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Advances in social responsibility in the integration of ethnic minorities: A systematic review

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Abstract

In recent years, the exclusion of Indigenous, Afro-descendant, and other culturally diverse communities has persisted across multiple social and productive spheres. This systematic review aimed to analyze recent advances in social responsibility regarding the integration of ethnic minorities over the past six years. A systematic review was conducted following PRISMA guidelines in Scopus and Web of Science, identifying 481 articles, of which 76 met the inclusion criteria. The findings reveal higher scholarly output in Australia, the United States, and Canada, with progress concentrated on strengthening autonomous governance, adopting decolonizing methodologies, consolidating culturally appropriate health systems, and promoting territorial management grounded in traditional ecological knowledge. However, within extractive industries, social responsibility remains ambivalent, combining inclusive initiatives with paternalistic practices that perpetuate structural inequalities. The review concludes that progress remains fragmented and calls for a structural reconceptualization of social responsibility as a framework for intercultural justice.

Keywords: Social responsibility; Minority group; Cultural isolation; Social inclusion; Community participation

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1. Introduction

Globalization has substantially affected ethnic minority communities. Indigenous peoples, Afro-descendant populations, and culturally diverse communities continue to experience structural exclusion in healthcare, education, and political participation (Egede *et al.*, 2020). The persistence of a colonial ideology has constrained Indigenous self-determination (Elhinnawy, 2023), while Afro-descendant communities continue to face discriminatory barriers that limit their political representation and access to fundamental rights (Gómez *et al.*, 2024). In the absence of effective mechanisms for redress, these injustices foster active resistance and social conflicts associated with cultural exclusion and the lack of social recognition (Berman *et al.*, 2020; Farmer *et al.*, 2022).

Understanding the persistent inequalities that hinder the full recognition of ethnic minority rights requires a theoretical perspective that extends beyond explanations based exclusively on institutional and economic dynamics (Quijano, 1999). In this regard, it is essential to consider the concept of the coloniality of power, which provides an interpretative framework for analyzing and understanding how contemporary social hierarchies remain rooted in colonial structures of domination. These structures have served as the foundation for the articulation, consolidation, and legitimization of colonial matrices that have permeated diverse dimensions of modern thought, encompassing political, economic, epistemic, and cultural forms of domination (Mignolo, 2001).

Within this theoretical framework, the coloniality of power explains how a global pattern of domination emerged alongside European colonial expansion and structured social relations through the classification, hierarchization, and marginalization of non-Western forms of knowledge (Quintero, 2010). Consequently, this epistemic framework has served to legitimize racial, gender, ethnic, and class-based inequalities. From an ontological perspective, the coloniality of power entails the establishment of a system of domination that shapes the production of knowledge, social imaginaries, and collective identities. This process is embedded within the consolidation of modernity as a dominant paradigm, historically sustained through the exploitation of colonized territories and the subordination of populations deemed inferior (Quijano, 2011).

Through this theoretical approach, it becomes possible to understand that the exclusion experienced by Indigenous communities and Afro-descendant populations is neither a temporary nor an isolated phenomenon. Rather, it is the outcome of a historical logic that has naturalized inequalities in access to resources, political representation, and, especially, cultural recognition (Quijano, 2000). The naturalization of racial inequality was reinforced by the predominance of modern rationality, which enabled the global expansion of Eurocentric epistemologies and consolidated their legitimacy as dominant forms of knowledge, while relegating Indigenous knowledge systems to positions of inferiority, subordination, and exclusion (Mejía, 2016).

Moreover, this theoretical perspective operates not only in the material sphere but also in the epistemological domain, where the imposition of particular forms of knowledge delegitimizes traditional knowledge systems and reinforces Eurocentric cultural hegemony (Latin American Association of Sociology, 2009). This becomes particularly relevant in the analysis of social responsibility, because practices presented as inclusive may preserve paternalistic approaches and reproduce vertical power relations (Quijano, 2015). In addition, the coloniality of power is substantially linked to governance, insofar as it reveals that modern institutional models have been built upon Western parameters that do not necessarily correspond to local modes of organization. Consequently, Indigenous participation in decision-making remains limited, while centralized structures persist, reflecting the continuity of colonial logic within state management (Quijano, 2000).

Within this context, the concept of minority occupies a central role in public policy, although its meaning varies across contexts and is commonly associated with ethnicity, language, or religion (Canevelli *et al.*, 2020). Social responsibility encompasses approaches such as the social license to operate and corporate social responsibility (CSR), both of which seek to foster community trust and institutional legitimacy (Kamelamela *et al.*, 2022). Social impact assessment complements these approaches by integrating principles of equity and stakeholder participation into decision-making processes (Vanclay, 2020). Ethnic self-identification represents an important dimension of collective identity among Indigenous peoples and other ethnic minorities. This connection is evident among Māori communities (Bryant *et al.*, 2024), whose cultural belonging supports the intergenerational continuity of a shared identity (Chaudhry *et al.*, 2023; Whop *et al.*, 2021).

Minority groups face economic inequities and symbolic exclusion that restrict their participation across political and economic domains (Reilly *et al.*, 2022). Although integration frameworks exist, many continue to reproduce paternalistic approaches (Akhmar *et al.*, 2022). In education, decolonial perspectives are often rendered invisible (Kennedy *et al.*, 2022). In healthcare, minority groups experience a greater burden of noncommunicable diseases (Cooke *et al.*, 2022; Okpechi *et al.*, 2022). This disparity is associated with colonization, institutional racism, and limited access to services (King & Cormack, 2022). These structural inequities are also evident in adverse mental health outcomes in Australia (Meldrum *et al.*, 2022) and the erosion of traditional food systems in Canada (Poirier & Neufeld, 2023). Moreover, the literature often reproduces deficit-based discourses that reinforce stereotypes and exclusion from healthcare services (Gillon & Pausé, 2022; Muhammad *et al.*, 2024). The underrepresentation in biomedical databases and the exclusion of migrant populations further exacerbate these inequities (Deal *et al.*, 2021).

In this review, social responsibility is understood as the set of ethical, institutional, and participatory obligations

assumed by public, private, academic, and civil society actors in relation to the rights, needs, and collective interests of Indigenous peoples and ethnic minorities. From an ethical perspective, Romero *et al.* (2020) describe social responsibility as a long-term commitment guided by principles that orient institutional conduct toward collective well-being. Governments and public institutions are responsible for developing inclusive regulatory frameworks, guaranteeing equitable access to services, and establishing mechanisms for meaningful community involvement in decision-making. In the corporate sphere, particularly within extractive industries, Diantini *et al.* (2020) emphasize the responsibility to prevent social and environmental harm, ensure procedural justice, and obtain free, prior, and informed consent from affected communities. Universities and research institutions must promote collaborative knowledge production, as Christie *et al.* (2022) demonstrate through participatory research practices that involve communities in the design and implementation of studies. Similarly, environmental institutions and organizations are expected to recognize community authority and incorporate principles of care, reciprocity, and equity into governance processes (Diver *et al.*, 2024).

In Latin America, CSR has prioritized conflict mitigation rather than inclusion (Gould *et al.*, 2022), while Indigenous participation remains marginal (Vanclay, 2020). In Canada and New Zealand, models grounded in Indigenous worldviews have been developed, although their scope remains limited (Abolins-Thompson *et al.*, 2024). In the Andes, extractive companies use CSR to legitimize their presence (Magazzini, 2024). In Australia, community co-design has been incorporated into participatory research initiatives (Kairuz *et al.*, 2023). Furthermore, participatory health projects have been co-designed in partnership with Aboriginal and Torres Strait Islander communities in Australia (Bradley *et al.*, 2020). These approaches reinforce the importance of culturally responsive governance and community participation (Adcock *et al.*, 2021; Baldwin *et al.*, 2023).

Despite the growing scholarly attention devoted to ethnic minorities, their effective inclusion in social responsibility policies and practices remains a significant institutional and societal concern. These populations continue to experience structural inequalities in healthcare, education, political participation, territorial governance, and access to decision-making processes. Although regulatory frameworks and participatory initiatives have expanded, their implementation frequently remains symbolic, fragmented, or disconnected from culturally grounded understandings of justice and collective well-being. This situation is particularly relevant because social responsibility initiatives may promote inclusion and community empowerment, but they may also reproduce paternalistic practices when ethnic communities do not exercise meaningful control over their design, implementation, and evaluation processes.

Previous studies have examined specific dimensions of this problem, including culturally appropriate healthcare, indigenous data sovereignty, community participation, CSR in extractive industries, and the recognition of traditional ecological knowledge. Nevertheless, this evidence remains dispersed across different disciplinary fields, geographical settings, and institutional contexts. Consequently, there is insufficient understanding of how these developments collectively shape advances in social responsibility for indigenous people and other ethnic minorities. Existing research has generally focused on isolated interventions or sector-specific inequalities rather than integrating governance, health, education, territorial management, knowledge sovereignty, and corporate practices within a common analytical framework. This fragmentation constitutes the principal research gap addressed by the present review.

The novelty of the present review lies in its systematic integration of recent international evidence concerning the institutional, community-based, methodological, and territorial dimensions of social responsibility. Rather than limiting the analysis to corporate initiatives, the review adopts a broader perspective that examines how public institutions, private organizations, research systems, and community actors contribute to ethnic inclusion and intercultural justice. Furthermore, the review identifies the areas in which substantive advances have occurred, distinguishes them from merely symbolic forms of participation, and examines the structural limitations that continue to restrict self-determination and equitable decision-making. This integrated perspective provides an updated conceptual basis for understanding social responsibility as a framework that should extend beyond institutional legitimacy and incorporate cultural recognition, collective rights, community control, and the redistribution of power.

Accordingly, the research problem guiding this review concerns the fragmented and insufficiently systematized body of knowledge on advances, implementation mechanisms, and persistent limitations of social responsibility in the inclusion of Indigenous peoples and ethnic minorities. The review therefore addresses the following research question: What are the advances in social responsibility regarding the integration of ethnic minorities from 2020 to 2024? To answer this question, the

review aims to systematically analyze recent advances in social responsibility concerning the inclusion of Indigenous peoples and ethnic minorities, with particular attention to governance, culturally grounded healthcare, decolonizing methodologies, territorial management, education, and corporate practices. In doing so, the review seeks to provide evidence that can inform culturally responsive public policies, institutional practices, and future research agendas grounded in self-determination and intercultural justice.

2. Methods

The present review employed a systematic literature review design and followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure a transparent and structured process for study identification, selection, evaluation, and inclusion (Barquero, 2022). This methodological strategy made it possible to examine recent scientific production on advances in social responsibility in the integration of ethnic minorities during the 2020–2024 period, considering only publicly available studies published in journals indexed in Scopus and Web of Science.

The review was guided by the following research question: What are the advances in social responsibility regarding the integration of ethnic minorities from 2020 to 2024? Based on this question, specific inclusion and exclusion criteria were established for study selection.

The review covered studies published during the five-year period from January 2020 to December 2024. The year 2020 was selected as the starting point to capture the recent scholarly developments concerning social responsibility, Indigenous people, and ethnic minority inclusion. This period was also considered relevant because institutional practices, community participation, culturally responsive service provision, and data governance received increased attention during the COVID-19 pandemic and its aftermath. Establishing this temporal boundary enabled a synthesis of recent evidence while providing a sufficiently broad time frame to identify thematic and institutional developments across different geographical contexts. The inclusion and exclusion criteria are presented in Table 1.

To conduct the searches, database-specific search strategies were developed using terms related to social responsibility and ethnic minority populations. Scopus and Web of Science were selected as the primary databases because of their broad coverage of scholarly literature relevant to the topic. The complete search strategies used for each database are presented in Table 2.

