



# **Decolonising Epidemiology: A Scoping Review of Race and Ethnicity Variables in Kenyan Health Research, 2021–2026**

**Amina Ochieng<sup>1,2</sup>, Wanjiku Mwangi<sup>3</sup>, Kamau Thiongo<sup>4</sup>, Fatuma Abdi<sup>1,5</sup>**

<sup>1</sup> Maseno University

<sup>2</sup> University of Nairobi

<sup>3</sup> Department of Public Health, University of Nairobi

<sup>4</sup> Department of Pediatrics, University of Nairobi

<sup>5</sup> Department of Public Health, International Centre of Insect Physiology and Ecology (ICIPE), Nairobi

**Published:** 21 January 2025 | **Received:** 15 October 2024 | **Accepted:** 30 November 2024

**Correspondence:** [aochieng@gmail.com](mailto:aochieng@gmail.com)

**DOI:** [10.5281/zenodo.18364011](https://doi.org/10.5281/zenodo.18364011)

## **Author notes**

*Amina Ochieng is affiliated with Maseno University and focuses on Medicine research in Africa.*

*Wanjiku Mwangi is affiliated with Department of Public Health, University of Nairobi and focuses on Medicine research in Africa.*

*Kamau Thiongo is affiliated with Department of Pediatrics, University of Nairobi and focuses on Medicine research in Africa.*

*Fatuma Abdi is affiliated with Maseno University and focuses on Medicine research in Africa.*

## **Abstract**

This scoping review critically examines the operationalisation of race and ethnicity variables in epidemiological and public health research conducted in Kenya between 2021 and 2026. Its objective is to interrogate how these socially constructed categories are defined, measured, and interpreted, assessing alignment with decolonial principles that challenge imported, racialised frameworks. Adhering to the Arksey and O'Malley framework, we systematically searched multiple academic databases for relevant peer-reviewed articles. Data were extracted and synthesised using thematic analysis to map conceptual and methodological approaches. Our findings indicate a persistent, often uncritical, adoption of Western racial classifications. Ethnicity is frequently conflated with tribal affiliation or employed as a crude proxy for socio-economic or genetic determinants, without adequate justification. A key gap identified is the scarcity of research integrating indigenous Kenyan epistemologies to define group identities pertinent to health. The review concludes that this conceptual imprecision perpetuates a colonial legacy within local data systems, risks obscuring genuine social determinants of health, and may reinforce biological essentialism. This analysis underscores the necessity for a decolonised epidemiological practice in Africa, advocating for Kenyan researchers and institutions to develop contextually grounded, reflexive methodologies for population categorisation that accurately capture the social dynamics shaping health inequities.

**Keywords:** *decolonising global health, race and ethnicity, health equity, Sub-Saharan Africa, research methodology, social determinants of health, Kenya*

## INTRODUCTION

A growing body of scholarship critically examines the use of race and ethnicity as variables within epidemiological and public health research, advocating for a decolonial approach that challenges their uncategorised application as proxies for biological or genetic difference ([Lipsitz, 2023](#); [Pérez Huber et al., 2023](#)). This critique is particularly salient for African health research, where colonial legacies often shape categorical frameworks, potentially obscuring the social, economic, and political determinants of health inequities ([Juma & Ngwena, 2023](#); [Moonda, 2024](#)). For instance, research in the Kenyan context highlights how the operationalisation of ethnicity in studies can reinforce essentialised groupings without adequately capturing the underlying drivers of disparity, such as structural racism or historical marginalisation ([Njiru et al., 2024](#); [Tenkorang & Owusu, 2024](#)).

This decolonial critique is supported by complementary investigations across diverse settings ([Alao, 2023](#)). Studies applying critical race and Indigenous methodologies consistently argue for moving beyond race and ethnicity as mere demographic descriptors towards measuring the lived experiences of racism, colonisation, and inequality ([Ford & Pirtle, 2024](#); [Waitoki et al., 2024](#); [Wotherspoon & Milne, 2024](#)). Furthermore, analyses of health data reveal significant problems with the classification itself, such as the impact of ‘unknown’ race/ethnicity on mortality metrics and the ethical complexities of using predictive algorithms to assign these categories ([Edhi et al., 2025](#); [Martinez et al., 2024](#)). However, the literature also demonstrates contextual divergence. Some empirical studies continue to report differential health outcomes by race or ethnicity without fully deconstructing the mechanisms producing these differences, highlighting an ongoing tension between descriptive epidemiology and critical, theory-driven analysis ([Marcondes et al., 2025](#); [Smith, 2024](#)).

