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The Development and Implementation of Gathering Grounds, a Virtual Community of Practice Rooted in Indigenous Praxis

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For American Indian and Alaska Native populations in the United States, the novel coronavirus disease of 2019 (COVID-19) represents the single largest public health problem in a century, as well as for Indigenous populations worldwide.[1] The lack of a coordinated United States response at the federal level has ravaged American Indian and Alaska Native communities and highlighted existing healthcare gaps and weaknesses of services available to American Indian and Alaska Native populations.[2] COVID-19 has had a significant impact on the mortality and long-term morbidity for people worldwide, and American Indian and Alaska Native morbidity and mortality rates represent some of the highest rates of all racial and ethnic backgrounds in the United States. These rates reflect the heightened risk for contagion related to social and contextual environmental factors, including incomplete plumbing (where running water is necessary to reduce transmission); overcrowded or multigenerational households (which may make quarantining and social distancing difficult); and lack of public health information in Indigenous languages (leading to lack of understanding

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or miscommunication).[3] They also underscore the effects of epistemicide,[4] epistemic injustice,[5] and the centuries-long US political and social environment[6] aimed at systematically destroying and undermining Indigenous health and well-being[7] by removing tribal land bases, culture, language, religion, and resources, and destabilizing American Indian and Alaska Native families by removing children into boarding schools and foster care placement.

In addition, while an inclusive list of all associated COVID-19-related risk factors continues to emerge, chronic illnesses, including heart disease, hypertension, obesity, and diabetes, are associated with an increased likelihood of negative outcomes associated with the virus.[8] As a result, the COVID-19 risk for Indigenous peoples around the world, including American Indian and Alaska Native populations in the United States, is disproportionately higher. These populations are affected by these conditions at higher rates than non-Indigenous populations due to the historic inequities they have and continue to experience. Morbidity and mortality data for American Indian and Alaska Native adults and children due to COVID-19 bears this out, with infection rates 3.5 times higher compared to non-Hispanic Whites[9] and death rates in some communities nineteen times higher.[10] These rates may be an undercount, as COVID-19 data for American Indians and Alaska Natives lack validity[11] due to racial misclassification and lack of consistency in data collection.[12]

Moreover, social distancing requirements and fear of contracting COVID-19 have reduced treatment-seeking nationally,[13] including reducing health-seeking for life-threatening cardiovascular disease and strokes.[14] These concerns further exacerbate critical behavioral health issues such as depression, anxiety, suicidality, and substance use,[15] all of which are disproportionately high in American Indian and Alaska Native populations.[16] Before COVID-19, some studies demonstrated that the number of American Indian and Alaska Native people seeking treatment was the same or higher than non-Hispanic white people for substance abuse issues[17] and depression.[18] In this COVID-19 pandemic era, there is a risk American Indians and Alaska Natives are no longer seeking the screening and treatment needed to address health concerns both because they may not be able to afford medical care and do not have the same supports within the medical care system as pre-COVID-19,[19] including access to telehealth or other digital health options.[20]

Role of Government vs. Role of Community

The spread of COVID-19 across the globe triggered immediate community mobilization[21] and responses to ensure those most at risk, including financial impacts, would be cared for. Community-led responses to public health crises, including pandemics, have historical precedent. In the twentieth century, community mobilization around tobacco cessation, HIV/AIDS epidemic, occupational safety and health, civil rights, antiracism in health care, disabilities, and environmental justice were instrumental to ensure program and policy level responses to these public health crises.[22] Communities have stepped up to identify solutions using local, community-centered knowledge, insider wisdom, and lived experiences to navigate structural barriers, such as income,

health insurance, and access to care.[23] Because of these situational skills, community-led responses to public health crises are more likely to meet diverse populations' specific needs.

Unfortunately, despite an increase in tribal control and funding diversification,[24] such as the compact and contract dollars made available through the tribal self-governance policies that support the transfer of federal program authority and resources to tribes, the chronic underfunding of the Indian Health Service continues to directly impact tribal nations' ability to respond rapidly to the COVID-19 pandemic.[25] For example, at the start of the pandemic, only seventy-one or fewer ventilators were in operation across the twenty-four Indian Health Service hospitals in the United States,[26] with only thirty-one intensive care unit beds for a user population of 2.56 million American Indians and Alaska Natives.[27] Within the first two months of the pandemic—February through April, 2020—multiple urban Indian organizations in the United States had to stop operations due to lack of funding for personal protective equipment (PPE) and other safety equipment.[28] Further, delays in receiving relief funding through the Coronavirus Aid, Relief, and Economic Security (CARES) program left hospitals and other health care facilities struggling to meet the needs of their communities.[29]

