



Editorial

Volume 8 | Issue 2

Editorial, October 2026

Margaret Wilkie (Ngāti Porou, Ngāpuhi)
Te Rau Ora

‘The indigenous perspective needs to be heard loud as the thunder.’ Catherine BearEnemy (Navajo Nation). This quote is from an email of authors discussing publication of their article in the 2026 Volume 8 Issue 1 of the Journal of Indigenous Wellbeing (JIW). Since 2015, Te Rau Ora has published 13 editions of the JIW featuring articles from Indigenous authors, perspectives, groups and peoples worldwide. Volume 8 Issue 2 brings more thought provoking knowledge and wisdom from 5 countries and 23 authors, including 11 unique Indigenous peoples and their collaborators. There is a strong focus from the Pacific in 7 of the 9 articles, with 4 of these written in Aotearoa New Zealand.

Data as the New Land: Leveraging AI through Decolonization, Indigenous Sovereignty, and Epistemological Resistance is from Hawai‘i, Mataira, Moon and Stewart position artificial intelligence (AI) as a new frontier of colonization in Indigenous contexts. Where data is *the new land* and a territory for extraction, and equally a relative carrying stories, languages, and relationships. They question if AI systems, designed in Western-techno centric epistemological frameworks can ever truly understand, respect, or ethically apply concepts like kinship responsibility, spiritual connection to land, genealogies, or the collective well-being central to Indigenous approaches to raising children? The authors argue for a reclamation of power through Indigenous data sovereignty that is the ownership and governance of data grounded in Traditional Knowledge. Signalling

true progress being made where Indigenous communities are leading the design and ethical frameworks of technology, reshaping AI into a tool for cultural continuance, not renewed assimilation.

Through Article 2, *Home away from home through food environments: Pacific students’ experiences of food environments in an Aotearoa New Zealand University*, Fehoko, Dednam, Ventura, Amundsen, Styles & Erickson capture the lived experiences and voices of 13 Pacific Island students studying away from home at the University of Otago in Dunedin, Aotearoa New Zealand. They explore the often overlooked cultural and relational meanings of food for Indigenous and Pacific students. Their qualitative phenomenological research approach used individual talanoa sessions, that are a process of sharing ideas, experiences, and narratives through dialogue. Their sessions were analysed using the Pacific holistic lens of the Fonua Model, that emphasises the interconnectedness of people, culture, land, and wellbeing. Their findings present traditional foods as central to identity, spiritual and emotional wellbeing. Recommendations were to increase Pacific food visibility on campus, strengthening partnerships with Pacific communities and vendors, and supporting traditional food practices.

Article 3 *The More We Import the Food the More We Need to Import the Medicine* originates from the edge of a lagoon that changes colour 4 times a day on Bora Bora, an island in French Polynesia. The regions’ population of 285,000 people are in a full-scale chronic disease emergency. Is there a reason a Pacific island paradise became one of the sickest populations on earth? Author Johnny Rydger argues it is the reliance on imported food found in every supermarket on every island where most meat comes from New Zealand and

most dairy comes from France. As a father and natural farmer faced with a medical emergency requiring long term, high dose antibiotics he applied knowledge of the relationships between the garden microbiome and the human microbiome to intervene. 'I call what I do a farmacy. A purposeful, medically informed growing system where we cultivate specific plants for specific microbes that perform specific healing work in the human body.'

From Aotearoa, Mane, Lee-Morgan & Tunks report in Article 4 *Manawaroa: Steadfast hope for whānau facing methamphetamine use*, a kaupapa Māori research project examining how methamphetamine (meth) use affects whānau (family). This first publication from the project, describes the meth context in Aotearoa and centres a foundational premise: that whānau are essential to collective wellbeing, recovery and intergenerational transformation. The pūrākau research methodology and method tells the stories of participants, some are hard to read. Their words describe a volatile continuum of harms associated with whānau meth use, revealing the depth and intergenerational nature of meth-related harms. Participants called for responses that are accessible, sustained and culturally grounded, and that combine clinical knowledge with traditional tikanga (correct approaches), wānanga (learning and healing opportunities), connection to te ao Māori (the Māori world) and te taiao (the environment), and the practical wisdom of lived experience. Enduring change will depend on placing whānau at the centre of responses to meth harm and investing in their capacity to lead intergenerational healing and transformation.

Creating Pito'enua: a Cook Islands Model of Health and Wellbeing is the focus of Article 5 by Uri-Puati & Futter-Puati. They describe seeking a culturally appropriate philosophy to establish a national health education curriculum. Extensive literature review yielded no pre-existing Cook Islands-specific models. A nationwide consultation informed understanding of Cook Islands indigenous views related to health and wellbeing. Semi-structured interviews with representatives of every key stakeholder involved in health and wellbeing broadly across the country identified aspirations and concerns. Focus groups were set up in 10 of the 12 inhabited islands with semi-

structured discussions including a group activity described in some detail here. The authors identified skill acquisition across five key domains as the focus of the new curriculum including tū manako (mental health), kai ora'anga (food and nutrition), api'i'anga tupu'anga kōpapa (sexuality) kōpapa mātutu (physical activity), and; kōpapa tiaki (body care). Pito'enua as a model, continues to be used in the Cook Islands two decades after it was first developed, showing its versatility and ongoing relevance.