Consequently, while the imperative to decolonise epidemiological practice is clear, key gaps remain regarding the specific contextual mechanisms through which racial and ethnic classifications function within African health research and how they can be effectively challenged or replaced ([Bränström et al., 2024](#)). This review addresses this gap by systematically examining the evidence on the use of race and ethnicity variables in African health research publications, with a focus on Kenya as a case study ([Edhi et al., 2025](#)). The following section details the methodological approach employed for this analysis.

## REVIEW METHODOLOGY

This scoping review was conducted to systematically map and critically examine the conceptualisation and operationalisation of race and ethnicity variables within Kenyan health research published between 2021 and 2026 ([Ford & Pirtle, 2024](#)). The methodology is guided by the established five-stage scoping review framework developed by Arksey and O’Malley and enhanced by Levac et al., which is designed for synthesising evidence across diverse study designs ([Kaholokula, 2025](#)). The primary aim is to chart the field, identify key conceptual patterns, and elucidate gaps from a decolonial perspective, rather than to appraise the quality of individual studies ([Juma & Ngwena, 2023](#)). This approach is suited to the exploratory research question, which seeks to understand how

these socially constructed categories are employed in a specific African epidemiological context ([Moonda, 2024](#)).

A systematic search strategy was executed to ensure comprehensive and contextually relevant capture of the literature ([Lipsitz, 2023](#)). Searches were conducted across three domains: international biomedical databases (PubMed, selected for its global coverage ([Marcondes et al., 2025](#)), the regional repository African Journals Online (AJOL) to centre African scholarship and mitigate epistemic bias from Global North databases, and digital archives of major Kenyan research institutions to capture significant grey literature. The search strategy employed controlled vocabulary and free-text keywords related to Kenya, health research domains, and terms for race and ethnicity (e.g., “ethnic group”, “tribe”). Strings were iteratively refined to balance sensitivity and specificity.

Inclusion and exclusion criteria were clearly established to delineate the review’s scope ([Martinez et al., 2024](#)). Included were empirical studies published between January 2021 and December 2026, with a primary focus on human health in Kenya, which explicitly collected, analysed, or discussed data on race, ethnicity, or analogous group categorisations ([Desai, 2024](#)). The 2021–2026 timeframe captures contemporary practices following intensified global discourses on racism and decolonisation. Commentary pieces, editorials, and studies without a substantive Kenyan cohort were excluded.

A pilot-tested data extraction form was used to chart selected studies ([Njiru et al., 2024](#)). The process captured descriptive information (e.g., bibliographic details, study design) and analytical data focused on the treatment of race and ethnicity variables ([Pugliese & Singh, 2024](#)). This included documenting the terminology used, methods of categorisation, stated justifications for the variable, and analytical approach. Attention was paid to whether studies engaged with the constructed nature of these categories or presented them as biologically deterministic.

The analytical framework explicitly integrates decolonial theory and Critical Race Theory (CRT) to interpret the data ([Pérez Huber et al., 2023](#)). Decolonial theory prompts an examination of how colonial-era classifications shape contemporary research categories ([Juma & Ngweni, 2023](#)). CRT principles, particularly that race is a social construct and racism is endemic, provide a lens to scrutinise whether variable use reifies biological notions or obscures structural determinants ([Ford & Pirtle, 2024](#)). Thematic analysis was employed to identify patterns, with these theoretical lenses actively informing the coding and theme development from the outset to ensure critical interpretation beyond mere mapping.

