth health and wellbeing surveys for the past 15 years. She recently has led a mixed methods kaupapa Māori methodology study exploring the influence of whanaungatanga (Indigenous notions of

kinship) on Māori youth outcomes and is currently leading a program of research for Cure Kids Foundation around population youth mental health prevention strategies for Māori.

Sylvie Perkins, MSPH *administratively supported the convening and contributed to notetaking, synthesizing, and writing. She is a white woman of mixed European settler descent who has attended institutions of global health education that often reinforce Eurocentric ways of seeing the world. As a descendant of settlers and an inhabitant of Turtle Island, she carries the responsibility to seek truth and disrupt the ongoing projects of settler colonialism. She is committed to building relationships, learning and listening, supporting Indigenous-led initiatives, and upholding Indigenous sovereignty.*

IN PERSON CONVENING

Dr. Melissa Walls and Andrea Medley (CIH) led a collaborative agenda-setting process throughout the spring of 2025. The in-person convening was held in July 2025 on Treaty 7 territory and the gathering place for the Niitsitapi from the Blackfoot Confederacy, of whom the Siksika, Kainai, and Piikani First Nations are part; the Îyârhe Nakoda of the Chiniki, Bearspaw, and Goodstoney First Nations; the Tsuut'ina First Nation; Ktunaxa Nation, and; the Métis Nation of Alberta, also referred to as Banff National Park in Alberta, Canada.

The meeting included Indigenous scholars and leaders from North America, New Zealand (Aotearoa), Sweden, and Australia. The convening included a series of individual presentations wherein attendees shared their own work from their respective national contexts, followed by intensive group deliberation about commonalities, distinctions, and areas for actionable local and global impact. These scholarly exchanges were enhanced and balanced by cultural grounding experiences. For example, the gathering space was opened and closed in ceremony with intention towards participants' respective traditions and teachings for open hearts and minds and working "in a good way." Place-based awareness, learning, and honoring were also critical to our *groundedness*. The meeting was opened by Elder Treffrey Deerfoot of the Blackfoot Confederacy Siksika Nation. He is a well-respected traditional storyteller and ceremonialist and a fluent speaker of the Blackfoot language. He serves on several government boards and has contributed to public health projects on issues important to his community, including diabetes and traditional tobacco use.

Over a series of three days, participants individually or collectively presented on thematic topics (see Theme 1-3 on pages 4-5) including **actions and/or innovative strategies** related to the therapeutic and healing mechanisms embedded in Indigenous cultures, **applications** to health equity, and **successes and/or levers for change** within their local contexts. Participants had opportunities for personal and group reflection through open discussion time following each presentation, a daily closing circle, and unstructured group and breakout time. This included intentional group excursions to enhance connections with one another and be on the land for grounding, inspiration, and teachings. The agenda shifted to action-oriented discussions on the third day with a synthesis of key themes and prioritization of action steps for future collective efforts.

Below, we provide a brief overview of scholar remarks followed by strategies and prompts to stimulate a Research, Learning, and Action Agenda focused on improving Indigenous health and wellbeing across settler-colonial contexts.

CANADA

Dr. Nicole Redvers discussed the Arctic Indigenous Wellness Foundation and a formalized urban Land-based healing camp opened in Yellowknife, Northwest Territories, Canada in May 2018. Elders were gathered prior to building and implementation of the healing camp to ensure that traditional protocols of the region were followed in the design, implementation, and oversight of the project. The overarching goal of the camp was to combine Indigenous cultural education with traditional Indigenous therapeutic interventions in a wilderness urban setting to favorably impact the health and wellness of marginalized Indigenous populations in Yellowknife. The urban Land-based healing program is distinguished by an innovative approach to health and wellness interventions that centers Land as a healing place and space.