Table 1. Criteria for article selection

Inclusion criteria	Exclusion criteria
• Articles published in journals indexed in Scopus or Web of Science • Open-access publications • Articles published from January 2020 to December 2024 • Studies addressing social responsibility in relation to the inclusion or integration of ethnic minorities	• Publications accessible only through paid subscriptions or institutional access • Books, book chapters, scoping reviews, systematic reviews, literature reviews, and other non-original research publications • Studies focusing exclusively on linguistic or religious minority status without addressing ethnic minority populations

Table 2. Search strategies

Search strategies	Record retrieved (*n*)
Scopus: TITLE-ABS-KEY (("corporate integration" OR "business inclusion" OR "corporate involvement" OR "social responsibility" OR "CSR" OR "responsible business" OR "sustainable practices" OR"ethics") AND ("ethnic minorities" OR "indigenous peoples" OR "Afrodescendants" OR "culturally diverse communities" OR "marginalized ethnic groups")) AND PUBYEAR > 2019 AND PUBYEAR < 2025 AND (LIMIT-TO (SRCTYPE,"j")) AND (LIMIT-TO (OA,"all")) AND (LIMIT-TO (DOCTYPE,"ar"))	317
WOS: TS=("corporate integration" OR "business inclusion" OR "corporate involvement" OR "social responsibility" OR "CSR" OR "responsible business" OR "sustainable practices" OR "ethics") AND TS=("ethnic minorities" OR "indigenous peoples" OR "Afrodescendants" OR "culturally diverse communities" OR "marginalized ethnic groups") AND PY=(2020-2024). Additional filters: Open access. Document type: Research articles	164

Initially, 481 articles were identified through searches conducted in Scopus and Web of Science, of which 107 were removed due to duplication. Subsequently, 374 records were screened, and studies addressing rights, injustices, and ethnic conflicts ($n = 63$), culture and customs of ethnic groups ($n = 43$), social, educational, or health contexts and projects ($n = 62$), lack of direct thematic relevance ($n = 24$), and inappropriate methodologies or review studies ($n = 54$) were excluded. Following this stage, 128 publications remained eligible for full-text assessment. However, studies focused on traditional knowledge without reporting advances ($n = 18$), those proposing improvement alternatives ($n = 11$), duplicate implementations of the same study ($n = 15$), studies emphasizing ethnic disparities ($n = 4$), and those employing unsuitable methodologies ($n = 4$) were further excluded. Ultimately, 76 studies were

included in the final review, as shown in Figure 1. Table 3)

3. Results

The characteristics and main findings of the 76 included studies are presented in the evidence matrix in Table A1, which details the authors, countries, publication venues, and conclusions of each study. These findings were synthesized into four thematic areas, as summarized in Table 3.

The selected publications showed different distributions across the study period. The largest number of publications was recorded in 2022 (n = 19), followed by 2023 and 2024 (n = 15 each), 2020 (n = 14), and 2021 (n = 13), providing a current overview of recent advances in social responsibility concerning ethnic minorities. The distribution of publications by year is presented in Figure 2.

Regarding the countries of origin of the selected publications, a clear concentration was observed in a limited number of countries. Australia ranked first, accounting for 25.00% of the total publications, followed by the United States (17.11%) and Canada (14.47%). Brazil, the United Kingdom, and Russia each accounted for 6.58%, while New Zealand represented 5.26%. South Africa, Indonesia, and Ecuador each contributed 2.63% of the publications. Finally, Sweden, the Netherlands, Malaysia, Peru, Laos, Ghana, China, and Africa each accounted for 1.32% of the selected publications, as illustrated in Figure 3.

This geographical pattern indicates that the available evidence is largely shaped by countries with established research infrastructures and institutional frameworks addressing indigenous rights, cultural safety, community governance, and data sovereignty. Conversely, the limited representation of Latin American, African, and Asian contexts reveals a geographical knowledge gap that may restrict the transferability of the findings to regions with

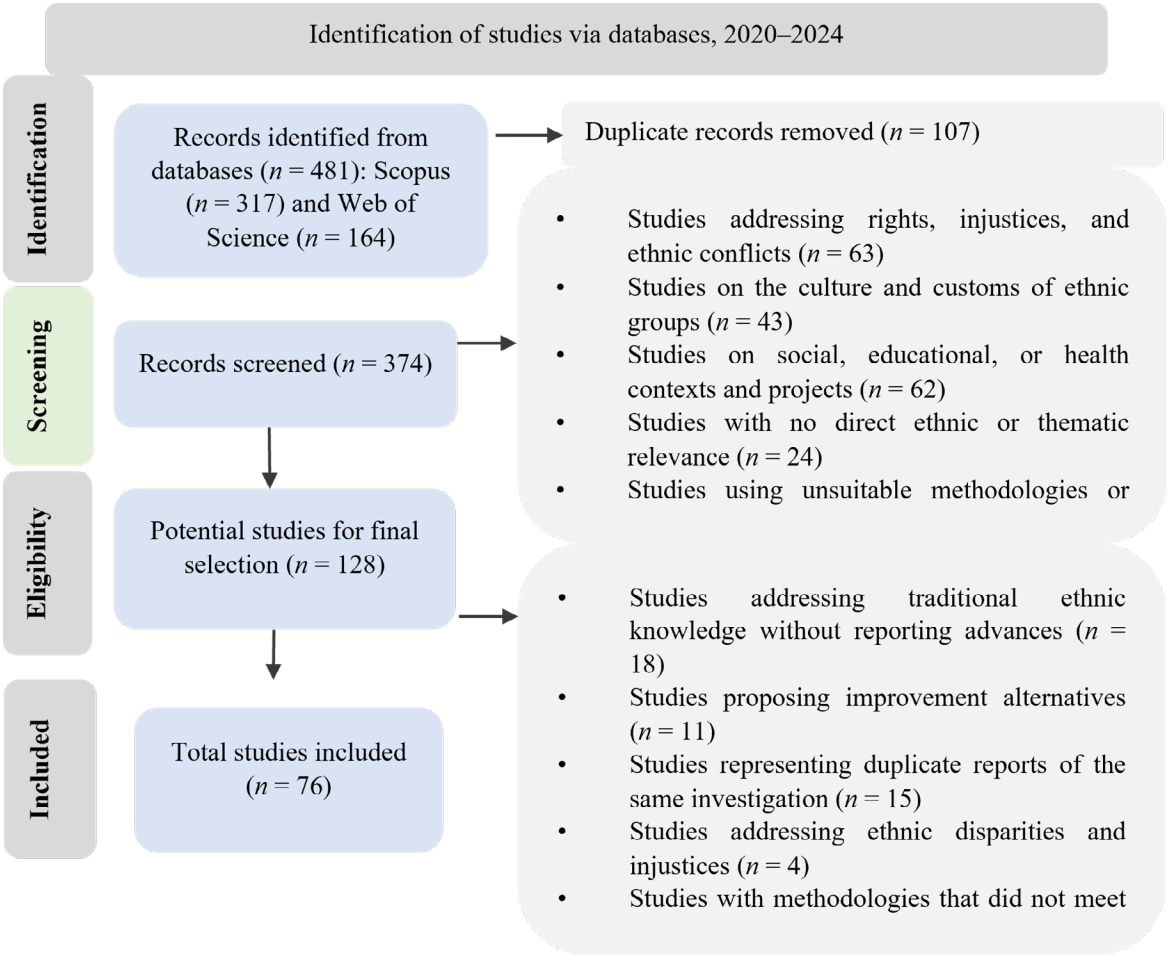


Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram of study identification and selection

Table 3. Thematic synthesis of the main findings from the included studies

Thematic area	Main advances identified	Representative studies
Indigenous governance, self-determination, and territorial rights	Indigenous leadership, autonomous governance, and community participation strengthened self-determination and the legitimacy of decision-making processes. Traditional ecological knowledge, community-based conservation, and benefit-sharing arrangements also contributed to territorial sustainability and cultural continuity	Ban et al. (2020); Tysiachniouk (2020); Wang et al. (2021); Tysiachniouk et al. (2022); Sleptsov (2023); Gupta et al. (2023); Ryder et al. (2024)
Decolonizing research, data governance and education	The CARE principles, community-controlled research, Indigenous ethical codes, and the alignment of CARE with FAIR strengthened data sovereignty and collective control over knowledge; intercultural education, culturally responsive training, and community-led partnerships supported language preservation, institutional accountability, and recognition of Indigenous knowledge systems	Schroeder et al. (2020); Carroll, Garba, et al. (2022), Carroll, Plevel, et al. (2022); Archer et al. (2022); Meikle & Morris (2022); Cummins et al. (2023); Park & Francis (2024); Taitingfong et al. (2024)
Culturally grounded healthcare and community well-being	Co-designed services, culturally safe healthcare models, Indigenous ethics committees and community participation improved trust, access and the cultural relevance of health interventions. Family-based strategies, peer support, and an Indigenous understanding of well-being further strengthened community involvement	Crowshoe et al. (2021); Deroy & Schütze (2021); Butler et al. (2022); Carpio-Arias et al. (2022); Muñoz del Carpio Toia et al. (2022); Burchill et al. (2023); Finlay et al. (2023); Nash et al. (2024)
Corporate social responsibility and extractive industries	Corporate social responsibility initiatives contributed, in some contexts, to environmental management, local development, cross-sector partnerships, and community benefit-sharing. Their positive effects were strongest when communities participated in governance and monitoring processes	Berman et al. (2020); Tysiachniouk (2020); Pereira et al. (2021); Wang et al. (2021); Baker et al. (2023); Limon & Tasik (2024); Muhammad et al. (2024)

Abbreviations: CARE: Collective Benefit, Authority to Control, Responsibility, and Ethics; FAIR: Findable, Accessible, Interoperable, and Reusable.