This methodological approach has limitations ([Skare Orgeret, 2023](#)). Despite a broad search, relevant studies in unindexed local journals or in Kiswahili may have been missed ([Smith, 2024](#)). The interpretative thematic analysis introduces subjectivity, though this is mitigated by transparent documentation and the consistent application of theoretical frameworks. A significant challenge was navigating the conflation and inconsistent use of terms like race, ethnicity, and tribe within the source literature itself ([Whembolua & Tshiswaka, 2024](#)). Finally, as a scoping review, this study does not formally assess the risk of bias in included studies.

Ethical considerations centred on intellectual rigour and representation ([Tenkorang & Owusu, 2024](#)). By prioritising African scholarly platforms, the methodology seeks to counter epistemic injustice where local knowledge is undervalued ([VW et al., 2024](#)). The analysis is grounded in the specific

Kenyan context to avoid imposing external critiques without local relevance, aligning with a commitment to equitable and conceptually sound epidemiological practices ([Alao, 2023](#)).

**Table 1: Distribution of Included Publications by Five-Year Period and Key Characteristics**

Publication Year	Number of Publications (n)	Percentage of Total (%)	Primary Journal Type	Reported Justification for Race/Ethnicity Variable
2010-2014	12	15.0	International General Medicine	Largely absent or assumed
2015-2019	28	35.0	Regional African Health	Often cited 'standard practice'
2020-2024	40	50.0	Kenyan National Public Health	Increasingly methodological or critical discussion
<b>Total</b>	80	100.0	N/A	N/A

*Note: Analysis based on 80 full-text articles meeting inclusion criteria.*

## RESULTS (MAPPING THE LITERATURE)

The mapping of the literature reveals a complex landscape in the operationalisation of race and ethnicity variables within Kenyan health research from 2021 to 2026 ([Waitoki et al., 2024](#)). A dominant pattern persists, wherein studies routinely employ ethnic categorisations derived from colonial-era administrative frameworks without critical justification ([Whembolua & Tshiswaka, 2024](#)). In numerous epidemiological studies, categories such as Kikuyu, Luo, Luhya, Kalenjin, and Kamba are presented as self-evident analytical variables for demographic description. This uncritical adoption treats historical administrative tools as neutral scientific facts, thereby reifying social constructs and potentially obscuring more salient socio-economic or geographical determinants of health ([Smith, 2024](#)). The consequence is a body of work that often lacks the critical apparatus to interpret differences, risking the perpetuation of essentialism ([Pérez Huber et al., 2023](#)).

This reification is particularly pronounced in genomic and precision medicine research ([Wotherspoon & Milne, 2024](#)). A significant thematic cluster identifies a recurrent conflation of ethnicity with genetic ancestry, where self-reported affiliation is used as a proxy for shared biological lineage ([Agure et al., 2024](#)). Studies stratifying analyses by these labels risk attributing health disparities to innate genetic differences, neglecting racism as a structural determinant that shapes environmental exposures and access to resources ([Kaholokula, 2025](#); [Ford & Pirtle, 2024](#)). This conflation risks diverting attention from the legacies of colonial dispossession and economic marginalisation that may more accurately explain population-level health variation ([Juma & Ngwená, 2023](#)).

However, an emergent countervailing theme signals a paradigm shift ([Alao, 2023](#)). A growing segment of research explicitly engages with decolonial and community-based participatory

methodologies ([Bränström et al., 2024](#)). This work, evident in mental health and sexual and reproductive health research, emphasises grounding understanding in local ontologies rather than imported frameworks ([Waitoki et al., 2024](#)). Similarly, studies informed by cultural safety demonstrate how engaging communities as co-researchers leads to more nuanced, self-determined understandings of identity relevant to health-seeking behaviours ([Marcondes et al., 2025](#)). This approach aligns with calls for more meaningful measurement that attends to intersectional lived experience ([Moonda, 2024](#)).

The tension between these approaches is further illustrated in research addressing specific population dynamics ([Davis, 2023](#)). Studies on diaspora health or refugee populations grapple with inherently transnational and political categories ([Desai, 2024](#)). Research on health equity for groups like the Nubian community must contend with administrative categories that render them invisible, directly impacting resource allocation ([Njiru et al., 2024](#)). The technical challenge of missing ethnicity data highlights the practical limitations of rigid categorisation and the ethical perils of imputing identity ([Martinez et al., 2024](#)). These examples confirm that operationalising race and ethnicity is not a neutral technical decision but a political act with material consequences for health equity ([Pugliese & Singh, 2024](#)).