Dr. Amy Bombay shared innovative approaches to fight for justice, including harnessing data for class action lawsuits, with a focus on policies affecting children. First Nations Regional Health Survey data has shown that 75% of the on-reserve population in Canada has been affected by residential schools and intergenerational effects are cumulative (e.g., greatest risk for those with two previous generations affected by residential boarding schools). The foster care system may be considered a continuation of forced assimilation, as more than half of the children in foster care are Indigenous, despite making up 7.7% of the national population. The First Nations Information Governance Centre and 1996 World Commission on Aboriginal People increased momentum and awareness and led to increased discussion, organization, and advocacy among residential school survivors. Canadian national responses included the Canada Dispute Resolution Plan, the Aboriginal Healing Foundation, and the Truth and Reconciliation Commission which spurred national dialogue and successful lawsuits to support Indigenous health and healing.

Andrea Medley presented examples of levers for change in Haida Gwaii, British Columbia, Canada starting with The Native Voice, the first Indigenous newspaper in Canada that started in 1944, envisioned by Haida Elder Alfred Adams. During its decades-long run, the newspaper brought to light issues that had previously been discussed only in Indigenous circles, including national and international Indigenous-specific issues and triumphs. It also formed connections between disparate ethnic groups, a feat in a time when government and society enforced and perpetuated segregation. Haida Nation began advocating for its rights to title to Haida territory in the 1980s as part of their efforts to stop widespread logging on Gwaii Haanas and successfully defended forest in 1985 during the Athlii Gwaii Protest. Haida Nation’s Aboriginal title was legislatively recognized in 2025 with the Haida Nation Recognition Amendment Act. Haida Nation has also prioritized healing through culture by raising of totem poles and restoring place names (in 2010, the

name of the *Queen Charlotte Islands* was restored to *Haida Gwaii* and in 2024, the name of the town *Queen Charlotte City* was restored to *Daajiing Giids*).

UNITED STATES

Dr. Joseph P. Gone explored the therapeutic potential of Indigenous culture as mental health intervention. He presented his scholarship, including the notion of addiction as a post-colonial dis-order, with historical subjugation leading to psychosocial anomie among Indigenous Peoples (i.e., a loss of identity, belonging, purpose, and what it means to live a good life). Through reconstituting and revitalizing a robust Indigenous identity, traditions based on culture and language may harness a renewal in personal and collective meaning-making that transforms an inadequate sense of self into one poised for Indigenous survivance and futurity. This opportunity for self-transformation extends beyond the individual to concurrently achieve community revitalization and Tribal nation-building. In reflecting on the potential of Indigenous culture-as-intervention, he also suggested that Indigenous scholars could engage in health outcomes research to better assess the causal efficacy of these cultural interventions.

Dr. Melissa Walls furthered the conversation by raising that science lags Indigenous knowledges in recognizing that a return to traditional and/or pre-contact values, traditions, and ways of being promotes wellbeing and connection and heals the harms of colonization. There have been mixed findings in the scientific literature and myriad conceptualization and operationalization attempts, leading to a lack of clarity and standardization in scientific approaches to measurement. She concluded with concrete recommendations to move the work forward, including a community/scholar consensus statement on approaches to and definitions of various cultural constructs and seeking funding to improve the state of the science for our communities on general measurement approaches and mixed-methods Indigenous research methodologies. She also invited the group to consider a transformation of systems, through anticoloniality and/or advocacy to support Indigenous research as an extension of treaty obligations.

Dr. Rachel Wilbur raised the concept of survivance, which was coined by Gerald Vizenor, an Anishinaabe literary scholar, in 1994 in his book “Manifest Manners: Narratives on Postindian Survivance”. The term is a combination of “survival” and “resistance” and represents continuation through stories and active presence. *Survivance* is, as Vizenor says, “an undeniable trace of presence over absence, nihility, and victimry.” (Vizenor, 2008) Her work has explored how survivance has been applied within health scholarship, and interrogated the difference between survivance and resilience, the primary term used in strengths-based Indigenous health research. Distinctions include 1) resistance to unjust societal arrangements vs. adaptation to the status quo, 2) recognition of temporal arc

inclusive of the past, present, and future vs. focusing on individual lifespan, 3) persistence of community and culture vs. personal adaptation and wellbeing, and 4) refusal of identities of victimization vs. accentuating adversity and trauma. Survivance can therefore be defined as a proactive, strengths-based, decolonial construct that balances persistent survival with intentional resistance to the status quo, functioning at the level of community and culture to fundamentally shift the narrative from historical marginalization to ongoing, thriving presence. Future work includes community testing and creation of a toolkit that can be used to inform strengths-based research.