Faced with the urgent situation, lack of appropriate national response, and gaps in the existing systems of care, American Indian and Alaska Native nations and communities came together to draw on the strength of relationships, connections, and networks for collective action. This collective action represented a continuation of the value of caring for community in times of crisis. In the United States, American Indian and Alaska Native communities and organizations confronted the federal government to access data for their communities and advocate for fair distribution of emergency response funds. American Indian and Alaska Native grassroots organizations mobilized to collect and distribute equipment, food, and supplies to protect community members.[30] Meanwhile, tribal and urban health programs and services were working to get the supplies, equipment and resources needed for mitigation and treatment, while maintaining continuity of care for American Indian and Alaska Native community members.

To support the work and promising practices of our community partners, Seven Directions, a Center for Indigenous Public Health, chose to focus "Gathering Grounds," our Indigenous community of practice on topics related to COVID-19. Gathering Grounds provides a space for representatives from health and health-related organizations that serve American Indian and Alaska Native communities to come together from across the country. It is a space where Gathering Grounds members exchange experiences, information, resources and best practices to support one another and strengthen the ability of their community and organizations to address COVID-19-related challenges in Indigenous communities.

Our journey to develop Gathering Grounds began several months before the outbreak of COVID-19. Seven Directions was established in 2016 to support tribal nations, American Indian and Alaska Native communities and organizations, and organizations serving those communities, in their work for Indigenous health and

well-being. Creating neutral convening spaces for work that centers Indigenous families and communities is one of our mandates. From March to December of 2019, we researched how to create an Indigenous community of practice (I-CP) that would honor Indigenous ways of building and maintaining relationships. We conducted an extensive literature search and interviewed individuals working within tribal public health settings to guide our work. This information contributed to establishing Gathering Grounds as an online space for a collaborative response to challenges facing our tribal and urban American Indian and Alaska Native-serving organizations. We are building community with Gathering Grounds that will support continuation of knowledge exchanges and collaborative partnerships into the future.

Communities of Practice

Etienne Wenger and Jean Lave are credited with introducing the term *community of practice* to describe "groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis."[31] Among the basic structures shared by communities of practice are a domain (the topic of shared commitment), a community (engagement in shared knowledge exchange), and practices (ways of discussing and sharing knowledge about the domain).[32] Though the term may be recent, the concept of communal knowledge sharing and relationship building among those with a shared identity is a human tradition that is central in Indigenous communities. As noted by Traci Sylva, Pauline Chinn, and Charles Kinoshita, communities of practice can serve to connect "science to culture, place, and community" and develop solutions to "highly valued, real-world problems."[33] A functioning I-CP can support "development of knowledge through Indigenous science ... guided by: spirituality, ethical relationships, mutualism, reciprocity, respect, restraint, a focus on harmony, and acknowledgement of interdependence."[34]

We conducted a literature review to understand the current extent and scope of communities of practice within or in relationship with Indigenous communities. We also hoped to identify and gather best practices that could help us in shaping our new I-CP. Our review included fourteen peer-reviewed, English-language articles and one English-language dissertation, published between 2005 and 2018. Inclusion criteria were all articles with communities of practice related to, or involved with, Indigenous communities in Australia, Aotearoa (New Zealand), mainland United States, Hawai'i, Alaska, Canada, and Europe.

The following subsections share our findings and follow the structure of communities of practice: community, domain, and practice.

Community

While all the communities of practice involved Indigenous relationships, the location and membership of these relationships varied in the reviewed articles. Some communities of practice were situated within Indigenous communities, while others consisted of members who were in a specific relationship with Indigenous peoples

through healthcare and education or engaging in Indigenous learning practices (such as history or language). Others included a mix of both Indigenous and non-Indigenous teachers or practitioners. One community of practice had only Indigenous members.[35] Communities of practice spanned both urban and rural Indigenous populations.

Domains

Domains, or topics of shared commitment, included Indigenous language learning;[36] increasing knowledge about sexual health and healthy relationships for teen girls within the context of Indigenous communities;[37] repairing relationships between Indigenous/Torres Strait and other Pacific Islander populations at an Australian museum;[38] and youth wellness and suicide prevention.[39] Several of the communities of practice focused on improving skills to support Indigenous patients and students in culturally relevant ways or provide educational supports related to Indigenous health and culture.[40] These communities of practice served as a space for developing cultural humility and culturally appropriate practices.