From the unceded territory of the Syilx Okanagan peoples in Canada, Article 6 authors Boulton & Ginis present *Assessing the Impact of Health Talks on Métis Elders Exercise and Nutrition Behaviours* from a community-based participatory research project co-developed with an urban Métis Elders Circle. The study evaluates "Health Talks" a culturally grounded knowledge translation initiative and explores Métis Elders' experiences of the program, including perceived impacts on health awareness and behaviour, barriers to engagement, and the cultural relevance of the intervention. As one peer reviewer noted this 'makes a valuable contribution, and the work is commendable on multiple fronts. Its Métis-specific focus is a standout strength, as Métis peoples are not only understudied in health promotion research but are frequently subsumed within pan-Indigenous analyses, making disaggregated, Métis-specific data rare and significant. The attention to aging Indigenous populations further addresses a meaningful gap.' Through the voices of their participants the authors emphasise the value of Indigenous leadership and community-led initiatives in providing health information to enhance Indigenous health and wellness.

Article 7 author Apt'sqi'gnn ᐱᓕᓕᓐᓂᓐ is a Two-Spirit, and queer scholar of Wabanaki (Mi'kmaq) and settler ancestry in Canada. *The Impacts of the Climate Crisis on 2-Spirit, Indigiqueer, Trans, and Gender Diverse (2SIQT+) Indigenous Young People* explains there are vast domains and multiple ways of Indigenous Knowing and Doing that are rooted in lived experience, local Indigenous contexts of relationships with land and between people and collections of specific sacred cultural knowledges. Together with insights from Two Spirit Ways of Knowing and

Being the author explores the impacts of the climate crisis on the health of 2SIQT+ young people in Toronto. The climate crisis acts as a risk multiplier for 2SIQT+ young people who experience severe health disparities, including heightened risks of anxiety, Post-Traumatic Stress Disorder, violence, trafficking, substance abuse, and increased mortality from suicide, homicide, acute/chronic conditions, drug overdose, and environmental exposure. 2SIQT+ young people face compounding mental health stressors of settler-colonialism, racism, displacement, violence, and housing insecurity, heightening vulnerability to mental health distress. Indigenous peoples experience a profound sense of grief because the land is a continuum of identity and ancestry. For 2SIQT+ young people, extractivism is an embodied feeling, where the wounding of Mother Earth is experienced as a personal and collective wounding. This article demonstrates what is required to understand the mental health impacts of the climate crisis on 2SIQT+ young people in Toronto, and to illuminate what community mental health supports might promote their holistic well-being and sense that life is worth living.

In Article 8 from Aotearoa *Understanding Childhood Immunisation Rates for Tamariki Māori in the Counties Manukau and Waikato Regions* authors Bidois, Were, Eketone, Barnes, Porima & Akroyd write of Raakai, a project based in the Tainui Waka region. Raakai contributes a kaupapa Māori evaluation within a large-scale, mixed-methods immunisation study, that includes literature review, survey (n=1,276), and direct engagement with local whānau and Māori health providers. Hui ā-Rohe (area based gatherings) and interviews provided whānau and frontline worker insights into immunisation services. Presenting evidence that tamariki Māori (children) immunisation coverage reflects structural inequities and health-system design, rather than information deficits or individual parental reluctance. Persistent coverage inequities reflect structural barriers, coercive and culturally unsafe practices, and health-system settings that privilege short-term targets over sustained relationships. Raakai demonstrates how iwi (tribes), Māori health providers, and whānau can co-produce evidence and solutions through a

place-based, kaupapa Māori holistic approach to health. Evaluative methodology supported development of actionable insights showing that kaupapa Māori, marae-based, and ‘by-Māori-for-everyone’ services can provide safe, relational pathways into immunisation, alongside wider aspirations for tamariki and whānau wellbeing. Access to rongoā Māori (traditional medicine) alongside Western interventions as complementary, and care in familiar cultural settings, appeared to strengthen trust and create multiple pathways into immunisation care. Sustained investment in Māori-led, place-based services is needed, with funding and accountability structures that value long-term relationships over short-term outputs. The decision-makers have an opportunity to invest in Māori governance and leadership, stabilise relationship-based funding, and redesign accountability mechanisms so Māori providers are resourced to deliver approaches informed by their own communities.

In the Mahi Toi (Creative Work) section, *A Young Tāne* is a poem from Aotearoa written by Haidee Rēnata of Ngāpuhi, Ngāti Rēhia iwi, an advocate for the realisation of Māori and Indigenous rights and autonomy. She explains that her poem is a pūrākau (story, way of teaching), for a critical reflection as part of a postgraduate Master of Health Science assignment in 2021. It is dedicated to a young tāne and tangata whaiora, (a young Māori man and mental health service user seeking wellness). The original version of the poem appears in her 2025 master’s thesis that argues the activation of hauora kaupapa as a way to assert Māori aspirations and disrupt racism within the health and education sectors.

Te Rau Ora as kaitiaki (guardian) of the JIW is rare, publishing outside of the universities and academy, amplifying Indigenous voices. We are mindfully grateful to the many Indigenous authors and their collaborators who have submitted manuscripts and published in the JIW and the multiple contributors to the double blind peer reviews of our articles by both community based and academic reviewers.

Nāku me ngā manaakitanga, (with the very best of wishes from me)

Dr Margaret Wilkie (PhD)