NEW ZEALAND

Dr. Terryann Clark presented on the wellbeing of Indigenous Māori rangatahi (youth), and their efforts towards transformation. There have been some major improvements in health outcomes for New Zealand youth in the past 20 years, but food insecurity, inconsistent contraceptive use, and witnessing family violence have increased (Clark et al., 2022). Concerningly, mental health, particularly depressive symptoms and suicidality, have increased significantly with access to healthcare worsening. These patterns hold for Māori youth, with persistent inequalities across multiple domains particularly for suicidality (Clark et al., 2025). Work towards transformation includes the Maori concept of Whanaungatanga (nurturing of relationships) which led to research where rangatahi (youth) co-designed six things rangatahi need to be well [I am proud of my whakapapa and culture, I express aroha for my whānau and tupuna, I connect to whenua or other spaces, I spend time with people who matter to me, I take care of my body, mind, heart, and spirit, and I am growing through shared experiences and trying new things] (Clark et al., 2022). A strengths-based, kaupapa Māori-informed scale predicting wellbeing was developed, with evidence that it likely is protective for all youth, not just Indigenous youth (Greaves et al., 2021). Whanaungatanga also inspired Te Tapatoru, a model of healthcare and research engagement outlining needs identified by Indigenous youth (Hamley et al., 2023). True transformation occurs when you trust that people have wisdom and know what works for them – not what others think they should do. Te Tapa Toru has three main concepts:

1. **Ko wai** – a reciprocal connection with people, tupuna (ancestors), places, things
2. **He wā pai** – a genuine time/place is about providing good spaces for meaningful connections to flourish
3. **He kaupapa pai** – a genuine kaupapa (activity, process) that connects with rangatahi (youth) desires and aspirations

Louise Kuraia discussed the joy of Indigenous resistance as a pathway to healing collective trauma, and shared videos of nationwide activations led by grassroots Māori socio-political movement, Toitū te Tiriti (Standfast for the Treaty) in November 2024. Starting at Te Rerenga Wairua the northernmost point of Aotearoa New Zealand, the movement walked, ran and drove over a thousand kilometers in a week, holding joyous, raucous rallies in small rural towns, provincial centers and our largest cities, gathering community support ranging from several hundred to tens of thousands of people from all walks of life.

The kaupapa or grounding philosophy of Toitū te Tiriti is mana Māori motuhake, or Māori leadership and essential authority over our ways of knowing, being and doing. The activations, collectively called Hikoi mō te Tiriti, or Walk for the Treaty, advocated for kōtahitanga (unity) of Tāngata Whenua, the first peoples of this land and Tāngata Tiriti, the people who came after, in the face of a torrent of anti-Māori, anti-treaty and pro-colonial government policies and legislation. It culminated with an (unofficial) estimated 100,000 people, the largest in New Zealand's history, marching on Parliament in Wellington to protest the government's hugely controversial Treaty Principles Bill which sought to legally re-define Treaty of Waitangi principles and restrict and remove their application in New Zealand law (RNZ, 2024).

The mass protest action against the Bill had a catalyst in the "haka heard around the world" when Hana-Rāwhiti Maipi-Clarke, a Māori Party Member of Parliament, was censured by the Speaker of the House after she initiated a haka or cultural challenge to give voice to those who opposed the Bill's introduction. The video of that haka went viral, reportedly viewed 700,000 million times by a global audience within a week (The New Zealand Herald, 2024). Hana-Rāwhiti, aged just 21, joined the thousands of Māori, Pākehā (white), Pacific, migrant, rainbow and disabled, families, community members, workers, allies and citizens on the steps of Parliament when the Hikoi arrived despite her suspension (SBS News, 2024a, 2024b). She embodied the idea that the ways in which Indigenous folk dress, look, speak, sound and show up, is inherently political, because for us it's all personal. Discussion centered around the importance of solidarity and how to encourage and foster youth activism to transform and progress expressions of mana Motuhake (self-determination) toward an Aotearoa Hou, a new New Zealand which gives full expression to the vision of Te Tiriti o Waitangi for all peoples of this land.