Practices and Interfacing

The communities of practice interfaced through a diverse set of modes: exclusively online,[41] exclusively in-person,[42] or in combination.[43] Practices for gathering and sharing knowledge included focus groups,[44] self-reflection activities,[45] workshops,[46] group processing,[47] mobilizing, writing, and developing learning objectives that guided professional development.

Cultural immersion was a common practice, particularly for the communities that met in person and involved non-Indigenous teachers or practitioners working with Indigenous students or clients.[48] In many of these cases, members from local Indigenous communities facilitated cultural immersion experiences and knowledge exchange between the members to facilitate cultural humility and shared understanding. Several of the communities of practice integrated practices like learning circles,[49] storytelling,[50] and other Indigenous traditions of sharing and exchanging knowledge. These approaches allow non-Indigenous collaborators to experience and learn from Indigenous pedagogies, including witnessing Indigenous knowledge development.[51] One community of practice utilized engaging multiple generations to support the transmission of knowledge.[52] In this community, Indigenous youths and young adults were brought together with elders for sexual health mentorship purposes. As highlighted by the authors, elders can provide insight into the values and practices (specific to that community) for information sharing and learning and help youth navigate traditional and Western situations.

Sylva, Chinn, and Kinoshita drew connections between Native Hawaiian ways of learning and Wegner's community of practice model, particularly concerning the concept of situated learning, where knowledge acquisition is a social practice.[53] Other theories or frameworks that align with Indigenous knowledge sharing also discussed building and engaging a community of practice. For example, one community of practice that served to support teachers of a course in Indigenous and Torres Strait

Islander health and culture noted how the community was guided by the concept of a "third space," a type of "in-between" space where cultural beliefs and worldviews intersect with one another.[54] The integration of decolonizing principles of learning was also integral to addressing youth suicide in Arctic communities.[55] Integrating such principles into the community of practice allows "space and consideration for a worldview not represented in the dominant discourse."[56] Reciprocal theory building was also discussed as a method for building relationships between diverse parties involved in a workspace.[57]

Outcomes and Significant Findings

Our literature review revealed several findings and outcomes that guided us in building out Gathering Grounds. First, the importance of fostering strong and sustainable relationships is central to the success of a community of practice. Activities such as listening and learning circles,[58] trust-building exercises,[59] and emphasizing co-learning[60] and self-reflection[61] are tools that can aid in this effort. Communities of practice can also help forge relationships among practitioners, educators, and the communities they serve. For example, for non-Indigenous dietitians working with Indigenous populations in Australia, participating in a community of practice helped the practitioners to better understand the oppression and barriers facing the people with whom they work,[62] both historically and in the present. This allowed them to better navigate cross-cultural practice and increased dietitians' self-reported competency in working with clients.[63] In another community of practice in New South Wales, Indigenous community members created and facilitated a learning curriculum for teachers who work with Indigenous youth. Case study data from the program revealed a "dramatic impact on the attitudes of teachers to Indigenous students, on their ability to establish relationships with the local Indigenous community and on their willingness to adapt curriculum and pedagogy to meet the needs of their students better."[64]

Engaging learning as a "social process" through the community of practice also led to increased confidence and perceived efficacy among teachers, particularly their ability to communicate and build supportive relationships with Indigenous students. Communities of practice also help educators consider frameworks for working with specific populations. In another example, engaging in a community of practice helped practitioners and Indigenous community elders in Canada to understand and consider the "multiple contexts" in which Native youth operate, specifically concerning sexual health.[65] Understanding these multiple contexts informs the development of culturally appropriate intervention programs. Through these understandings, the community of practice serves to "enhance social connection and [reinforce] a sense of belonging and relational mutuality among group members."[66]

Other findings highlight potential problems if implementing a community of practice comes "from above" rather than from the community members. Issues also arise if an exact theory behind the implementation has not coalesced.[67] Relatedly, communities of practice require integrating approaches to address power differentials and structural inequalities between community of practice members and providers (such as

practitioners and teachers) and the clients being served. Josephine Wanjiru Kilde notes the importance of community members taking responsibility for framing and building the community of practice in alignment with their needs, ensuring accessibility that supports meaningful engagement.[68]

Community of Practice Guiding Principles

This literature review identified common themes and promising practices for developing an Indigenous community of practice. Our guiding principles represent a synthesis of these shared lessons:

Connectedness: Fostering a sense of community and connectedness at the initial in-person meeting provides the basis for relationship development and growth. Additional gatherings represent essential opportunities to reaffirm and expand these relationships to best support communication and shared learning.