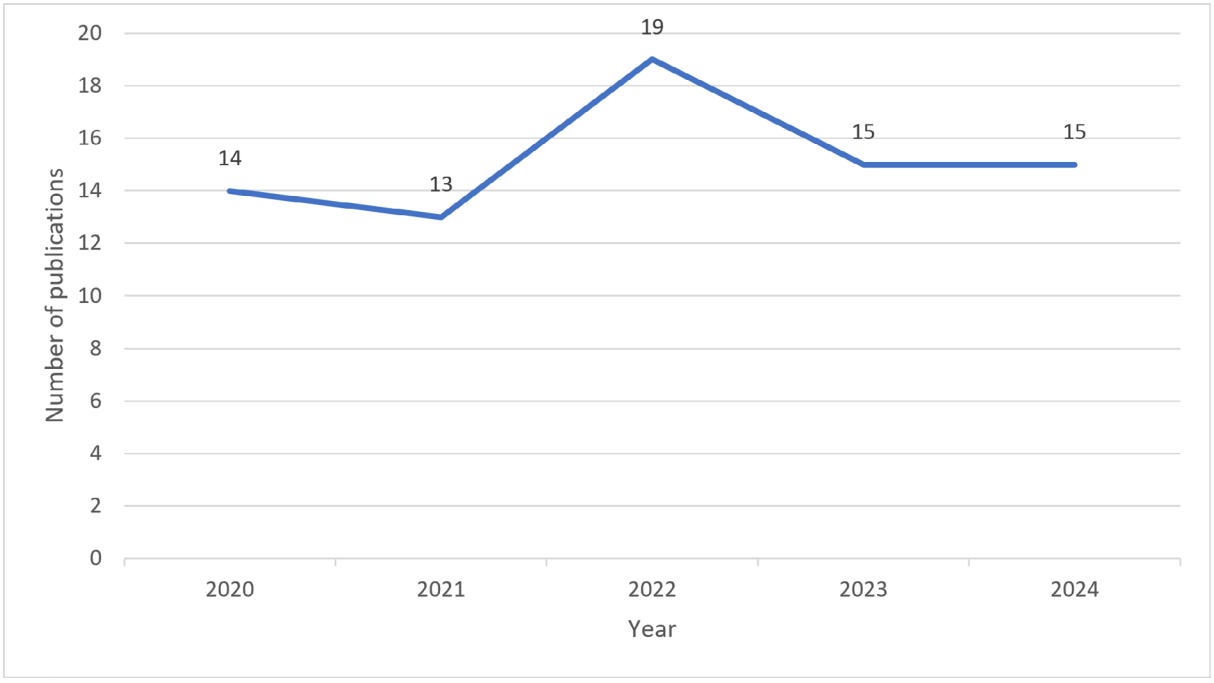


Figure 2. Distribution of selected publications by year

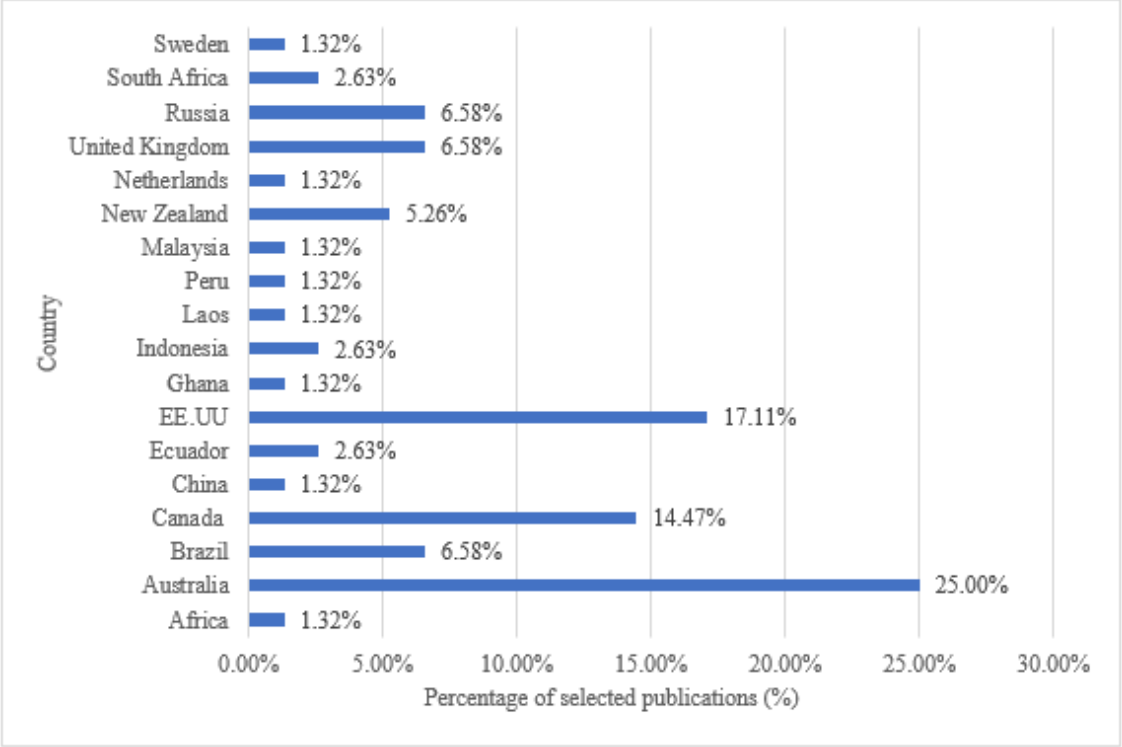


Figure 3. Distribution of selected publications by country, 2020–2024

different historical, political, and sociocultural conditions. This imbalance may reflect not only differences in research output but also the influence of publication language, database coverage, indexing practices, and open-access restrictions. Therefore, the distribution underscores the need to promote research from underrepresented in underrepresent regions, particularly studies that examine locally grounded forms of social responsibility involving Afro-descendant, Indigenous, and other ethnic minority communities.

The 76 selected records were distributed across 62 publication venues. *BMJ Open* accounted for the largest number of records (n = 9), followed by *Frontiers in Genetics* (n = 3). *BMJ Global Health*, *Data Science Journal*, *Medical Journal of Australia*, and *Sustainability* accounted for two records each, whereas the remaining 56 journals contributed one each. This distribution indicates that the selected literature was dispersed across a broad range of publication venues, with a limited concentration in a few journals. This distribution indicates that research on social responsibility and the inclusion of ethnic minorities is not concentrated within a single specialized field but is distributed across journals covering public health, the social sciences, ethics, environmental governance, sustainability, and information studies. Such editorial dispersion demonstrates the interdisciplinary nature of the topic; however, it also suggests that the available knowledge remains conceptually and thematically fragmented. The predominance of health-related journals further indicates that culturally responsive healthcare and indigenous health governance constitute some of the most developed areas of research, whereas corporate, educational, legal, and political dimensions of social responsibility remain comparatively less represented. The remaining journals included in the analysis registered only one publication each, as shown in Figure 4.

4. Discussion

4.1. Indigenous governance, self-determination, and territorial rights

The reviewed evidence indicates that Indigenous self-governance and territorial control constitute interdependent dimensions of self-determination. Autonomous governance strengthens community leadership by increasing Indigenous participation in decisions concerning institutions, resources, and collective priorities. In this regard, the incorporation of community-specific indicators into official records can improve

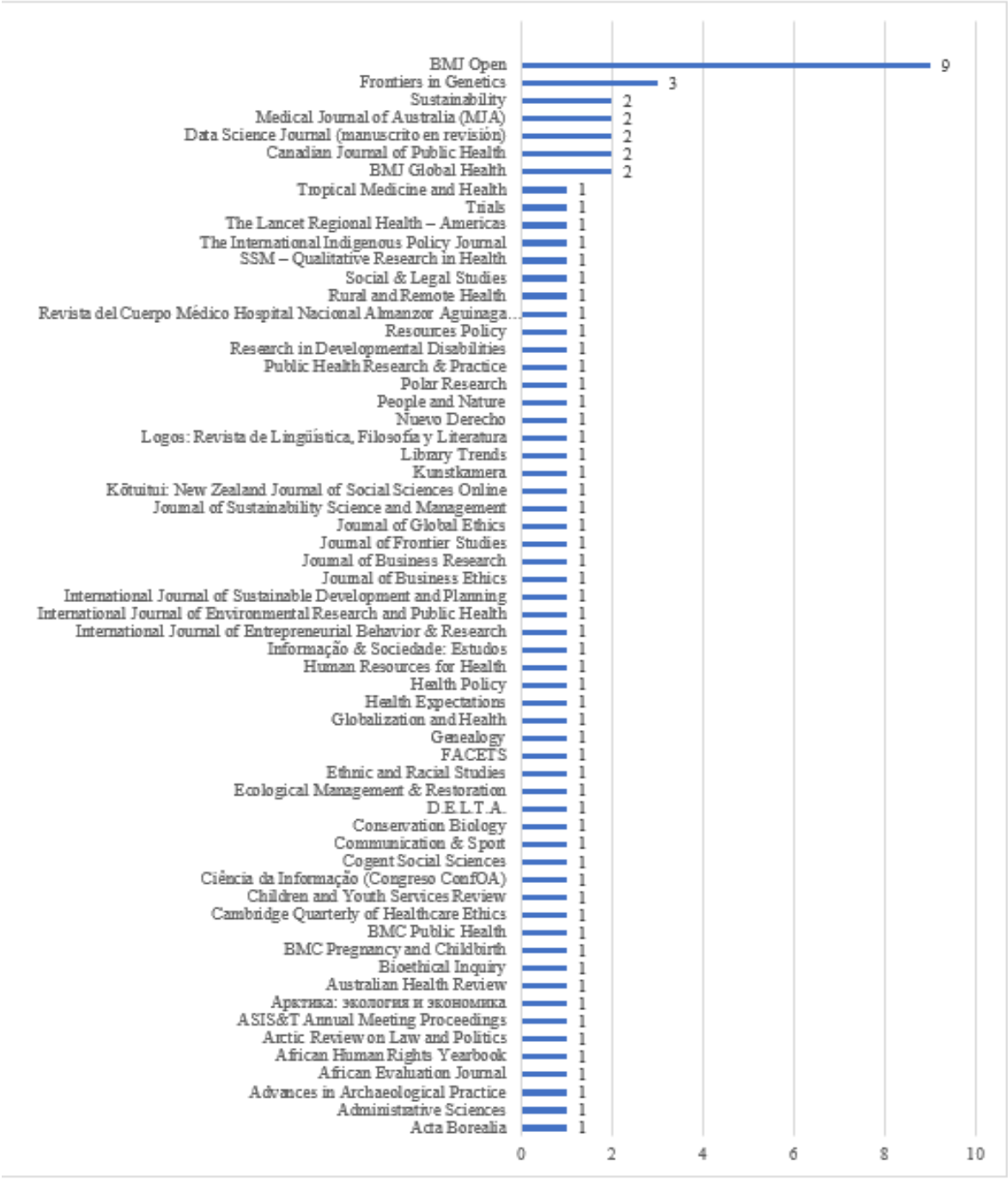


Figure 4. Frequency of selected publications by journal, 2020–2024

institutional visibility and provide a stronger basis for public decision-making (Ryder *et al.*, 2024). Cultural revitalization also contributes to self-determination by preserving traditional educational practices and transmitting collective knowledge across generations (Sleptsov, 2023). Nevertheless, these advances remain contested when state or institutional narratives prioritize economic and heritage interests over indigenous territorial claims (Bergman, 2022). The evidence therefore suggests that institutional inclusion is substantive only when

Indigenous communities retain effective authority over the decisions that affect them.

Territorial governance provides a concrete expression of this authority. Indigenous ecological knowledge has supported community-led conservation and sustainable resource management, as demonstrated by First Nations' marine governance practices (Ban *et al.*, 2020). Similarly, benefit-sharing arrangements can channel resources towards communities without necessarily depriving them of territorial control; however, their effectiveness depends on the degree of Indigenous participation in their design and implementation (Tysiachniouk *et al.*, 2022). Evidence from Yakutia further indicates that shared governance can strengthen intercultural sustainability when local agency is recognized within institutional arrangements (Gavrilyeva *et al.*, 2021). Taken together, these findings show that traditional ecological knowledge should not be treated merely as supplementary environmental information, but as a legitimate foundation for territorial decision-making.

Despite these advances, significant legal and economic barriers continue to restrict Indigenous self-determination. Benefit-sharing mechanisms may improve distributive outcomes while leaving inequalities in decision-making power unresolved (Tysiachniouk *et al.*, 2020). International mechanisms such as Investor–State Dispute Settlement have also provided insufficient protection for Indigenous rights, particularly when investment interests conflict with territorial authority and community consent (Wang *et al.*, 2021). These tensions demonstrate that recognition, participation, and economic benefits are insufficient when communities lack effective control over their territories and institutions. From a social responsibility perspective, meaningful integration therefore requires the redistribution of decision-making power, legally enforceable territorial safeguards, and governance mechanisms that recognize Indigenous communities as collective rights holders rather than merely as beneficiaries of externally designed policies.

4.2. Decolonizing research, data governance, and education

The reviewed evidence indicates that decolonizing research requires transferring authority over data, knowledge, and research priorities from external institutions to Indigenous communities. The operationalization of the Collective Benefit, Authority to Control, Responsibility, and Ethics (CARE) principles contributes to this process by placing decisions concerning data access, use, and collective benefits under Indigenous governance (Carroll, Garba, *et al.*, 2022; Cummins *et al.*, 2023). The alignment of CARE with the Findable, Accessible, Interoperable, and Reusable (FAIR) principles provides a complementary framework in which technical interoperability and data accessibility are subordinated to collective rights and Indigenous political authority (Taitingfong *et al.*, 2024). This relationship demonstrates that making data technically accessible does not necessarily make its use ethical. Rather, ethical use depends on whether communities retain control over how their information is collected, interpreted, shared, and reused.

Decolonizing methodologies also translate normative principles into practical safeguards against extractive research. Community-developed ethical codes, such as the San Code, establish culturally grounded standards for consent, accountability, and the protection of collective interests (Schroeder *et al.*, 2020). Similarly, the recognition of Indigenous and other non-Western knowledge systems challenges research models that treat local knowledge as a supplementary source rather than as a legitimate epistemological foundation (Archer *et al.*, 2022). Legal protection of Indigenous territories also contributes to cultural continuity and the transmission of ancestral knowledge, although existing legal frameworks do not always incorporate the cultural dimensions required by Indigenous communities (Pereira de Alencar Mayer Feitosa & Guerra Barreto Gomes de Freitas, 2024). These findings suggest that decolonization cannot be achieved solely through procedural consultation; it requires communities to participate in defining research questions, methods, the interpretation of findings, and the distribution of benefits.

Education and capacity building constitute another dimension of this transformation. Indigenous-led partnerships can strengthen institutional legitimacy when communities participate in defining educational and conservation priorities (Baker *et al.*, 2023). Intercultural training and cultural safety instruments also improve institutional accountability and encourage more reflexive professional practices (Mashford-Pringle *et al.*, 2023). Education further supports the preservation of Indigenous languages, traditions and collective identities, particularly in contexts where cultural revitalization depends on community-led learning processes (Sleptsov, 2023). Nevertheless, university internationalization and other apparently inclusive educational initiatives may reproduce colonial relationships when they are implemented on Indigenous lands without recognizing community authority (Park & Francis, 2024). University social responsibility must therefore move beyond declarative commitments and address structural racism through coherent institutional policies and practices.

Taken together, the findings show that decolonizing research and education involves more than increasing Indigenous participation within existing institutional

structures. It requires redistributing authority over data, knowledge production, ethical oversight, and educational priorities. Training programs may improve cultural awareness, but they remain insufficient when Indigenous communities lack decision-making power and institutional autonomy (Leckey *et al.*, 2022). From a social responsibility perspective, meaningful progress should therefore be assessed through the extent of community control, the recognition of Indigenous knowledge systems, the equitable distribution of research benefits and the long-term strengthening of local capacities. Persistent gaps in implementation demonstrate that decolonizing principles have gained normative recognition, but their institutional application remains incomplete.