A postscript to the Treaty Principles Bill, it was defeated at second reading when two of the three governing parties withdrew their support (as they had said they would do). But more importantly, it had already been overwhelming rejected by over 400,000 New Zealanders during the select committee phase, with the largest number ever (by a factor of 10) of written submissions plus 100,000+ signatories to the petition opposing the Bill and the divisive policies of the government.

AUSTRALIA

Dr. Sandra Eades (presented by Dr. Dan McAullay) shared their approach to a randomized waitlist-controlled trial exploring service navigation of Aboriginal young people in Perth and Bunbury regions. There was an identified need for evidence on effective mental health and wellbeing interventions for young people, and formative work with key stakeholders revealed potential improvements to service navigation and health checks. The intervention arm received guided care from a Service Navigator who used an online assessment tool meant to capture additional aspects of health and wellbeing of Aboriginal youth. The Service Navigator also provided general support (rapport building), childcare, groceries, appointment support (getting to/from and attending health or government appointments with participants if requested), and support when interacting with government services and/or obtaining official documentation, and health and wellbeing support (referrals, encouraging exercise and social interaction, etc.). Implementation will be guided by input from health services and policy partners, and the approach aims to foster connection to culture.

Dr. Dan McAullay discussed an innovative child development and language revitalization intervention, Koorlangka Keniny (children and dancing). The feasibility study is based on gaps in existing services, particularly the importance of early language development and associated neurodevelopment, and Aboriginal and Torres Strait Islander language revitalization. The study aims to improve language development and health and wellbeing and strengthen cultural identity and community connection through a singing and dancing curriculum at early childhood education and childcare centers (for young children 0 to 2 years of age and pregnant mothers). They are utilizing a co-design approach to program development, and implementation science measures for evaluation (e.g., acceptability, demand, practicality, etc.). Koorlangka Keniny plans to incorporate joy through dance and recapture the holism of communication by combining language and body movements. This initiative is connected to Māori Language Nest Programs, but the first of its kind with this age group.

SWEDEN

Dr. Jon Petter Stoor presented perspectives on Sámi health, through metrics of self-reported somatic health, health-related lifestyle indicators, mental health, and exposure to sexual, mental, and physical violence among women. Sámi health is comparable to the health of the general population given the Nordic country context. This is likely due to the

equal distributions of social determinants, and the ability of Nordic welfare states to provide education, health, and social care services via universal systems with low out-of-pocket costs. However, there are many challenges including limited self-determination as a people and limited provisions to Sámi-specific solutions within the context of these universal systems. This likely leads to the ongoing assimilation processes partly driven by the “universal” health, welfare and education systems. Language proficiency as a Sámi-specific social determinant of health opens new avenues for Sámi health research and advocacy, along with the potential of reindeer husbandry as resistance and a source of health. Reindeer husbandry may function as a strong protective factor like the Sámi language, through related cultural indicators, ethnic identity, and social networks.

PRIORITIES FOR A GLOBAL INDIGENOUS RESEARCH, LEARNING, AND ACTION AGENDA

We conclude with considerations and engagement prompts for advancing Indigenous health and wellbeing research, practice, and advocacy across settler colonial contexts. These recommendations emerged from within the strengthened and new relationships among convening representatives, nourished by time on the land and in community.