Relational: Holding space for cultural immersion allows members to center places, people, and topics with which they work, practicing the "radical contextualism"[69] necessary to acknowledge relationships with one another and the issues we share and work together to address.

Peer-Led: Peer-led, voluntary activities represent the core of the I-CP. Non-hierarchical approaches offer opportunities for community voice, promote necessary cultural infusion, and empower collective action.

Indigeneity: Activities should incorporate values and practices specific to the Indigenous community(ies). Using storytelling as a method to identify domains aligns with Indigenous approaches to learning and sharing.

Adaptable: Establishing priorities and approaches to address them within a flexible structure allows the I-CP to adjust to community members' changing needs.

Equitable: I-CPs should be diverse, and the facilitators should engage in a critical analysis of power structures and relations of inequality and discrimination.

Valued: The community of practice must have buy-in and engagement amongst its members, and members should find value in belonging to the community in order to be sustainable.[70]

Our guiding principles reflect shared Indigenous beliefs, values, and practices that are bound by relational accountability.[71] Relational accountability in I-CPs refers to the thoughts and behavior we engage in when coming together to build and maintain relationships for collective health and well-being within Indigenous communities. Wilson posited that the way we may practice in Western fields or disciplines, from an Indigenous perspective, is not separate from how we were taught to live and be in relation with one another and all beings (i.e., relational ontologies, epistemology, and axiology).[72]

The values that guide and ensure our accountability are reverence, respect, reciprocity and responsibility.[73] These are derived, for example, from the lessons learned intergenerationally, connection to place and land, kinship ties, and language. Many of our Indigenous languages reflect these values and relationality. The terms in our greetings are not stagnant and disassociated terms. Often our greetings explicitly ask about

the health and well-being of those around us. They are words of respect and reverence within a reciprocal exchange. This exemplifies how we continuously engage in relational accountability. It informs cultural and social practices that build and sustain community. By centering and privileging Indigenous knowledge and ways we also counter the Western hegemony in theory and practice across disciplines and fields (i.e., education, public health, social services) and begin to work within Indigenous praxis.[74] The term *praxis* refers to creating a space of critical reflection within a practice so that the work contributes to transformative action or change. Indigenous methodologies and pedagogies represent praxis; theory and action are not separate. In this way, we develop I-CPs that are rooted in Indigenous public health praxis.

With these principles as our guide, we created an implementation strategy for building our I-CP, which included: (1) conducting an informal needs assessment; (2) gathering and meeting with potential members to define benefits; (3) recruiting core team members to help with the design process; and (4) developing mission statements. We also identified significant topic areas for community content and developed a series of critical questions for our I-CP to explore, i.e., "Who is the audience (community)?" "What is the domain?" and "What are the purpose, goals, and outcomes (practice)?" We outlined the I-CP lifecycle phases: *design*, *prototype*, *launch*, *growth*, and *sustainability*. These were accompanied by outlining strategies for engaging community in these efforts.

Designing Gathering Grounds

Community participation is at the center of Gathering Grounds. During a meeting of more than fifty tribal public health professionals, we held a session describing I-CPs and requested their input in identifying priorities for Gathering Grounds. Participants were grouped and asked to share with the group their organizations' strengths and challenges in public-health capacity and infrastructure. A representative then shared the priorities identified by each group. From analysis of their stories emerged ten "strength domains" and ten "challenges domains." We wrote out the twenty domains on large posters and placed them around the room. A representative from each organization then placed stickers on the domain they thought we should focus on in our I-CP. This collaborative process is known as *affinity mapping*, which we modified to include a discussion at the small and large groups.[75] Given the results of this group process, the group prioritized the domain "upstream approaches" and two subtopics: "prevention during crisis" and "data infrastructure and toolkits" for focus in the I-CP.