4.3. Culturally grounded healthcare and community well-being

The reviewed evidence indicates that culturally grounded healthcare strengthens not only access to and continuity of services but also their legitimacy within Indigenous communities. Culturally safe primary healthcare can reduce barriers to care when it recognizes community values, practices, and understandings of health (Butler *et al.*, 2022). Similarly, spaces that facilitate dialogue between Indigenous and Western knowledge systems can help address health inequalities by replacing one-directional service delivery with more collaborative relationships (Crowshoe *et al.*, 2021). Approaches such as Kaupapa Māori further broaden conventional conceptualizations of health by situating well-being within cultural, relational and collective dimensions (Barrett *et al.*, 2024). This interpretation is consistent with community-based research showing that social and cultural capital contribute to well-being and strengthen communities' capacity to respond to health-related challenges (Philip *et al.*, 2022).

Nevertheless, the effectiveness of culturally grounded care depends on its institutional implementation. The retention of healthcare professionals in Indigenous and regional settings requires working conditions that ensure cultural safety and support sustained engagement with communities (Deroy & Schütze, 2021). Ethnic minority populations also remain underrepresented in clinical trials, demonstrating that formal commitments to inclusion do not necessarily translate into equitable participation or culturally appropriate ethical safeguards (Muñoz del Carpio Toia *et al.*, 2022). Although social and emotional well-being models have improved access and the cultural relevance of services (Burchill *et al.*, 2023) and Aboriginal Health Research Ethics Committees have enhanced the relevance of research, their uneven implementation and limited institutional coverage have restricted their broader influence (Finlay *et al.*, 2023). These limitations suggest that culturally safe models cannot depend solely on isolated programs; they require stable funding, institutional recognition and meaningful community authority.

Methodologically, reflexive and co-designed approaches provide mechanisms for translating cultural safety into research and professional practice (Beks *et al.*, 2022; Carrigan *et al.*, 2023; Wright *et al.*, 2021). Innovations in professional education can also strengthen practitioners' capacity to work in culturally diverse contexts (McCann *et al.*, 2023). However, professional training alone is insufficient if health institutions continue to prioritize standardized models over community-defined needs. Culturally centered social and emotional well-being frameworks encourage participation by recognizing the social, emotional, and cultural determinants of health (Dudgeon *et al.*, 2023), while family-based strategies, context-sensitive care, and peer support initiatives reinforce community involvement and continuity of care (Oluwoye *et al.*, 2020; Toyama *et al.*, 2021; Van Herwaarden *et al.*, 2020). Ethical and policy frameworks should therefore incorporate Indigenous principles and culturally relevant social determinants throughout the design, implementation, and evaluation of health services (Celidwen *et al.*, 2023; Nash *et al.*, 2024).

Maternal and perinatal healthcare further illustrates the importance of connecting culturally responsive practice with community participation. Preventive cohort initiatives and professional mentoring programs can contribute to more continuous and contextually appropriate care (Biles *et al.*, 2024; Luke *et al.*, 2022). Similarly, community peer support and prenatal care informed by gender-responsive and rights-based perspectives can strengthen women's participation in decisions affecting their health (Carpio-Arias *et al.*, 2022; Toyama *et al.*, 2021). Taken together, these findings demonstrate that culturally grounded healthcare should not be understood as the superficial adaptation of conventional services. Rather, it requires the redistribution of decision-making authority, recognition of Indigenous knowledge systems and the sustained participation of communities. From a social responsibility perspective, health institutions should consequently be evaluated not only by the availability of services but also by their capacity to ensure cultural safety, equitable participation and improvements in collective well-being.

4.4. Corporate social responsibility and extractive industries

The reviewed evidence reveals the ambivalent role of CSR in extractive industries. In some contexts, CSR initiatives have contributed to environmental management, local development, benefit-sharing and collaborations

between companies, public institutions and indigenous communities. However, these outcomes appear to depend on the existence of strong community governance structures and the effective participation of affected populations in decision-making processes (Berman *et al.*, 2020; Tysiachniouk, 2020). Indigenous-led cross-sector partnerships can also promote stewardship, reconciliation and more accountable relationships between organizations and communities when the latter participate not merely as beneficiaries but as actors with authority over the design, implementation and evaluation of initiatives

Nevertheless, the existence of CSR programs does not in itself guarantee equitable outcomes. In mining contexts, environmental improvements may coexist with limited local employment and the continued exclusion of surrounding communities from economic opportunities (Muhammad *et al.*, 2024). Similarly, CSR practices can combine restricted forms of inclusion with persistent structural inequalities when corporate priorities prevail over territorial rights and meaningful participation (Pereira *et al.*, 2021). The effectiveness of CSR should therefore not be inferred from the number of programs implemented or the resources invested. Instead, it should be assessed according to whether these initiatives produce verifiable changes in community well-being, territorial protection, access to employment, and decision-making power.

A recurrent concern is that CSR may function as a strategy for institutional or corporate legitimacy rather than as a mechanism for social transformation. Evidence from Russia indicates that CSR can reinforce state legitimacy while overlooking the needs and rights of nomadic Indigenous peoples (Limon & Tasik, 2024). In other settings, CSR associated with sport has been found to obscure colonial harms and strengthen the legitimacy of extractive activities (Latino *et al.*, 2022). The structural marginalization of ethnic communities in heritage and urban development initiatives similarly demonstrates that their symbolic inclusion does not necessarily entail substantive influence over policies or projects (Suhaimi & Bustami, 2024). Taken together, these findings distinguish community-centered responsibility from reputational forms of CSR that incorporate ethnic minorities into institutional narratives without redistributing authority or resources.

4.5. Scientific and practical implications, limitations, and future research

From a scientific perspective, this review contributes an integrated framework for understanding a body of evidence that has remained dispersed across public health, environmental studies, governance, education, ethics, law, and the social sciences. From a practical perspective, the findings can support public institutions, private organizations, researchers, and community actors in developing culturally responsive policies and interventions. These initiatives should establish shared decision-making mechanisms, incorporate culturally relevant evaluation indicators, protect collective knowledge and data, and ensure that participation produces verifiable changes in resource allocation, institutional governance, and community well-being.

This review has limitations. The search was restricted to Scopus and Web of Science and included only open-access publications, which may have excluded relevant studies indexed in regional databases or available through subscription. The marked concentration of publications in Australia, the United States, and Canada limits the transferability of the findings to Latin American, African, and Asian contexts. In addition, the methodological and conceptual heterogeneity of the studies restricted direct comparisons across sectors and countries. Future studies should expand the search to regional and specialized databases, include publications in languages other than English, and examine the long-term outcomes of social responsibility initiatives through comparative and longitudinal designs. Further studies are also needed to develop indicators capable of distinguishing symbolic participation from effective community control and to strengthen evidence concerning Afro-descendant and other underrepresented ethnic communities.

5. Conclusions

The systematic review of 76 studies published between 2020 and 2024 identified four interconnected areas of advancement in social responsibility and the inclusion of Indigenous peoples and ethnic minorities: self-governance and territorial rights; decolonizing research, data governance and education; culturally grounded healthcare and community well-being; and CSR in extractive industries. Across these areas, the findings indicate that social responsibility acquires substantive meaning when cultural recognition is accompanied by community participation, collective authority, and control over the decisions, resources, and knowledge that affect ethnic communities.

Regarding governance and territorial rights, the main advances were associated with autonomous Indigenous leadership, community participation in decision-making and the recognition of traditional ecological knowledge. Community-led conservation, shared governance and benefit-sharing arrangements strengthened self-determination, territorial sustainability and cultural

continuity. These findings indicate that the inclusion of Indigenous peoples is strengthened when communities participate as collective rights holders and exercise effective authority over their institutions, territories, and development priorities.

In research, data governance and education, the CARE Principles, their alignment with FAIR, Indigenous ethical codes, and community-controlled research strengthened data sovereignty and collective control over knowledge production. Decolonizing approaches expanded the role of Indigenous communities in defining research priorities, methodological design, ethical oversight and the interpretation of findings. Community-led partnerships, intercultural education and culturally responsive approaches also contributed to the preservation of languages, knowledge systems and collective identities.

In healthcare, culturally safe and co-designed models strengthened access, continuity of care, community trust and the cultural relevance of health services. Indigenous ethics committees, social and emotional well-being frameworks, family-based interventions and community peer support initiatives incorporated collective, relational and cultural understandings of health. The reviewed evidence therefore confirms that community well-being extends beyond individual clinical outcomes and encompasses cultural identify, family relationships, social participation, and connections to community and territory.

Corporate social responsibility initiatives in extractive contexts contributed to environmental management, local development, cross-sector collaboration, and community benefit-sharing. Their most substantive achievements were observed when Indigenous and ethnic communities participated in governance, environmental monitoring and the distribution of benefits. Overall, the findings establish that advances in social responsibility are defined by the transition from symbolic inclusion to forms of participation grounded in self-determination, cultural recognition, shared authority and collective well-being.

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The authors declare that they have no competing interests.

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References

Abolins-Thompson, H., Henare, K. L., Simonson, B., Chaffin, M., Ellinor, P. T., Henry, C., Haimona, M., Aitken, J., Parai, T., Elkington, B., Rongo, M., Danielson, K. M., & Leask, M. P. (2024). Culturally responsive strategies and practical considerations for live tissue studies in Māori participant cohorts. *Frontiers in Research Metrics and Analytics, 9*, 1468400.

https://doi.org/10.3389/frma.2024.1468400

Adcock, A., Cram, F., Edmonds, L., & Lawton, B. (2021). He Tamariki Kokoti Tau: Families of Indigenous infants talk about their experiences of preterm birth and neonatal intensive care. *International Journal of Environmental Research and Public Health, 18*(18), 9835.

https://doi.org/10.3390/ijerph18189835

Akhmar, A. M., Rahman, F., Supratman, S., Hasyim, H., & Nawir, M. (2022). Poured from the sky: The story of traditional ecological knowledge in Cérékang forest conservation. *Forest and Society, 6*(2), 527–546.

https://doi.org/10.24259/fs.v6i2.15176

Alam, A., Mellinia, R., Ratnasari, R. T., & Mawardi, I. (2024). Analysis of halal ecotourism digital campaigns in a mosque by an online environmental community. *International Journal of Sustainable Development and Planning, 19*(7), 2651–2659.

https://doi.org/10.18280/ijsdp.190721

Archer, L. J., Müller, H. S., Jones, L. P., Ma, H., Gleave, R. A., da Silva Cerqueira, A., McMurdo Hamilton, T., & Shennan-Farpón, Y. (2022). Towards fairer conservation: Perspectives

and ideas from early-career researchers. *People and Nature, 4*(3), 612–626.

https://doi.org/10.1002/pan3.10309

Bailie, J., Laycock, A. F., Conte, K. P., Matthews, V., Peiris, D., Bailie, R. S., Abimbola, S., Passey, M. E., Cunningham, F. C., Harkin, K., & Bainbridge, R. G. (2021). Principles guiding ethical research in a collaboration to strengthen Indigenous primary healthcare in Australia: Learning from experience. *BMJ Global Health, 6*(1), e003852.

https://doi.org/10.1136/bmjgh-2020-003852

Baker, M., Cutcher, L., & Ormiston, J. (2023). The Bundian Way: An Indigenous-led cross-sector partnership in place through time. *Journal of Business Ethics, 184*(4), 877–894.

https://doi.org/10.1007/s10551-023-05363-7

Baldwin, J., Alvarado, A., Jarratt, K., Hunter, A., Keene, C., Castagno, A., Ali-Joseph, A., Roddy, J., Begay, M., Joseph, D., Goldtooth, C., Camplain, C., Smith, M., McCue, K., Begay, A., & Teufel-Shone, N. (2023). Understanding resilience and mental well-being in Southwest Indigenous Nations and the impact of COVID-19: Protocol for a multimethods study. *JMIR Research Protocols, 12*, e44727.

https://doi.org/10.2196/44727

Ban, N. C., Wilson, E., & Neasloss, D. (2020). Historical and contemporary Indigenous marine conservation strategies in the North Pacific. *Conservation Biology, 34*(1), 5–14.