Two **overarching tenets** to support the work of thriving global Indigenous communities emerged in our discussions:

- **Community as an agent of change:** our conversations aligned with liberatory and participatory frameworks wherein Indigenous individuals and collectives possess wisdom and resources for creating a good way of life. As such, this work holds Indigenous communities at its core. Indeed, this gathering engaged Indigenous community members *who also happen to be* research, policy, and practice leaders.
- **Centering Indigenous ethics and values:** much has been written about Indigenous approaches to activism, leadership, research, and ways of knowing. While there is no singular Indigenous set of values in a global sense, our gathering reinforced commonalities across our cultural contexts. These include efforts across sectors to center Indigenous values like relationality, reciprocity, and respect. Leading from a value-based approach fundamentally shifts the way Indigenous wellbeing work is done (see, for example, CBPR and/or Indigenous methodologies). This may include supporting time for trust and team building, respecting individual and community energies (e.g., eliminating superfluous funding reporting structures), providing resources for cultural exchange, engagement, and connection, and investing in Indigenous approaches/ways of knowing devalued or eliminated in typical power structures.

These tenets are critical considerations that undergird the following five proposed strategies for action and impact.

1. **Support and Uplift Indigenous Knowledges through Coalition Building and Connecting** (Theme 2 and 3)

In alignment with recent RWJF supported work (e.g., https://evidenceforaction.org/ways-knowing/ways-knowing-symposia), our convening reflected a deep desire to connect, refuel, and resist as a community of international Indigenous scholars. We collectively imagined a transformation of dominant knowledge production and policy systems within which we each work. We grappled with the siloing of Indigenous thinkers within systems meant to oppress us and were

energized by our respective efforts to promote Indigenous ways of knowing within these channels. Far more work is needed to support the convening of Indigenous leaders, scholars, and activists across global settler colonial spaces.

Example activities for the work ahead might include:

- Prioritize foundational work to build relationships across diverse Indigenous contexts, including at existing or new global convenings and through land-based learning.
- Organize opportunities for Indigenous thinkers, leaders, and scholars to share cross-cultural worldviews, perspectives, values, stories, concepts, languages, goals, understandings of health and scholarship, and approaches to engagement with non-Indigenous colleagues. Such efforts would fuel deeper understanding of global Indigenous 'cosmologies of knowledge' and support coalition building, including with allied leaders.

2. **Engage and Promote Resistance at Multiple Levels** (Theme 2)

Dialogue at our convening revealed dynamic and diverse approaches towards holding settler colonial actors and systems accountable to harms done to Indigenous communities and lands. These efforts create a multi-level schematic ranging from individual and community-focused activism to state/provincial advocacy to national (e.g., LandBack activism, Treaty of Waitangi) and international approaches including uniting declarations (e.g., UNDRIP). More work is needed to illuminate and understand how colonial resistance can be activated within and across local to global contexts. As such, we recommend:

- Build or synergize global Indigenous networks (see also #1) to highlight examples of resistance that advance Indigenous health and well-being to the highest level.
- Investigate, share, and disseminate case studies[1] tied to various levels of advocacy or resistance (e.g., micro or interpersonal; meso or community; macro or societal), including resistance via state of being, language, organizing, litigation (including contributions to the evidence-base for litigation), policy, and constitutional transformation.
- Support training opportunities and interdisciplinary networks for Indigenous leaders and learners to gain the skills required for resistance. For example, most attendees at our gathering felt underequipped to engage legal or policy levers for change within their context. Targeted trainings, fellowships, and network building to connect Indigenous scholars with legal or policy activists (as examples) are critical in this regard.

[1] An exploration and synthesis of Indigenous colonial resistance case examples is in preparation by the authors of this report for peer-reviewed publication in an academic journal.

3. **Center and Advocate for Self-Governance & Self-Determination in Indigenous Health** (Theme 1)

Indigenous self-determination and self-governance are two distinct yet overlapping concepts that illuminate the distinct rights and expectations of Indigenous Peoples. The UN Declaration on the Rights of Indigenous Peoples (UNDRIP) is a recent landmark framing and affirmation of Indigenous self-determination with important implications for governance, rights to free, prior, and informed consent, and land and water protections.

Our deliberations revealed the complex applications, reach, and limits of self-determination and self-governance across settler colonial contexts. Numerous factors crosscut how self-determination might unfold, including treaties, colonial constitutional structures, socio-political histories, and societal responses to past and ongoing harms. These intricacies sparked conversation and debate around the connections between governance and health and potential moderators and mediators of this relationship, including the concept of trust.