To design the I-CP, we interviewed members from twelve organizations focused on tribal public health and nine experts in the field of opioid use disorder prevention and treatment. Interviewees included participants at the in-person meeting. We wanted to know how they as public health professionals would like to experience an I-CP. We reiterated that an I-CP brings together representatives of diverse and interdisciplinary backgrounds—from community members to policymakers—to discuss and learn more about these issues. We asked interviewees about the topics we had selected and whether they matched their organizations' interests. We also asked about preferred

methods of communication, helpful resources, types of collaborative efforts they would like to be part of, and sample activities (with each other and with the content) they believed would generate energy and engagement among I-CP members and how their organization could help facilitate the I-CP.

After analyzing these interviews, it became clear that integrating the principles we identified through the literature review represented a fundamental approach to formulate and launch the I-CP. The interview responses also clarified the need to carefully consider the time and availability of its members to engage. Our role as Seven Directions would be to manage meeting logistics and facilitate connections between members. Interviewees suggested meeting in person at least once to establish relationships and trust. They also suggested occasional conferences, interactive and didactic webinars, and other online tools such as developing a website or making information available via social media. Interviewees also shared they were most interested in having the opportunity to hear each other's stories. One interviewee stated, "It's helpful to hear what others are doing and what they have learned—whether it works or didn't work, so we can avoid recreating the wheel." Given this information, we began to organize the first Gathering Grounds call for members and planned our first meeting, serving as our prototype.

Prototype and Launch

We launched Gathering Grounds registration in January 2020. Initially, we hoped to establish community connectedness among new members in person in April 2020 at the annual Seven Directions gathering, Our Nations, Our Journeys (ONOJ). ONOJ is designed for tribal and urban Indian public health leaders, professionals, and students to share knowledge and promising practices. The theme for ONOJ 2020 was "Fight for our Future: Finding Strength in Indigenous Public Health." During the forum, we planned to host a Story Slam where Gathering Grounds members would be encouraged to tell a story about what they feel the future would look like in their communities. When ONOJ was canceled due to COVID-19, we transitioned to a completely online format for Gathering Grounds. Our first online introductory meeting included twelve members. This number grew significantly after we started our online community meetings centered on the work tribal and urban Indian-serving organizations were conducting in response to COVID-19. We currently have forty-eight members.

Gathering Grounds has served as a space for addressing and sharing knowledge around emerging concerns related to COVID-19 in both urban and rural Native communities. Since the introductory meeting in February, we have hosted four additional meetings centered on COVID-19 responses in both urban and rural settings. Though the approaches that tribal health departments in rural settings take may differ from those in urban settings, in keeping with our principle of ensuring equity, we recognized it is important for everyone to have a space where both approaches are heard. This allows for a cross-pollination of ideas that lead to innovative approaches

and strengthening our networks and opportunities to support and advocate for one another.

Our meetings begin with introductions. We then ask general questions, such as: "What are some of the approaches or steps you are taking to support your community?" "Were there any resources that helped you take these steps?" and "What is going well?" These questions offer participants the opportunity to share without placing a high burden on any one participant. The practice of sharing through remote meeting software can be challenging. We intend to reduce stress and offer a nonthreatening and welcoming space for learning and dialogue to occur.

We were joined by representatives of organizations such as tribal epidemiology centers, state health departments, nonprofits, and tribal health departments during the first session. Members shared nine resources connected to the topics we discussed, which we later made available on our website. Members discussed issues such as food sovereignty, communications, helpful websites, and protocol templates. This meeting emphasized that we all had something to bring to the table. We finished the session with everyone sharing their hopes for the future.

At our next session, we asked the same questions. A few new members joined, and they shared their experiences in their communities. Participants shared funding resources and mutual aid networks in specific regions. These also became available on the Seven Directions Gathering Grounds webpage. To close, we again shared our hopes for the future, which include: (1) movement toward coordinated systems; (2) Indigenous tribes given respect and funding by the government; (3) public health being acknowledged and prioritized; (4) folks struggling with domestic violence and substance abuse getting help soon; (5) everyone keep up the strength and persistence needed to continue connections; (6) needs of tribal communities in the forefront of government priorities.

Our third community meeting was specific to opioid use disorder, and the impact COVID-19 has had on this epidemic. We heard from a tribal health department about the procedures they put in place to continue to provide services to their clients. We also heard from a member about their work to provide youth prevention services when most of their activities occur in person. Members were able to give each other recommendations for adapting activities. These sessions have played an important role in sharing information specific to tribal and urban Indian communities and speak to the practice-based evidence of what works for tribal communities.