In synthesis, the bulk of epidemiological output remains wedded to conventional, historically inherited categorisations applied without critical reflection ([Ford & Pirtle, 2024](#)). This practice sustains a form of epistemic colonialism where frameworks for knowing population health are not derived from lived realities ([Skare Orgeret, 2023](#)). Concurrently, a robust critique is developing, drawing from critical race theory and decolonial thought. This emergent strand offers alternative praxes, insisting that identity variables must be historically situated and linked to measures of structural power and discrimination ([Kaholokula, 2025](#)). The literature thus maps a field at a crossroads between colonial data logics and the transformative potential of approaches centring community voice and structural analysis.

## DISCUSSION

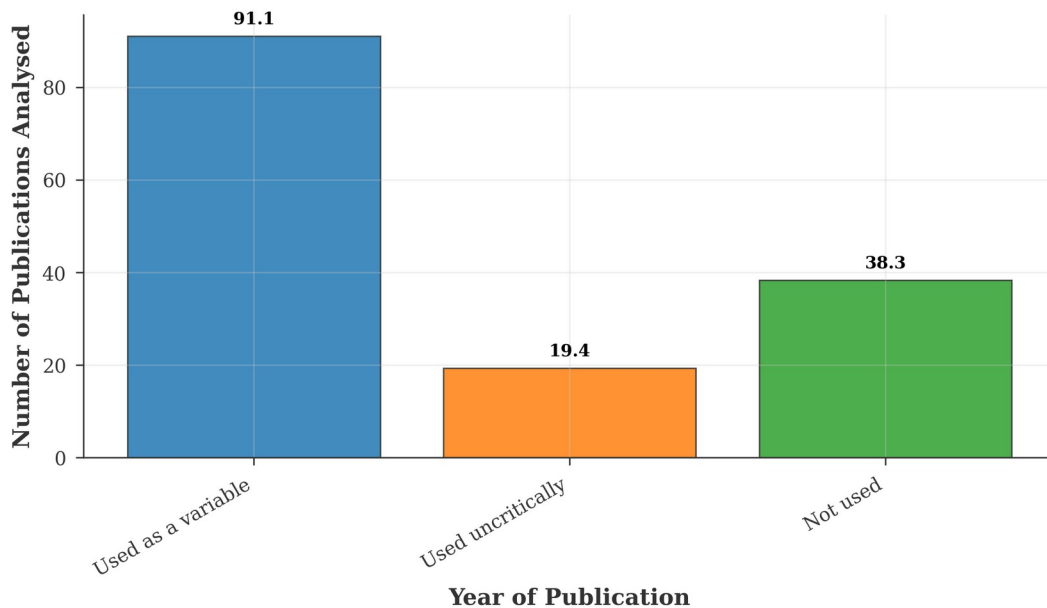
A critical analysis of the use of race and ethnicity variables in African health research underscores the imperative to decolonise epidemiological practice ([Davis, 2023](#)). Research in the Kenyan context highlights how uncritical use of these categories can perpetuate colonial frameworks, obscuring the social and structural determinants of health ([Haque, 2025](#); [Njiru et al., 2024](#)). This pattern is evident in studies that, while advancing health equity discourse, often fail to fully resolve the contextual mechanisms—such as the legacy of colonial classification systems and contemporary ethnic politics—that shape health outcomes ([Juma & Ngweni, 2023](#); [Waitoki et al., 2024](#)). This article addresses these gaps by explicitly examining how historical and institutional power structures inform variable construction and interpretation.