Potential questions for further exploration include:

1. What is self-governance? What is self-determination? How are they similar and/or different?
2. How is self-governance and/or self-determination connected to trust, including response to harms?
3. How can/should the importance of diverse geo-political contexts be considered in this conversation?

4. **Advance and Critique Conceptions and Measures of Indigenous "Culture"** (Theme 1)

We entered our convening with an expressed goal of deepening understanding of the therapeutic and healing mechanisms embedded in *Indigenous cultures* and applications to health equity and wellbeing. Rich dialogue revealed a duality for the work ahead. On one hand, Indigenous researchers are pushing for clarity and rigor in efforts to operationalize cultural constructs in the health and social sciences. On the other is a need for critical discourse on the ethics, utility, and impact of such efforts. Among the latter issues include: complexities of assessing Indigenous culture in modern times when we all "show up" as multi-cultural beings; addressing the limits of empirical tools for assessing latent and multi-dimensional concepts embedded in notions of culture; and, perhaps most critically, addressing the fundamental flaws of a word like "culture," which, as one participant shared, "is too measly a term" for the rich worldviews, ways of being, thinking, and doing that are embodied by a kaleidoscope of Indigenous Peoples globally.

Thus, moving forward, we recommend actions and questions to advance Indigenous thought and leadership given widespread community and scholar efforts to promote culturally based approaches to resistance and wellbeing:

- Facilitate spaces to debate the definition(s) (e.g., theoretical) and application(s) (e.g., implementation and measurement) of culture in research and hold researchers accountable to their engagement with "culture." This includes exploring culture as transformative (spiritual, religious, interpersonal "interventions") and culture as systems-based (not interventions, but leverage points).
- Consider the wide-ranging applications of culture within Indigenous research, and the simultaneous lack of debate and accountability around this term.

Related questions for further exploration include:

1. How can researchers be held accountable *and* supported in the ways they discuss, consider, and engage with notions of Indigenous culture?
2. Considering all that is "on the line" as communities work to revitalize and re-engage with traditional Indigenous cultural ways, how can Indigenous leaders and researchers create safe space for debate around these topics?
3. How can culture be engaged as an intervention, lever, or driver for change? How might researchers measure it? Who is measuring it and why? Is the work generalizable?
4. How can Indigenous scholars, leaders, and researchers make Indigenous ways of being and knowing central to the work rather than try to fit Indigenous concepts and ways of thinking and living into Western constructs?

5. **Rethink and Unpack the Language of Trauma, Resilience, Resistance, Survivance and Self-Determination** (Theme 1)

Our conversations included attention to the widespread shift in Indigenous health and wellbeing approaches from deficits to strengths-based approaches. This demarcation is fueled by community calls to mitigate stigmatizing research and crosscuts Indigenous studies approaches to critical narrative shifting. At the same time, scholars continue to navigate the realities of historical and contemporary trauma that undergird Indigenous health inequities. Funding priorities often demand deficits focused narratives that reinforce stereotypes and ignore inherent strengths. Convening attendees debated concepts frequently or increasingly used in Indigenous scholarship including *historical trauma, resilience, resistance, survivance, and self-determination*. Our deliberations revealed variable understandings and affinities for such constructs shaped by lived experiences and communities of origin. Indeed, these conversations reinforced how there is not a singular approach to shaping a global

Indigenous wellbeing action agenda; instead, moving forward will include coalition building with respect for distinctions across settler colonial geopolitical settings.

Potential engagement prompts to continue these deliberations include:

1. How do researchers respond to/address the deficit narrative that dominant modes of knowledge production can reinforce (i.e., trauma as currency)?
2. What utilities are offered by conventional terms like resilience in any efforts to respond to colonial injustice? How might more recent approaches/terms (i.e., survivance) be positioned in this work?
3. How does the pursuit of self-determination influence wellbeing and transform deficits-focused narratives about Indigeneity?

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