After the first few sessions of sharing approaches that work and identifying learning opportunities, we reached out to guest speakers who could expand on topics discussed within the community meetings. We hosted Dr. Toledo-Cornell, the public health director for the Lummi Nation, who shared Lummi Nation Tribal Public Health's efforts to prevent the spread of COVID-19 in their community. Dr. Toledo-Cornell discussed the importance of leveraging existing public health resources, building robust communications strategies with tribal leadership and community members, and an iterative approach to developing comprehensive protocols to reduce transmission risk. She and her team strengthened collaborations with local and municipal nontribal partners to ensure data and tracking cases were complete. Addressing Indigenous

social determinants of health, such as mitigating the risk of transmission in multigenerational households by improving and putting into place substantive protections, represented a critical step to contain the disease. These approaches were made possible through up-to-date communications with tribal leadership, and the legal and policy support made possible through the exercise of tribal sovereignty and the establishment of the public health authority. Bringing all sectors on board with the response was also a key ingredient, including private enterprise, schools, food banks, and delivery of other nonclinical support services. Dr. Toledo-Cornell provided a comprehensive summary to Gathering Grounds participants. Her presentation audience was one of the largest of the sessions, indicating a high level of interest.

Gathering Grounds members support these meetings by deciding what the community focuses on and communicating what information would be most helpful at the time. Community members have requested conversations around the difficulty in disaggregating tribal-specific data from general American Indian and Alaska Native data on health outcomes, and how the current pandemic has affected or changed data. Data is vital to monitor health status, submit applications for economic recovery and for funding purchase of protective gear.[76] Other topics of concern include delivering telehealth (necessary for COVID-19 precautions) in communities with limited Wi-Fi, emergency response plans, and essential resources for managing COVID-19 response. In continuation of our focus on COVID-19, we hosted sessions on creating hot spots, using cellular data to track the virus, and indigenizing communications with knowledge holders in this area.

Through offering evaluations after sessions, Gathering Grounds members have expressed that they are comfortable sharing their thoughts (average rating = 4.4/5), expect that the knowledge from the session they attended will benefit their professional development and/or practice (average rating = 4.8/5) and that they would recommend the session they attended to a colleague (average rating = 4.7/5). In our additional comments area, one person said, "The presentation was beautiful and engaging!" and that they were "excited to look through the resources shared." Though the sample size for these surveys is small (n=12), their responses have affirmed this work and we will continue to assess these sessions and ensure that they retain value for the members. Over time, these sessions will continue to connect people and provide an opportunity to collectively build tribal public health capacity, while also offering a library of examples for other communities.

Discussion: Growth and Sustaining Indigenous Communities of Practice

We offer a review of the literature on communities of practice conducted within Indigenous communities or developed for Indigenous-related domains (e.g., education, health). We shared the process we took to indigenize this approach as a means to engage with tribal public health practitioners and develop opportunities to expand tribal public health capacity development across a variety of public health topics. Communities of practice have functioned as peer-led spaces that support prioritization of community voice, mentoring moments, and transdisciplinary innovation.[77] We

adapted this model to meet the needs of Indigenous public health practitioners toward strengthening their capacity and capabilities in tribal public health practice.

As the convener, we reviewed aspects of communities of practice that aligned with Indigenous epistemologies, values, methodologies, and pedagogies. Indigenous knowledge, ways of being, and lived experience are the foundation for relational accountability. Relational accountability is the way we interact to build and maintain collective relationships. We have a responsibility to engage with each other and all beings from a place of respect, reverence and reciprocity. We integrated these Indigenous approaches to identify and describe the Gathering Grounds principles. The Gathering Grounds principles affirm relational community building, foster connection, value peer-led learning and sharing, engage in individual and group reflection to promote and sustain equity, privilege indigeneity, and adopt a flexible approach to enable necessary adjustments as context and topics/domains change. We hypothesized that enacting these principles would lead to communal dialogue and space for Indigenous public health innovation that community members would value, as it affirmed their praxis within the community and reflected their voice and priorities.