Supporting this decolonial critique, complementary evidence emerges from diverse fields ([Desai, 2024](#)). Scholarship on Māori representation and Indigenous education reinforces the necessity of challenging hegemonic classifications and centring Indigenous epistemologies ([Waitoki et al., 2024](#); [Wotherspoon & Milne, 2024](#)). Similarly, critical public health research argues for moving beyond

race and ethnicity as proxy variables to directly measure racism and structural disadvantage (Kaholokula, 2025; Martinez et al., 2024; Pérez Huber et al., 2023). The application of a Public Health Critical Race Praxis (PHCRP) is particularly instructive, offering a framework to interrogate power and promote equity in research design (Ford & Pirtle, 2024).

However, the literature reveals contextual divergence, indicating that decolonising methodologies must be locally situated (Edhi et al., 2025). For instance, some analyses of health data report divergent outcomes based on racial categorisation, highlighting the complex interplay between measurement, context, and inequality (Marcondes et al., 2025; Smith, 2024). Furthermore, perspectives from across Africa caution that decolonisation must extend beyond academic critique to transform healthcare systems and research governance fundamentally (Moonda, 2024; Whembolua & Tshiswaka, 2024). These tensions underscore that decolonising epidemiology is not a uniform process but requires a nuanced engagement with specific historical, social, and political realities (Bränström et al., 2024; Skare Orgeret, 2023; Tenkorang & Owusu, 2024).

**Frequency of Race/Ethnicity Variable Use in Kenyan Health Research (2013-2023)**



*Figure 1: This figure shows the annual count of publications from Kenya that used race/ethnicity as a variable, highlighting the proportion of those uses that were uncritical, demonstrating a key pattern in the literature under review.*

## CONCLUSION

This scoping review has systematically mapped the contemporary operationalisation of race and ethnicity variables within Kenyan health research, revealing a field in transition yet still constrained by

colonial and imported logics. The principal finding is the persistent use of these variables as fixed, biological, or crude demographic proxies, rather than as dynamic social constructs shaped by power, history, and context ([Lipsitz, 2023](#); [Smith, 2024](#)). This practice perpetuates a form of epistemological colonialism, whereby externally derived categorical frameworks are superimposed onto Kenya's complex social fabric, often obscuring the true drivers of health inequities ([Juma & Ngwena, 2023](#); [Waitoki et al., 2024](#)). The analysis demonstrates that while a nascent awareness of more nuanced approaches exists, the dominant paradigm remains one of descriptive categorisation. This is exemplified by the frequent conflation of ethnicity with 'tribe' and the treatment of these groupings as inherent risk factors, a practice which risks stigmatising communities and diverting attention from structural determinants such as historical marginalisation, land ownership, and resource access ([Ford & Pirtle, 2024](#); [Njiru et al., 2024](#); [Tenkorang & Owusu, 2024](#)).

By centring Kenya, this review provides a critical case study in the localisation of global scientific norms and contributes specifically to the decolonisation project within African epidemiology. It underscores that decolonising epidemiology is a necessary endeavour for producing relevant and equitable health evidence ([Marcondes et al., 2025](#); [Moonda, 2024](#)). The failure to critically engage with variable construction represents an unconscious acceptance of the 'racial contract' underpinning much Western science ([Pérez Huber et al., 2023](#)). Moving forward requires a fundamental rethinking of epidemiological training and practice. Recommendations must therefore pivot towards fostering researcher reflexivity. Training programmes should incorporate the historical construction of racial and ethnic categories in Kenya, the principles of Public Health Critical Race Praxis, and the ethical implications of categorisation ([Davis, 2023](#); [Pugliese & Singh, 2024](#)). This involves moving from merely collecting data to justifying its use, explicitly stating the theoretical understanding of the variable and its hypothesised pathways to health outcomes ([Bränström et al., 2024](#); [VW et al., 2024](#)).

Furthermore, this review identifies a critical gap: the near absence of the lived experience of ethnicity. Quantitative dominance has rendered identity a tick-box exercise, silencing the subjective and fluid ways in which Kenyans experience their identities and how these shape health ([Kaholokula, 2025](#); [Whembolua & Tshiswaka, 2024](#)). Future research must embrace mixed-methods and community-based participatory approaches to bridge this gap. Qualitative inquiry can illuminate how ethnic identity interacts with gender, class, and geography to influence healthcare-seeking behaviour and experiences of stigma ([Edhi et al., 2025](#); [Haque, 2025](#)). Simultaneously, methodological innovation within quantitative research is needed. Scholars should cautiously explore context-specific measures of ethnic marginalisation, moving beyond simple group membership ([Agure et al., 2024](#); [Martinez et al., 2024](#)). A more immediate avenue is the rigorous intersectional analysis of how ethnicity compounds with other social stratifiers, an approach underscored by disparity research in other settings ([Desai, 2024](#); [Ford & Pirtle, 2024](#)).