https://doi.org/10.1111/cobi.13432

Barquero Morales, W. G. (2022). Análisis de PRISMA como metodología para revisión sistemática: Una aproximación general. *Saúde em Redes, 8*(sup1), 339–360.

https://doi.org/10.18310/2446-4813.2022v8nsup1p339-360

Barrett, N. M., Burrows, L., Atatoa-Carr, P., & Smith, L. T. (2024). Reflections on the co-design process of a holistic assessment tool for a Kaupapa Māori antenatal wānanga (workshop). *Kōtuitui: New Zealand Journal of Social Sciences Online, 19*(3), 217–237.

https://doi.org/10.1080/1177083X.2023.2236685

Batt, F. (2021). The repatriation of African heritage: Shutting the door on the imperialist narrative. *African Human Rights Yearbook, 5*, 328–350.

https://doi.org/10.29053/2523-1367/2021/v5a15

Beks, H., Amos, T., Bell, J., Ryan, J., Hayward, J., Brown, A., McKenzie, C., Allen, B., Ewing, G., Hudson, K., Clark, R., Morphett, B., Allender, S., Creighton, D., Johnstone, M., & Versace, L. (2022). Participatory research with a rural Aboriginal Community Controlled Health Organisation: Lessons learned using the CONSIDER statement. *Rural and Remote Health, 22*(1), 6740.

https://doi.org/10.22605/RRH6740

Bergman, A. (2022). The ethics and politics of world heritage: Local application at the site of Laponia. *Journal of Global Ethics, 18*(2), 286–305.

https://doi.org/10.1080/17449626.2022.2071963

Berman, M., Loeffler, R., & Schmidt, J. I. (2020). Long-term benefits to Indigenous communities of extractive industry partnerships: Evaluating the Red Dog Mine. *Resources Policy, 66*, 101609.

https://doi.org/10.1016/j.resourpol.2020.101609

Biles, B., Christian, B., Marshall, C., McMillan, F., Sara, G., Anderson, J., Davies, N., Fealy, S., & Biles, J. (2024). 'DANMM that's good!': Evaluating the feasibility and acceptability of the Deadly Aboriginal and Torres Strait Islander Nursing and Midwifery Mentoring (DANMM) Programme across rural, regional and metropolitan NSW—a collaborative study protocol. *BMJ Open, 14*(2), e079416.

https://doi.org/10.1136/bmjopen-2023-079416

Bradley, K., Smith, R., Hughson, A., Atkinson, D., Bessarab, D., Flicker, L., Radford, K., Smith, K., Strivens, E., Thompson, S., Blackberry, I., & Logiudice, D. (2020). Let's CHAT (community health approaches to) dementia in Aboriginal and Torres Strait Islander communities: Protocol for a stepped wedge cluster randomised controlled trial. *BMC Health Services Research, 20*(1).

https://doi.org/10.1186/s12913-020-4985-1

Bryant, J., Roberts, K., Mills, Z., Booth, K., Foster, J., Mersha, A. G., Maddox, R., Chamberlain, C., Bonevski, B., Segan, C., Taylor, N., & Kennedy, M. (2024). Mailed smoking cessation support for Aboriginal and Torres Strait Islander people who smoke: Protocol for a hybrid type 1 effectiveness—implementation trial. *BMJ Open, 14*(12), e088501.

https://doi.org/10.1136/bmjopen-2024-088501

Burchill, L. J., Kotevski, A., Duke, D. L. M., Ward, J. E., Prictor, M., Lamb, K. E., & Kennedy, M. (2023). Ethics guidelines use and Indigenous governance and participation in Aboriginal and Torres Strait Islander health research: A national survey. *Medical Journal of Australia, 218*(2), 89–93.

https://doi.org/10.5694/mja2.51757

Butler, D., Clifford, A., Mathew, S., Nelson, C., Brown, R., Gardner, K., Turner, L., Coombe, L., Roe, Y., Gao, Y., & Ward, J. (2022). Study protocol: Primary healthcare transformation through patient-centred medical homes—Improving access, relational care and outcomes in an urban Aboriginal and Torres Strait Islander population, a mixed methods prospective cohort study. *BMJ Open, 12*(9), e061037.

https://doi.org/10.1136/bmjopen-2022-061037

Canevelli, M., Lacorte, E., Cova, I., Cascini, S., Bargagli, A. M., Angelici, L., Giusti, A., Pomati, S., Pantoni, L., & Vanacore, N. (2020). Dementia among migrants and ethnic minorities in Italy: Rationale and study protocol of the ImmiDem project. *BMJ Open, 10*(1), e032765.

https://doi.org/10.1136/bmjopen-2019-032765

Carpio-Arias, T. V., Verdezoto, N., Guijarro-Garvi, M., Abril-Ulloa, V., Mackintosh, N., Eslambolchilar, P., & Ruíz-Cantero, M. T. (2022). Healthcare professionals' experiences and perceptions regarding health care of Indigenous pregnant women in Ecuador. *BMC Pregnancy and Childbirth, 22*, 101.

https://doi.org/10.1186/s12884-022-04432-5

Carrigan, A., Austin, E. E., Clay-Williams, R., Hibbert, P. D., Maka, K., Holden, N., Grigg, S., Loy, G., & Braithwaite, J. (2023). Birang Daruganora: A protocol for a qualitative study to elicit Aboriginal and Torres Strait Islander community views about cultural needs and experiences for a new Australian health facility. *BMJ Open, 13*(4), e069951.

https://doi.org/10.1136/bmjopen-2022-069951

Carroll, S. R., Garba, I., Figueroa-Rodríguez, O. L., Holbrook, J., Lovett, R., Materechera, S., Parsons, M., Raseroka, K., Rodriguez-Lonebear, D., Rowe, R., Sara, R., Walker, J. D., Anderson, J., & Hudson, M. (2020). The CARE principles for Indigenous data governance. *Data Science Journal, 19*, Article 43.

https://doi.org/10.5334/dsj-2020-043

Carroll, S., Garba, I., Plevel, R., Small-Rodriguez, D., Hiratsuka, V. Y., Hudson, M., & Garrison, N. A. (2022). Using Indigenous standards to implement the CARE principles: Setting expectations through tribal research codes. *Frontiers in Genetics, 13*, 823309.

https://doi.org/10.3389/fgene.2022.823309

Carroll, S., Plevel, R., Jennings, L., Garba, I., Sterling, R., Cordova-Marks, F. M., Hiratsuka, V., Hudson, M., & Garrison, N. A. (2022). Extending the CARE principles from tribal research policies to benefit sharing in genomic research. *Frontiers in Genetics, 13*, 1052620.

https://doi.org/10.3389/fgene.2022.1052620

Celidwen, Y., Redvers, N., Githaiga, C., Calambás, J., Añaños, K., Chindoy, M., Vitale, R., Rojas, J., Mondragón, D., Rosalío, Y., & Sacbajá, A. (2023). Ethical principles of traditional Indigenous medicine to guide Western psychedelic research and practice. *The Lancet Regional Health – Americas, 18*, 100410.

https://doi.org/10.1016/j.lana.2022.100410

Chaudhry, S., Crick, D., & Crick, J. M. (2023). I'll be there for you: Coopetition and competitor-oriented activities among South Asian restaurants in two UK regional clusters. *International Journal of Entrepreneurial Behavior & Research, 29*(9–10), 1973–2004.

https://doi.org/10.1108/IJEBR-08-2022-0694

Christie, V., Rice, M., Dracakis, J., Green, D., Amin, J., Littlejohn, K., Pyke, C., McCowen, D., & Gwynne, K. (2022). Improving breast cancer outcomes for Aboriginal women: A mixed-methods study protocol. *BMJ Open, 12*(1), e048003.

https://doi.org/10.1136/bmjopen-2020-048003

Chung, J., Keaulana, S., Ho, I., Deitschman, K., Vegas, K., Keli'iholokai, L., Rogerson, I., Radovich, T., Ho, K., Ho, H., & Antonio, K. (2022). Waimānalo Pono Research: Indigenizing community-engaged research with a Native Hawaiian community. *Genealogy, 6*(4), 90.

https://doi.org/10.3390/genealogy6040090

Cooke, P., Fahey, M., Ens, E. J., Raven, M., Clarke, P. A., Rossetto, M., & Turpin, G. (2022). Applying biocultural research protocols in ecology: Insider and outsider experiences from Australia. *Ecological Management & Restoration, 23*(S1), 64–74.

https://doi.org/10.1111/emr.12545

Crocetti, A. C., Walker, T., Mitchell, F., Sherriff, S., Hill, K., Paradies, Y., Backholer, K., & Browne, J. (2024). Making big business everybody's business: Aboriginal leaders' perspectives on commercial activities influencing Aboriginal health in Victoria, Australia. *Globalization and Health, 20*(1).

https://doi.org/10.1186/s12992-024-01038-8

Crooks, K., Law, C., Taylor, K., Brett, K., Murray, P., Kohlhagen, J., Hope, K., & Durrheim, N. (2023). Embedding Aboriginal cultural governance, capacity, perspectives and leadership into a local Public Health Unit Incident Command System during COVID-19 in New South Wales, Australia. *BMJ Global Health, 8*(7), e012709.

https://doi.org/10.1136/bmjgh-2023-012709

Crowshoe, L., Sehgal, A., Montesanti, S., Barnabe, C., Kennedy, A., Murry, A., Roach, P., Green, M., Bablitz, C., Tailfeathers, E., & Henderson, R. (2021). The Indigenous primary health care and policy research network: Guiding innovation within primary health care with Indigenous peoples in Alberta. *Health Policy, 125*(6), 725–731.

https://doi.org/10.1016/j.healthpol.2021.02.007

Cummins, J., Soto, A., Anderson, J., Gosart, U., Ward, A., & Carroll, R. (2023). Enhancing stewardship of Indigenous Peoples' data, information, and knowledges in libraries and archives through Indigenous data governance. *Library Trends, 72*(1), 13–47.

https://doi.org/10.1353/lib.2023.a938211

Deal, A., Hayward, S. E., Huda, M., Knights, F., Crawshaw, A. F., Carter, J., Hassan, O. B., Farah, Y., Ciftci, Y., Rowland-Pomp, M., Rustage, K., Goldsmith, L., Hartmann, M., Mounier-Jack, S., Burns, R., Miller, A., Wurie, F., Campos-Matos, I., Majeed, A., & Hargreaves, S. (2021). Strategies and action points to ensure equitable uptake of COVID-19 vaccinations: A national qualitative interview study to explore the views of undocumented migrants, asylum seekers, and refugees. *Journal of Migration and Health, 4*, 100050.

https://doi.org/10.1016/j.jmh.2021.100050

Deroy, S., & Schütze, H. (2021). Factors supporting retention of health and wellbeing staff in Aboriginal health services: A strength-based case study. *Human Resources for Health,*

19(1).

https://doi.org/10.1186/s12960-021-00557-4

Diantini, A., Pappalardo, S., Powers, T., Codato, D., Fera, G., Heredia-R, M., Facchinelli, F., Crescini, E., & De Marchi, M. (2020). Is this a real choice? Critical exploration of the social license to operate in the oil extraction context of the Ecuadorian Amazon. *Sustainability, 12*(20), 8416.

https://doi.org/10.3390/su12208416

Diver, S., Blaich Vaughan, M., & Baker-Medard, M. (2024). Collaborative care in environmental governance: Restoring reciprocal relations and community self-determination. *Ecology and Society, 29*(1), 7.

https://doi.org/10.5751/ES-14488-290107

Dudgeon, P., Carlin, E., Derry, K., Alexi, J., Mitchell, M., & Agung, P. (2023). Evaluating a social and emotional well-being model of service piloted in Aboriginal Community Controlled Health Services in Western Australia: An Aboriginal participatory action research approach. *BMJ Open, 13*(10), e075260.

https://doi.org/10.1136/bmjopen-2023-075260

Dussel, E. (2000). Europa, modernidad y eurocentrismo. In E. Lander (Ed.), *La colonialidad del saber: Eurocentrismo y ciencias sociales. Perspectivas latinoamericanas* (pp. 41–53). CLACSO. Clacso Library

Egede, E., Walker, R., Williams, S., Knapp, R., Dismuke, E., Davidson, T., & Campbell, A. (2020). Financial incentives and nurse coaching to enhance diabetes outcomes (FINANCE-DM): A trial protocol. *BMJ Open, 10*(12), e043760.