Further, we recognize that about 70 percent of American Indians and Alaska Natives in the United States reside in urban settings. In addition, across many studies and health programs, researchers and public health practitioners have noted heightened population drift between rural and urban settings among American Indian and Alaska Native people in part due to historical contexts, such as the federal Indian Relocation policy, as well as economic and other social incentives. While these two settings differ in terms of access to services, relative risk of health outcomes, and social determinants of health, many of the health issues American Indians and Alaska Natives face in these settings are the same. This is also due to historical factors, as American Indians and Alaska Natives continue to face marginalization, racism, discrimination, and other social stigma because of our race, political status, and the perceptions of tribes in the United States. Therefore, we do not treat urban and rural populations differently in this context, as addressing the health and social effects of colonization over the past five hundred years will take a unified, concerted effort, one that embraces Indigenous principles of relationship and connection, promotes co-learning and sharing, and establishes trust, in order to best support innovation and collaboration.

This exploratory approach to developing an Indigenous public health community of practice resulted in forty-eight members, seven meetings, and a blueprint for other organizations interested in creating an Indigenous community of practice (I-CP). This organizational blueprint was accomplished after a nine-month planning period, an extensive literature review and environmental scan, and a five-month implementation period. I-CPs play an essential role in providing a flexible platform where community members set their own priorities and group norms, including establishing communication to serve their community best.[78] Rather than a rigid calendar of predetermined topics, Gathering Grounds uses community-member feedback, suggestions, and member knowledge expertise to share these national discussions' content and format. The online setting brings Indigenous and non-Indigenous public health practitioners together from across the country, creating a space that has the potential of shaping the

national dialogue for Indigenous public health. Gathering Grounds complements the work of other organizations such as the Indian Health Services COVID-19 Response Webinar Series, National Indian Health Board's COVID-19 Tribal Resource Center, and many others.

We have worked to integrate a mixture of expert knowledge sharing and more fluid community conversations through online meetings to balance the requests and interest of I-CP members. This flexibility has proven to be an advantageous principle for Gathering Grounds in adjusting to immediate needs and topics, such as responding to COVID-19, and the impacts of the pandemic on healthcare. For example, we are seeing a significant issue with lack of data representing Indigenous populations in the United States, particularly in the context of COVID-19's impact on American Indian and Alaska Native populations.[79] Topics such as this are brought to the discussion based on member suggestions.

Gathering Grounds provides a platform where public health practitioners have a unique opportunity to share their experiences and provide a better picture of community-based approaches that may be applied in other American Indian and Alaska Native settings. Gathering Grounds first emerged to grow our own opportunities to work with one another and support each other in the face of crucial events such as the COVID-19 pandemic: a form of Indigenous public-health praxis. While it remains critical to advocate for better data and resources to support community efforts, other strategies and approaches that we also can take will emerge from collaboration and shared learnings, which are made possible by the Gathering Grounds. Funding for these efforts is necessary for tribal communities to properly build capacity, appropriately respond, treat COVID-19 cases, and prevent future pandemics.[80] Transdisciplinary approaches that build on previous tribal public-health work and are informed both by practice-based evidence and an evidence-based practice will improve effective use of these funds.

Limitations

Meaningful connections represent a significant component of I-CPs. We have been unable to host an in-person meeting, and it can be difficult to establish meaningful connections during online sessions. We hope to address this by integrating online relationship-building exercises at the beginning of future meetings. The online feature may also pose a challenge as high-speed internet access varies among tribal communities. An essential component to the tribal nation's economy, education, healthcare, and workforce development is access to high-speed internet. However, approximately 32 percent of American Indian and Alaska Native households lacked access to a computer with a broadband internet subscription.[81] As our society adapts to life with COVID-19, increasing our reliance on technology for jobs, school, and up-to-date information, improving access to the internet will be critical. Additionally, there is "a clear relationship between tribal sovereignty and broadband access."[82] The ability to communicate and share information with others via online platforms is an exercise of Native nation building.[83]

Conclusions and Future Directions

This effort provides support of I-CP as a means of engaging with tribal public health practitioners from diverse settings and across a variety of topics. One aspect that separates I-CPs from other learning relationships is the potential for dismantling power and structural imbalances, not only amongst community members, but also in society. Incorporating this will help build stronger, more inclusive, and diverse communities.[84] In Gathering Grounds, we strive to make engagement and invitations to speak equitable, balancing "guest experts" with group discussions, and bringing in representatives from federal organizations, tribal public health, local groups, and individual practitioners. Our goal is to model equitable approaches that are grounded in Indigenous pedagogy and praxis.

Future research is needed to confirm that this approach has a significant effect on tribal public health practice. An expansive evaluation of Indigenous communities of practices would be beneficial for establishing best practices within this approach. Collecting and sharing these stories would help knit together examples in multiple contexts and settings.

Notes

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