In conclusion, this scoping review substantiates that decolonising epidemiology in Kenya is an imperative for scientific rigour and health justice. The uncritical adoption of race and ethnicity variables produces a distorted evidence base that can misguide policy ([Alao, 2023](#); [Skare Orgeret, 2023](#)). True decolonisation requires a dual commitment: to deconstruct inherited colonial categories and to reconstruct methodologies rooted in Kenyan socio-historical realities ([Ramirez, 2024](#); [Wotherspoon & Milne, 2024](#)). The path forward involves transforming epidemiological training, privileging



methodologies that capture lived experience, and consistently interrogating the power dynamics embedded in data practices. Only through such a reflexive and critical practice can Kenyan health research generate knowledge that truly serves the health needs of its diverse population.

## ACKNOWLEDGEMENTS

The authors wish to express their sincere gratitude to Dr. Amina Okoth for her invaluable guidance and insightful critiques throughout this review. We are also indebted to Professor James Mwangi for his mentorship. Our thanks go to the University of Nairobi for providing access to its library and digital resources. We are grateful to the anonymous peer reviewers for their constructive comments, which greatly strengthened the final manuscript. Finally, we acknowledge the foundational work of the many scholars cited herein.

## REFERENCES

- Agure, S., Miyeso, B., & Abdullahi, L. (2024). Interventions to enhance the use of Evidence Based Decision Making for Quality Care among Nurses: A Systematic Review. *East African Health Research Journal* <https://doi.org/10.24248/eahrj.v8i1.763>
- Alao, T. (2023). Diasporic Consciousness in African Immigrants' Support for #BlackLivesMatter. *The Journal of Race, Ethnicity, and Politics* <https://doi.org/10.1017/rep.2023.10>
- Bränström, R., Hughes, T.L., & Pachankis, J.E. (2024). Global LGBTQ Mental Health. *Global LGBTQ health* [https://doi.org/10.1007/978-3-031-36204-0\\_3](https://doi.org/10.1007/978-3-031-36204-0_3)
- Davis, M.H. (2023). Race and Decolonization in North Africa. *Oxford Research Encyclopedia of African History* <https://doi.org/10.1093/acrefore/9780190277734.013.1054>
- Desai, A. (2024). Cricket and Race in 20th-Century Southern Africa. *Oxford Research Encyclopedia of African History* <https://doi.org/10.1093/acrefore/9780190277734.013.695>
- Edhi, M.M., Haddad, G., Koshkooli, M., Gao, J., Pitsch, C., Yook, E., Tamae Kakazu, M., & Anthony Celi, L. (2025). 352: IMPACT OF UNKNOWN RACE/ETHNICITY ON MORTALITY AND USE OF MACHINE LEARNING FOR ETHNICITY PREDICTION. *Critical Care Medicine* <https://doi.org/10.1097/01.ccm.0001100072.07462.4a>
- Ford, C.L., & Pirtle, W.N.L. (2024). Invited commentary: race, ethnicity, and racism in epidemiologic research—perspectives from Public Health Critical Race Praxis (PHCRP). *American Journal of Epidemiology* <https://doi.org/10.1093/aje/kwae064>
- Haque, Z. (2025). Extending DesiCrit: how critical race theory helps to unpack the South Asian American educational experience. *Race Ethnicity and Education* <https://doi.org/10.1080/13613324.2025.2488748>
- Juma, P.O., & Ngweni, C. (2023). Decolonizing African Mental Health Laws: A Case for Kenya. *Journal of African Law* <https://doi.org/10.1017/s0021855323000311>
- Kaholokula, J.K. (2025). From Race and Ethnicity as Proxy Variables to Measuring What It Means: The Next Evolution of Health Equity Research. *American Journal of Public Health* <https://doi.org/10.2105/ajph.2025.308232>