https://doi.org/10.1136/bmjopen-2020-043760

Elhinnawy, H. (2023). Decolonising the curriculum: Students' perspectives in criminology. *Race Ethnicity and Education, 26*(5), 663–679.

https://doi.org/10.1080/13613324.2022.2154374

Farmer, N., Osei Baah, F., Williams, F., Ortiz-Chapparo, E., Mitchell, V. M., Jackson, L., Collins, B., Graham, L., Wallen, G. R., Powell-Wiley, T. M., & Johnson, A. (2022). Use of a community advisory board to build equitable algorithms for participation in clinical trials: A protocol paper for HoPeNET. *BMJ Health & Care Informatics, 29*(1), e100453.

https://doi.org/10.1136/bmjhci-2021-100453

Finlay, S. M., Doyle, M., & Kennedy, M. (2023). Aboriginal and Torres Strait Islander Human Research Ethics Committees (HRECs) are essential in promoting our health and wellbeing. *Public Health Research & Practice, 33*(2).

https://doi.org/10.17061/phrp3322312

Gavrilyeva, T. N., Yakovleva, N. P., Boyakova, S. I., & Ivanova, M. A. (2021). Corporate social responsibility in the course of industrial development of Yakutia: Last decade experience. *Arktika: Ekologia i Ekonomika, 11*(1), 122–134.

https://doi.org/10.25283/2223-4594-2021-1-122-134

Gillon, A., & Pausé, C. (2022). Korero Momona, Korero a Hauora: A Kaupapa Maori and fat studies discussion of fatness, health and healthism. *Fat Studies, 11*(1), 8–21.

https://doi.org/10.1080/21604851.2021.1906525

Gómez, D. V. F., da Silva de Almeida, W., de Souza Junior, P. R. B., de Fátima Costa Lopes, M., de Albuquerque Luna, E. J., Zimmermann, I. R., Tavares, N. U. L., Gutierrez, M. M. U., & Szwarcwald, C. L. (2024). Prevalence of trachoma in Indigenous and non-Indigenous areas, Northeastern Brazil, 2019–2021. *Revista Panamericana de Salud Pública, 48*, e19.

https://doi.org/10.26633/RPSP.2024.19

Gould, S., Ryan, M., Kumar, R., Stevenson, C., Carson, V., Oldmeadow, C., Foster, J., Deeming, S., Boydell, K., Doran, C. M., Searles, A., Mattes, J., Atkins, L., & Clarke, M. (2022). SISTAQUIT: Training health care providers to help pregnant Aboriginal and Torres Strait Islander women quit smoking. A cluster randomised controlled trial. *Medical Journal of Australia, 217*(1), 36–42.

https://doi.org/10.5694/mja2.51604

Gupta, N., Martindale, A., Supernant, K., & Elvidge, M. (2023). The CARE principles and the reuse, sharing, and curation of Indigenous data in Canadian archaeology. *Advances in Archaeological Practice, 11*(1), 76–89.

https://doi.org/10.1017/aap.2022.33

Jull, J., King, A., King, M., Graham, D., Ninomiya, M., Jacklin, K., Moody, P., & Moore, E. (2020). A principled approach to research conducted with Inuit, Métis, and First Nations people: Promoting engagement inspired by the CIHR Guidelines for Health Research Involving Aboriginal People (2007–2010). *International Indigenous Policy Journal, 11*(2), 1–30.

https://doi.org/10.18584/iipj.2020.11.2.10635

Kairuz, C., Hunter, K., Bennett-Brook, K., Ryder, C., Holland, A. J. A., Mackean, T., Jacques, M., Maze, D., Scarcella, M., Briscoe, K., & Coombes, J. (2023). Codesigning informative resources for families of Aboriginal and Torres Strait Islander children who sustained a burn injury: A protocol for a participatory action research study. *BMJ Open, 13*(5), e068530.

https://doi.org/10.1136/bmjopen-2022-068530

Kamelamela, K. L., Springer, H. K., Ku'ulei Keakealani, R., Ching, M. U., Ticktin, T., Ohara, R. D., Parsons, E. W., Adkins, E. D., Francisco, K. S., & Giardina, C. (2022). Kōkua aku, kōkua mai: An Indigenous consensus-driven and place-based approach to community-led dryland restoration and stewardship. *Forest Ecology and Management, 506*, 119949.

https://doi.org/10.1016/j.foreco.2021.119949

Kennedy, M., Mersha, A. G., Maddox, R., Chamberlain, C.,

Maidment, S., O'Mara, P., Segan, C., Hunt, M., Clarke, K., Donaldson, B., & Bonevski, B. (2022). Koori Quit Pack mailout smoking cessation support for Aboriginal and Torres Strait Islander people who smoke: A feasibility study protocol. *BMJ Open, 12*(10), e065316.

https://doi.org/10.1136/bmjopen-2022-065316

King, P. T., & Cormack, D. (2022). 'It feels special when you're Māori'—Voices of mokopuna Māori aged 6 to 13 years. *Journal of the Royal Society of New Zealand, 52*(4), 376–395.

https://doi.org/10.1080/03036758.2022.2064520

Latino, S., Giles, R., Rynne, S., & Hayhurst, L. (2022). Extractives companies' social media portrayals of their funding of sport for development in Indigenous communities in Canada and Australia. *Communication & Sport, 10*(6), 1188–1209.

https://doi.org/10.1177/21674795211069578

Leckey, R., Schmieder-Gropen, R., Nnebe, C., & Clouthier, M. (2022). Indigenous parents and child welfare: Mistrust, epistemic injustice, and training. *Social & Legal Studies, 31*(4), 559–579.

https://doi.org/10.1177/09646639211041476

Liew, C., & Lipscombe, A. (2023). Transforming Indigenous knowledges stewardship praxis through an ethics of care. *Proceedings of the Association for Information Science and Technology, 60*(1), 646–650.

https://doi.org/10.1002/pra2.832

Limon, O., & Tasik, H. T. (2024). Some considerations regarding corporate social responsibility in the Yamalo-Nenets Autonomous Okrug, Russia. *Polar Research, 43*, 8723.

https://doi.org/10.33265/polar.v43.8723

Lopes, M., Siqueira, N., Gonçalves, G., & Da Silva, C. (2021). Sobre la modernidad y el otro en la obra *Islands of decolonial love* de Leanne Simpson. *Logos: Revista de Lingüística, Filosofía y Literatura, 31*(2), 394–407.

https://doi.org/10.15443/RL3123

Luke, C. R., Benfer, K., Mick-Ramsamy, L., Ware, R. S., Reid, N., Bos, A. F., Bosanquet, M., & Boyd, R. N. (2022). Early detection of Australian Aboriginal and Torres Strait Islander infants at high risk of adverse neurodevelopmental outcomes at 12 months corrected age: LEAP-CP prospective cohort study protocol. *BMJ Open, 12*(1), e053646.

https://doi.org/10.1136/bmjopen-2021-053646

Luque, A., & Casado, F. (2020). Public strategy and eco-social engagement in Latin American states: An analysis of complex networks arising from their constitutions. *Sustainability, 12*(20), 8558.

https://doi.org/10.3390/su12208558

Macêdo, D. J., Pinto, E. M., Paiva, G. C., Schiessl, I. T., Vechi, B. D., & Shintaku, M. (2024). Initial dialogue: CARE principles in the adaptation of Indigenous health data by the Indigenous Health Secretariat in the context of the Brazilian open government. *Ciência da Informação, 53*(3).

https://doi.org/10.18225/ci.inf.v53i3.7224

Magazzini, T. (2024). When ethnicity is "national": Mapping ethnic minorities in Europe's Framework Convention for the Protection of National Minorities. *Ethnic and Racial Studies, 47*(9), 1812–1833.

https://doi.org/10.1080/01419870.2024.2328338

Maikuri, A. B., Shanker, V., & Hopson, R. K. (2022). Hauwezi kuvuka ziwa hadi uwe na ujasiri wa kutouona urefu wa pwani: Made in Africa Evaluation as courageous conversation. *African Evaluation Journal, 10*(1).

https://doi.org/10.4102/aej.v10i1.625

Manuel, J., Crengle, S., Crowe, M., Lacey, C., Cunningham, R., Clark, M., Petrović-van der Deen, F. S., Porter, R., & Pitama, S. (2024). Institutional pathways to psychosis for Indigenous Māori: A qualitative exploration of experiences. *SSM - Qualitative Research in Health, 5*, 100435.

https://doi.org/10.1016/j.ssmqr.2024.100435

Mashford-Pringle, A., Tan, S., Stutz, S., & Tjong, G. (2023). Designing accountability measures for health professionals: Results from a community-based micro-credential: Case study on Indigenous cultural safety. *BMC Public Health, 23*, 879.

https://doi.org/10.1186/s12889-023-15721-9

McCann, J., Lau, W. M., Husband, A., Todd, A., Sile, L., Doll, A. K., Varia, S., & Robinson-Barella, A. (2023). 'Creating a culturally competent pharmacy profession': A qualitative exploration of pharmacy staff perspectives of cultural competence and its training in community pharmacy settings. *Health Expectations, 26*(5), 1941–1953.

https://doi.org/10.1111/hex.13803

McCurry, P. (2020). Section 35 legal framework: Implications for evaluation. *Canadian Journal of Program Evaluation, 34*(3), 400–412.

https://doi.org/10.3138/cjpe.69006

Meikle, P., & Morris, L. (2022). University social responsibility: Challenging systemic racism in the aftermath of George Floyd's murder. *Administrative Sciences, 12*(1), 36.

https://doi.org/10.3390/admsci12010036

Mejía Navarrete, J. (2016). *América Latina, modernidad y conocimiento: El desarrollo de otro discurso epistémico*. Fondo Editorial de la Facultad de Ciencias Sociales, Universidad Nacional Mayor de San Marcos.

Meldrum, K., Andersson, E., Sagigi, B., Webb, T., Wapau, C., Quigley, R., Strivens, E., & Russell, S. (2022). How Australian First Nations peoples living in the Torres Strait and Northern Peninsula Area of Australia describe and discuss social and emotional well-being: A qualitative study protocol. *BMJ*

Open, 12(12), e067052.

https://doi.org/10.1136/bmjopen-2022-067052

Meshcheryakov, A. Yu. (2023). Frontier case of the railroad technician Luzhanskiy: Casus of direct violence in Manchuria (1901). *Journal of Frontier Studies, 8*(2), 133–153.

https://doi.org/10.46539/jfs.v8i2.472

Mignolo, W. D. (2001). Colonialidad del poder y subalternidad. In I. Rodríguez (Ed.), *Convergencia de tiempos: Estudios subalternos/contextos latinoamericanos. Estado, cultura, subalternidad* (pp. 155–184). Rodopi.

Milligan, E., West, R., Saunders, V., Bialocerkowski, A., Creedy, D., Minniss, F. R., Hall, K., & Vervoort, S. (2021). Achieving cultural safety for Australia's First Peoples: A review of the Australian Health Practitioner Regulation Agency-registered health practitioners' codes of conduct and codes of ethics. *Australian Health Review, 45*(4), 398–406.

https://doi.org/10.1071/AH20215

Morigi, V. J., & Fornos, A. M. G. (2020). Direito à memória: A Comissão Nacional da Verdade brasileira e as narrativas dos povos indígenas na construção da cidadania. *Informação & Sociedade: Estudos, 30*(2).

https://doi.org/10.22478/ufpb.1809-4783.2020v30n2.52156 UFPB Periodicals

Muhammad, S., Arifin, S., Syam, R., Tamma, S., Hans, A., Hanami, Z. A., & Putra, B. A. (2024). Corporate social responsibility programs in mining areas: Insights from stakeholder groups in Indonesia. *Cogent Social Sciences, 10*(1), 2357675.

https://doi.org/10.1080/23311886.2024.2357675

Muñoz del Carpio-Toia, A., Herrera-Añazco, P., Benites-Zapata, V. A., Oliveira, L. E., Da Cunha Oliveira, C. C., Velasco Cañas, D. F., Mendoza Duran, J. G., & Casas Patiño, D. (2022). Ethic Policy Forum: Inclusión de minorías étnicas latinoamericanas en los ensayos clínicos. *Revista del Cuerpo Médico Hospital Nacional Almanzor Aguinaga Asenjo, 15*(3), 422–433.

https://doi.org/10.35434/rcmhnaaa.2022.153.1412

Nash, K., Gwynne, K., Dimitropoulos, Y., Fitzpatrick, M., Gunasekera, H., Halvorsen, L., Kong, K., Lumby, N., MacNiven, R., Parter, C., Wingett, A., & McMahon, C. (2024). INdigenous Systems and Policies Improved and Reimagined for Ear and hearing care (INSPIRE): A multi-method study protocol. *BMJ Open, 14*(1), e079850.

https://doi.org/10.1136/bmjopen-2023-079850

Neto, M. G. (2022). A Década Internacional das Línguas Indígenas e as línguas em uso pelos povos indígenas brasileiros: Contribuições da Linguística Aplicada. *DELTA: Documentação de Estudos em Linguística Teórica e Aplicada, 38*(4), 202259462.

https://doi.org/10.1590/1678-460X202259462 SciELO

O'Brien, M., Duerr, R., Taitingfong, R., Martinez, A., Vera, L., Jennings, L. L., Downs, R. R., Antognoli, E., ten Brink, T., Halmai, N. B., David-Chavez, D., Carroll, S. R., Hudson, M., & Buttigieg, P. L. (2024). Earth science data repositories: Implementing the CARE principles. *Data Science Journal, 23*, Article 37.

https://doi.org/10.5334/dsj-2024-037

Okpechi, G., Hariramani, K., Sultana, N., Ghimire, A., Zaidi, D., Muneer, S., Tinwala, M. M., Ye, F., Sebastianski, M., Abdulrahman, A., Braam, B., Jindal, K., Khan, M., Klarenbach, S., Shojai, S., Thompson, S., & Bello, A. K. (2022). The impact of community-based nonpharmacological interventions on cardiovascular and kidney disease outcomes in remote dwelling Indigenous communities: A scoping review protocol. *PLOS ONE, 17*(6), e0269839.

https://doi.org/10.1371/journal.pone.0269839

Oluwoye, O., Dyck, D., McPherson, S. M., Lewis-Fernández, R., Compton, M. T., McDonell, M. G., & Cabassa, L. J. (2020). Developing and implementing a culturally informed FAmily Motivational Engagement Strategy (FAMES) to increase family engagement in first episode psychosis programs: Mixed methods pilot study protocol. *BMJ Open, 10*(8), e036907.

https://doi.org/10.1136/bmjopen-2020-036907

Park, H., & Francis, M. (2024). Fraught subjects: Decolonial approaches to racialized international students as «settlers of colour in the making». *Ethnic and Racial Studies, 47*(1), 212–233.

https://doi.org/10.1080/01419870.2023.2211649

Paton, A. (2020). Fairness, ethnicity, and COVID-19 ethics: A discussion of how the focus on fairness in ethical guidance during the pandemic discriminates against people from ethnic minority backgrounds. *Journal of Bioethical Inquiry, 17*(4), 595–600.

https://doi.org/10.1007/s11673-020-09999-2

Pereira, V., Tuffour, J., Patnaik, S., Temouri, Y., Malik, A., & Singh, S. K. (2021). The quest for CSR: Mapping responsible and irresponsible practices in an intra-organizational context in Ghana's gold mining industry. *Journal of Business Research, 135*, 268–281.

https://doi.org/10.1016/j.jbusres.2021.06.024

Pereira de Alencar Mayer Feitosa, M. L., & Guerra Barreto Gomes de Freitas, A. F. (2024). Dimensión intertemporal del derecho a la propiedad colectiva y el derecho a la cultura: Caso "Pueblo indígena Xucuru y sus miembros vs. Brasil" ante la CIDH. *Nuevo Derecho, 20*(35), 1–18.

https://doi.org/10.25057/2500672X.1632 Revistas IUE

Philip, J., Newman, J., Bifelt, J., Brooks, C., & Rivkin, I. (2022). Role of social, cultural and symbolic capital for youth and community wellbeing in a rural Alaska Native community. *Children and Youth Services Review, 137*, 106459.

https://doi.org/10.1016/j.childyouth.2022.106459

Plamondon, K., & Neufeld, V. (2022). Are we there yet? Principles in advancing equity through global public health research. *Canadian Journal of Public Health, 113*(2), 178–183.

https://doi.org/10.17269/s41997-022-00624-w

Poirier, B., & Neufeld, H. T. (2023). "We need to live off the land": An exploration and conceptualization of community-based Indigenous food sovereignty experiences and practices. *International Journal of Environmental Research and Public Health, 20*(5), 4627.

https://doi.org/10.3390/ijerph20054627

Quijano, A. (1999). Colonialidad del poder, cultura y conocimiento en América Latina. *Crítica Cultural en Latinoamérica: Paradigmas Globales y Enunciados Locales, 24*(51), 137–148. https://www.jstor.org/stable/41491587

Quijano, A. (2000). Colonialidad del poder, eurocentrismo y América Latina. In E. Lander (Ed.), *La colonialidad del saber: Eurocentrismo y ciencias sociales. Perspectivas latinoamericanas* (pp. 201–246). CLACSO. https://biblioteca-repositorio.clacso.edu.ar/bitstreams/c1c0341c-02a6-4343-b66b-d62faabc615f/download

Quijano, A. (2009). *Colonialidad del poder y des/colonialidad del poder*. XXVII Congreso de la Asociación Latinoamericana de Sociología. https://ceapedi.com.ar/Imagenes/Biblioteca/libreria/51.pdf

Quijano, A. (2011). Colonialidad del poder y clasificación social. *Contextualizaciones Latinoamericanas, 3*(5), 1–33. https://contexlatin.cucsh.udg.mx/index.php/CL/article/view/2836

Quijano, A. (2015). "Bien vivir": Entre el "desarrollo" y la des/colonialidad del poder. *Horizontes Sociológicos, 1*, 25–38. https://aass.org.elserver.com/ojs/index.php/hs/article/view/55

Quintero, P. (2010). Notas sobre la teoría de la colonialidad del poder y la estructuración de la sociedad en América Latina. *Papeles de Trabajo. Centro de Estudios Interdisciplinarios en Etnolingüística y Antropología Socio-Cultural, 19*, 1–15.

https://doi.org/10.35305/revista.v0i19.122

Raven-Gregg, T., & Shepherd, V. (2021). Exploring the inclusion of under-served groups in trials methodology research: An example from ethnic minority populations' views on deferred consent. *Trials, 22*, 589.

https://doi.org/10.1186/s13063-021-05568-z

Reedy, J., Blanchard, J., Lund, J., Spicer, P., Byars, C., Peercy, M., Saunkeah, B., & Blacksher, E. (2020). Deliberations about genomic research and biobanks with citizens of the Chickasaw Nation. *Frontiers in Genetics, 11*, 466.

https://doi.org/10.3389/fgene.2020.00466

Reilly, R., Azzopardi, S., Brown, A., Fisher, J., Patton, G., Rickwood, J., Yong, S., Pearson, O., & Brown, N. (2022). Strengthening assessment and response to mental health needs for Aboriginal and Torres Strait Islander children and adolescents in primary care settings: Study protocol for the Ngalaiya Boorai Gabara Budbut implementation project. *BMJ Open, 12*(9), e063154.

https://doi.org/10.1136/bmjopen-2022-063154

Ritchie, T., Purcell, T., Westhead, S., Wenitong, M., Cadet, Y., Brown, A., Kirkham, R., Neville, J., Saleh, C., Brown, N., Kennedy, E. C., Hennegan, J., Pearson, O., & Azzopardi, P. S. (2021). Enablers and barriers to primary healthcare for Aboriginal and Torres Strait Islander adolescents: Study protocol for participatory mixed-methods research that builds on WHO global standards. *BMJ Open, 11*(4), e046459.

https://doi.org/10.1136/bmjopen-2020-046459

Romero, J. de J., Coreas-Flores, E. O., & Severino-González, P. (2020). Responsabilidad social del estudiante universitario en El Salvador: Género y territorio. *Revista de Ciencias Sociales, 26*(2), 426–441.

https://doi.org/10.31876/rcs.v26i0.34137

Ryder, C., Hossain, S., Howard, L., Severin, J., & Ivers, R. (2024). Indigenous governance, ethics and data collection in Australian clinical registries. *Medical Journal of Australia, 221*(3), 156–161.

https://doi.org/10.5694/mja2.52383

Schroeder, D., Chennells, R., Louw, C., Snyders, L., & Hodges, T. (2020). The Rooibos Benefit Sharing Agreement—Breaking new ground with respect, honesty, fairness, and care. *Cambridge Quarterly of Healthcare Ethics, 29*(2), 285–301.

https://doi.org/10.1017/S0963180119001075

Sleptsov, Y. (2023). The sacred world of the Evens: Culture and ethics (nomadic camp experience). *Kunstkamera, 2023*(1), 37–43.

https://doi.org/10.31250/2618-8619-2023-1(19)-37-43

Suhaimi, D. M., & Bustami, M. R. (2024). A case study of organisational marginalisation vis-à-vis Malay community in UNESCO George Town World Heritage Site, Penang, Malaysia. *Journal of Sustainability Science and Management, 19*(1), 20–36.

https://doi.org/10.46754/jssm.2024.01.003

Taitingfong, R., Martinez, A., Hudson, M., Lovett, R., Maher, B., Prehn, J., Rowe, R., Boileau, K., Franks, A., Khan, S., Walker, J., & Carroll, S. (2024). Aligning policy and practice to implement CARE with FAIR through Indigenous Peoples' protocols. *Acta Borealia, 41*(2), 80–90.

https://doi.org/10.1080/08003831.2024.2410112

Toyama, N., Vongphoumy, I., Uehara, M., Sato, C., Nishimoto, F., Moji, K., Pongvongsa, T., Shirai, K., Takayama, T., Takahara, M., Tamashiro, Y., Endo, Y., Kounnavong, S., & Kobayashi, J. (2021). Impact of village health volunteer support on postnatal depressive symptoms in the remote rural areas of Lao People's Democratic Republic: A cross-sectional study.

Tropical Medicine and Health, 49, 28.

https://doi.org/10.1186/s41182-021-00316-0

Tysiachniouk, S. (2020). Disentangling benefit-sharing complexities of oil extraction on the North Slope of Alaska. *Sustainability, 12*(13), 5432.

https://doi.org/10.3390/su12135432

Tysiachniouk, S., Henry, A., & Horowitz, S. (2022). Global standards, corporate diagrams and Indigenous agency: ExxonMobil in Russia and Alaska. *Arctic Review on Law and Politics, 13*, 1–31.

https://doi.org/10.23865/arctic.v13.3549

Van Herwaarden, A., Rommes, M., & Peters, C. (2020). Providers' perspectives on factors complicating the culturally sensitive care of individuals with intellectual disabilities. *Research in Developmental Disabilities, 96*, 103543.

https://doi.org/10.1016/j.ridd.2019.103543

Vanclay, F. (2020). Reflections on social impact assessment in the 21st century. *Impact Assessment and Project Appraisal, 38*(2), 126–131.

https://doi.org/10.1080/14615517.2019.1685807

Wang, C., Ning, J., & Zhang, X. (2021). International investment and Indigenous peoples' environment: A survey of ISDS cases from 2000 to 2020. *International Journal of Environmental Research and Public Health, 18*(15), 7798.

https://doi.org/10.3390/ijerph18157798

Whop, J., Butler, L., Brotherton, L., Anderson, K., Cunningham, J., Tong, A., & Garvey, G. (2021). Study protocol: Yarning about HPV vaccination: A qualitative study of factors influencing HPV vaccination among Aboriginal and Torres Strait Islander adolescents in Australia. *BMJ Open, 11*(8), e047890.

https://doi.org/10.1136/bmjopen-2020-047890

Wong, C., Ballegooyen, K., Ignace, L., Johnson, M. J., & Swanson, H. (2020). Towards reconciliation: 10 calls to action to natural scientists working in Canada. *FACETS, 5*(1), 769–783.

https://doi.org/10.1139/FACETS-2020-0005

Wright, M., Brown, A., Dudgeon, P., McPhee, R., Coffin, J., Pearson, G., Lin, A., Newnham, E., King Baguley, K., Webb, M., Sibosado, A., Crisp, N., & Flavell, L. (2021). Our journey, our story: A study protocol for the evaluation of a co-design framework to improve services for Aboriginal youth mental health and well-being. *BMJ Open, 11*(5), e042981.

https://doi.org/10.1136/bmjopen-2020-042981

Appendix

Table A1. Evidence matrix summarizing the characteristics and findings of the 76 studies included in the systematic review