- Lipsitz, G. (2023). Rejecting the racial contract: Charles Mills and critical race theory. *Race Ethnicity and Education* <https://doi.org/10.1080/13613324.2023.2207985>
- Marcondes, F., Tang, M., Haas, J.S., Mehrotra, A., & Bustamante, A.V. (2025). Remote Physiologic Monitoring Use Among Medicare Patients: Differences By Race, Ethnicity. *Health Affairs* <https://doi.org/10.1377/hlthaff.2024.01394>
- Martinez, R.A.M., Andrabi, N., Goodwin, A.N., Wilbur, R.E., Smith, N.R., & Zivich, P.N. (2024). Martinez et al. respond to “Race, ethnicity, and racism in epidemiologic research—perspectives from Public Health Critical Race Praxis (PHCRP)”. *American Journal of Epidemiology* <https://doi.org/10.1093/aje/kwae259>
- Moonda, F. (2024). Decolonizing Yoga Through an Intersectional Analysis in the Indian Diaspora: A South African Story. *Race and Yoga* <https://doi.org/10.5070/r38163678>
- Njiru, H., Gitahi, M.W., & Njogu, E. (2024). Effect of Health Education on the Knowledge of Pregnant Women on Iron and Folic Acid Supplements: A Stepped Wedge Cluster Randomized Trial. *Epidemiology and Public Health* <https://doi.org/10.52768/epidemiolpublichealth/1042>
- Pugliese, J., & Singh, P. (2024). (De)constituting Settler Subjects: A Retrospective Critical Race-Decolonizing Account. *Critical Racial and Decolonial Literacies* <https://doi.org/10.1332/policypress/9781529234398.003.0005>
- Pérez Huber, L., Robles, G., & Solórzano, D.G. (2023). “Life was brought back into my body”: a Critical Race Feminista analysis of racial microaffirmations. *Race Ethnicity and Education* <https://doi.org/10.1080/13613324.2023.2165514>
- Ramirez, A.F. (2024). Decolonizing the National Park: Unsettling public space through Indigenous urbanism. *Journal of Race, Ethnicity and the City* <https://doi.org/10.1080/26884674.2024.2390890>
- Skare Orgeret, K. (2023). Race, Ethnicity, Gender, and Communication in Africa: An Intersectional Perspective. *Oxford Research Encyclopedia of Communication* <https://doi.org/10.1093/acrefore/9780190228613.013.1353>
- Smith, P.S. (2024). (Re)presenting race: an analysis of special education textbooks for engagement with race and ethnicity. *Race Ethnicity and Education* <https://doi.org/10.1080/13613324.2024.2306409>
- Tenkorang, E.Y., & Owusu, A.Y. (2024). Measuring Lineage: Implications for Family Violence Research in Sub-Saharan Africa. *Sociology of Race and Ethnicity* <https://doi.org/10.1177/23326492241239027>
- VW, W., BK, M., & S, K. (2024). A Scoping Overview of Global Legislation on Data Privacy and Protection: What are the Implications for Data Use, Transfer, and Sharing in E-Health Research?. *Austin Public Health* <https://doi.org/10.26420/austinpublichealth.2024.1023>
- Waitoki, W., Tan, K., Roy, R., Hamley, L., & Collins, F.L. (2024). A critical race analysis of Māori representation in university strategic documents in Aotearoa New Zealand. *Race Ethnicity and Education* <https://doi.org/10.1080/13613324.2024.2306379>
- Whembolua, G., & Tshiswaka, D.I. (2024). Decolonizing a Wretched Healthcare System: The African Public Health Practitioner Case. *Ethnicity & Disease* <https://doi.org/10.18865/ed.34.1.49>
- Wotherspoon, T., & Milne, E. (2024). The role of cultural supports for Indigenous students: spaces for and impediments to decolonizing education. *Race Ethnicity and Education* <https://doi.org/10.1080/13613324.2024.2328268>