No.	Author	Country	Journal	Conclusion
1	Alam *et al.* (2024)	Indonesia	*International Journal of Sustainable Development and Planning*	Social media enhances halal ecotourism campaigns and strengthens community sustainability.
2	Barrett *et al.* (2024)	New Zealand	*Kōtuitui: New Zealand Journal of Social Sciences Online*	Culturally grounded co-design strengthens the relevance and legitimacy of interventions
3	Biles *et al.* (2024)	Australia	*BMJ Open*	Mentorship protocol with cultural governance; it anticipates improvements in cultural safety and retention.
4	Crocetti *et al.* (2024)	Australia	*Globalization and Health*	Commercial activities have negative impacts but also provide pathways for self-determination.
5	Feitosa & Freitas (2024)	Brazil	*Nuevo Derecho*	Indigenous land safeguards cultural continuity and ancestral educational processes.
6	Limon & Tasik (2024)	Russia	*Polar Research*	Russian Corporate Social Responsibility legitimizes the state but neglects nomadic Indigenous peoples.
7	Macêdo *et al.* (2024)	Brazil	*Ciência da Informação (Congreso ConfOA)*	The CARE principles should guide the collection and dissemination of Indigenous data to ensure ethics, transparency, and community self-determination.
8	Manuel *et al.* (2024)	New Zealand	*SSM – Qualitative Research in Health*	Institutions reproduce inequities; therefore, an intersectoral framework centered on families is urgently needed.
9	Muhammad *et al.* (2024)	Indonesia	*Cogent Social Sciences*	Mining Corporate Social Responsibility improved environmental management but failed in local labor inclusion.
10	Nash *et al.* (2024)	Australia	*BMJ Open*	Reforming Indigenous hearing systems requires co-designed and multisectoral policies.
11	O'Brien *et al.* (2024)	United States	*Data Science Journal (manuscrito en revisión)*	Implementing CARE requires structural changes in data repositories and shared governance with Indigenous peoples.
12	Park & Francis (2024)	Canada	*Ethnic and Racial Studies*	University internationalization reproduces colonial dynamics on Indigenous lands.
13	Ryder *et al.* (2024)	Australia	*Medical Journal of Australia*	Records render communities invisible; structural reform in data governance is required.
14	Suhaimi & Bustami (2024)	Malaysia	*Journal of Sustainability Science and Management*	Malay marginalization in George Town is structural; meaningful inclusion in Corporate Social Responsibility policies and projects is urgently needed.
15	Taitingfong *et al.* (2024)	New Zealand	*Acta Borealia*	The implementation of CARE should reinforce Indigenous sovereignty rather than remain limited to global technical frameworks.
16	Baker *et al.* (2023)	Australia	*Journal of Business Ethics*	Indigenous-led cross-sector partnerships promote an ethic of stewardship and reconciliation.
17	Burchill *et al.* (2023)	Australia	*Medical Journal of Australia (MJA)*	High self-reported adherence was observed; however, governance and analytical processes remain deficient, highlighting the need for reorientation.
18	Carrigan *et al.* (2023)	Australia	*BMJ Open*	Culturally safe consultation processes aimed at translating Indigenous community needs into design criteria; protocol study.
19	Celidwen *et al.* (2023)	United States	*The Lancet Regional Health – Americas*	An Indigenous ethical framework is required to ensure respect, redress, and meaningful participation in psychedelic research.
20	Chaudhry & Crick (2023)	United Kingdom	*International Journal of Entrepreneurial Behavior & Research*	Competitor orientation fosters coopetition and strengthens the sustainability of ethnic microenterprises.

(*Cont'd...*)

Table A1. (*Continued*)

No.	Author	Country	Journal	Conclusion
21	Crooks *et al.* (2023)	Australia	*BMJ Global Health*	Indigenous governance strengthens culturally appropriate health responses.
22	Cummins *et al.* (2023)	United States	*Library Trends*	Indigenous data governance strengthens self-determination and promotes culturally safe practices in library and information services.
23	Dudgeon *et al.* (2023)	Australia	*BMJ Open*	The model promotes culturally responsive care and holistic well-being
24	Finlay *et al.* (2023)	Australia	*Public Health Research & Practice*	Indigenous ethics strengthens health, sovereignty, and research justice.
25	Gupta *et al.* (2023)	Canada	*Advances in Archaeological Practice*	The CARE framework repositions Indigenous peoples as stewards of their own data.
26	Liew & Lipscombe (2023)	New Zealand	*ASIS&T Annual Meeting Proceedings*	Care and empathy should guide the stewardship of Indigenous knowledge systems.
27	Mashford-Pringle *et al.* (2023)	Canada	*BMC Public Health*	Accountability strengthens cultural safety in Indigenous health.
28	McCann *et al.* (2023)	United Kingdom	*Health Expectations*	Cultural competence training should be integrated into curricula and co-designed with patients and professionals.
29	Meshcheryakov (2023)	Russia	*Journal of Frontier Studies*	Colonial abuses in Manchuria revealed legal tensions and jurisdictional conflicts.
30	Sleptsov (2023)	Russia	*Kunstkamera*	Nomadic camps strengthen the Even language, culture, and traditional ethics.
31	Archer *et al.* (2022)	United Kingdom	*People and Nature*	Equitable conservation requires inclusive approaches and the recognition of non-Western knowledge systems
32	Beks *et al.* (2022)	Australia	*Rural and Remote Health*	Participatory research strengthens equity and community capacity in health
33	Bergman (2022)	Sweden	*Journal of Global Ethics*	Cosmopolitan heritage narratives may obscure Indigenous claims
34	Butler *et al.* (2022)	Australia	*BMJ Open*	ACCHS-governed Patient-Centered Medical Home (PCMH) models could improve access, quality, and health outcomes; protocol study.
35	Carpio-Arias *et al.* (2022)	Ecuador	*BMC Pregnancy and Childbirth*	Intercultural and gender-sensitive approaches are required to ensure respectful and effective care.
36	Carroll, Plevel, *et al.* (2022)	United States	*Frontiers in Genetics*	Strengthen governance frameworks and benefit-sharing mechanisms in accordance with the CARE principles
37	Carroll, Garba, *et al.* (2022)	United States	*Frontiers in Genetics*	Tribal codes operationalize the CARE principles while complementing the FAIR principles.
38	Chung *et al.* (2022)	United States	*Genealogy*	Indigenous research strengthens community sovereignty and promotes equity
39	Cooke *et al.* (2022)	Australia	*Ecological Management & Restoration*	Biocultural protocols are essential for ethical and sustainable research.
40	Latino *et al.* (2022)	Canada	*Communication & Sport*	Sports-related Corporate Social Responsibility masks colonial harms and reinforces extractive legitimacy.
41	Leckey *et al.* (2022)	Canada	*Social & Legal Studies*	Training alone is insufficient; Indigenous autonomy in child welfare is required.
42	Luke *et al.* (2022)	Australia	*BMJ Open*	Early disease detection can reduce health disparities among Indigenous children.
43	Maikuri *et al.* (2022)	Africa	*African Evaluation Journal*	The Ecology of Knowledges requires courage to foster dialogue among knowledge systems and resist coloniality.

(*Cont'd...*)

Table A1. (*Continued*)

No.	Author	Country	Journal	Conclusion
44	Meikle & Morris (2022)	United States	*Administrative Sciences*	University social responsibility requires firm and coherent action against structural racism.
45	Muñoz del Carpio Toia *et al.* (2022)	Peru	*Revista del Cuerpo Médico Hospital Nacional Almanzor Aguinaga Asenjo*	Clinical trials should ensure the inclusion of ethnic minorities while providing appropriate ethical safeguards.
46	Neto (2022)	Brazil	*D.E.L.T.A.*	The 2022–2032 Decade calls for research led by Indigenous peoples.
47	Philip *et al.* (2022)	Estados Unidos	*Children and Youth Services Review*	Indigenous cultural and social capital promotes youth resilience and well-being.
48	Plamondon & Neufeld (2022)	Canada	*Canadian Journal of Public Health*	Global health equity requires continuous praxis and reflective commitment.
49	Tysiachniouk *et al.* (2022)	Russia	*Arctic Review on Law and Politics*	Global standards are locally adapted, and Indigenous agency influences their implementation.
50	Bailie *et al.* (2021)	Australia	*BMJ Global Health*	Ethical principles strengthen Indigenous leadership and trust in collaborative partnerships.
51	Batt (2021)	South Africa	*African Human Rights Yearbook*	Cultural restitution is a necessary condition for overcoming the colonial legacy
52	Crowshoe *et al.* (2021)	Canada	*Health Policy*	Collaborative networks have the potential to transform Indigenous primary healthcare and advance health equity.
53	Deroy & Schütze (2021)	Australia	*Human Resources for Health*	Retention depends on cultural safety, support, and institutional recognition.
54	Gavrilyeva *et al.* (2021)	Russia	*Арктика: экология и экономика*	Shared governance strengthens intercultural sustainability in Yakutia.
55	Lopes *et al.* (2021)	Brazil	*Logos: Revista de Lingüística, Filosofía y Literatura*	The study highlights how coloniality challenges modernity and frames "decolonial love" as a form of resistance and identity reaffirmation.
56	Milligan *et al.* (2021)	Australia	*Australian Health Review*	Cultural safety remains insufficiently integrated into the codes, requiring more explicit and practical frameworks.
57	Pereira *et al.* (2021)	Ghana	*Journal of Business Research*	Mining Corporate Social Responsibility is ambivalent, combining limited inclusion with structural exclusion.
58	Raven-Gregg & Shepherd (2021)	United Kingdom	*Trials*	Deferred consent can be inclusive, but it requires trust and cultural transparency.
59	Ritchie *et al.* (2021)	Australia	*BMJ Open*	Improving access requires culturally safe models co-designed with young people.
60	Toyama *et al.* (2021)	Laos	*Tropical Medicine and Health*	Peer support provided by Village Health Volunteers improves postpartum mental health in rural areas of Laos.
61	Wang *et al.* (2021)	China	*International Journal of Environmental Research and Public Health*	The current Investor–State Dispute Settlement system does not adequately protect Indigenous rights; therefore, its rules and procedures urgently require reform.
62	Wright *et al.* (2021)	Australia	*BMJ Open*	Co-design strengthens community trust, increases the cultural relevance of services, and improves Aboriginal youth access to mental health care.
63	Ban *et al.* (2020)	Canada	*Conservation Biology*	Indigenous conservation practices are robust and should be recognized as a cornerstone of sustainability.
64	Berman *et al.* (2020)	United States	*Resources Policy*	Extractive-sector partnerships generate benefits but require strong Indigenous governance frameworks
65	Carroll *et al.* (2020)	United States	*Data Science Journal*	CARE complements FAIR and guides open data toward sovereignty, equity, and collective benefit.

(*Cont'd...*)

Table A1. (*Continued*)

No.	Author	Country	Journal	Conclusion
66	Jull *et al.* (2020)	Canada	*The International Indigenous Policy Journal*	CIHR guidelines promote equity and community engagement in research.
67	Luque & Casado (2020)	Ecuador	*Sustainability*	Innovative constitutions advance rights and sustainability, but their implementation remains constrained by structural inequalities.
68	McCurry (2020)	Canada	*Canadian Journal of Program Evaluation*	Evaluation should be socio-collaborative, respecting Indigenous rights recognized under Section 35.
69	Morigi & Fornos (2020)	Brazil	*Informação & Sociedade: Estudos*	The National Truth Commission consolidated the right to Indigenous memory and made state abuses visible.
70	Oluwoye *et al.* (2020)	United States	*BMJ Open*	FAMES could increase family participation in early psychosis programs with cultural sensitivity.
71	Paton (2020)	United Kingdom	*Bioethical Inquiry*	Emphasizing "justice" alone may create spaces of discrimination.
72	Reedy *et al.* (2020)	United States	*Frontiers in Genetics*	Genomic research is accepted when communities retain control and governance.
73	Schroeder *et al.* (2020)	South Africa	*Cambridge Quarterly of Healthcare Ethics*	The rooibos agreement is a global benchmark for biocultural justice and benefit sharing.
74	Tysiachniouk (2020)	United States	*Sustainability*	Benefit-sharing regimes are complex; distributive equity can be achieved, but participatory equity remains limited.
75	Van Herwaarden *et al.* (2020)	Netherlands	*Research in Developmental Disabilities*	Culturally sensitive care requires overcoming communicative, institutional, and professional barriers.
76	Wong *et al.* (2020)	Canada	*FACETS*	Reconciliation requires transforming scientific practices toward inclusion and respect for Indigenous knowledge systems.