

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2024-2025 NEWSLETTER



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EXECUTIVE DIRECTOR MESSAGE

Taanishi. (hello in michif)

Please enjoy this edition of
the Winter NIDA newsletter.

Maarsii. (thank you in michif)



NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2024-2025 NEWSLETTER

Happy Winter from the National Indigenous Diabetes Association Board of Directors and Staff!

As we send out this winter edition, we reflect on the deep engagement, learning, and relationship-building that has guided our work over the past season. This has been a time of connection and growth, grounded in the voices of Indigenous Peoples across the country and a shared commitment to ensuring diabetes prevention and care reflect our knowledge, values, and ways of being.

One of the major shifts this season has been the announcement of Manitoba as the first province to sign onto the national Pharmacare agreement. While increased access to medications is an important step, NIDA remains mindful of the impacts this transition may have on First Nations, Inuit, and Métis Peoples. We are committed to ensuring that treaty and inherent rights are protected and that Indigenous-specific health needs are not lost in the rollout of this new system. We will be keeping a close eye on these changes to ensure that no one falls through the cracks or is left behind.

At the same time, we continue to push forward with our national engagement on the Establishing Distinctions-Based Pathways project, funded by the Public Health Agency of Canada (PHAC). In just nine engagement days, over 70 voices have shared their experiences, knowledge, and priorities for diabetes prevention and care, shaping a framework that reflects Indigenous ways of knowing. But this is just the beginning, we need to hear from many more individuals, First Nations, Inuit and Métis to ensure this work is truly representative of our people. If you would like to participate or have us visit your area, please reach out at nationalengagement@nada.ca.

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We are also proud to highlight the work of Ryan Hooey and Rosan Wesley, who recently completed an Indigenous Fellowship project in collaboration with Diabetes Action Canada. Their work has focused on empowering Indigenous people with tools to self-advocate within the health care system, ensuring they have the knowledge and confidence to access the diabetes care they need. These efforts, alongside so many others, remind us that systemic change happens not only through policy shifts but through the strength of individuals and communities working together.

This newsletter also includes details on research opportunities and our upcoming National Indigenous Diabetes Conference, please take a look and get involved where you can. As we move forward into a new season, we do so with gratitude for everyone who has shared their voices, time, and knowledge with us. Thank you for walking alongside us in this work, we look forward to continuing in a good way together.

All my relations,
Céleste Thériault

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Hon. Mark Holland, PC, MP, Minister of Health pictured with National Indigenous Diabetes Association Executive Director Céleste Thériault during the announcement that Manitoba has become the first province to join national pharmacare program held in Winnipeg, MB February 27, 2025.

<https://www.winnipegfreepress.com/breakingnews/2025/02/27/manitoba-first-province-to-sign-ottawas-pharmacare-deal>

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Canada is moving toward a national PharmaCare program, and it is crucial that lived experience perspectives help shape these policies.

During a recent engagement with the PharmaCare Expert Committee, it became clear that they would benefit from hearing directly from people who rely on diabetes medications, technologies, and care. To fill this gap, Diabetes Action Canada (DAC) is hosting two PharmaCare Town Halls to gather patient stories, needs, and recommendations.

We want to ensure that decision-makers hear from those most affected. Your insights will inform a "What We Heard" report and op-eds, amplifying real patient voices in national conversations about PharmaCare.

Why This Matters

People living with diabetes and other chronic conditions depend on consistent, affordable access to medications, devices, and healthcare services. However, as Canada designs a national PharmaCare program, patients and caregivers must have a say in how it will work for us.


These Town Halls are an opportunity to:


- ✓ Share real experiences and challenges with medication access
- ✓ Identify priorities that must be addressed in a PharmaCare program
- ✓ Ensure diverse perspectives are represented in future advocacy

The discussions will directly shape policy conversations, so your participation can make a real impact.


Town Hall Details

Humans of PharmaCare (General Town Hall)


 Date: Wednesday, March 12th


 Time: 7:00 – 9:00 PM (EST)

 Location: Virtual (Zoom – link will be sent to selected participants)


 Compensation: \$25/hour for a 2-hour session + 1 hour of prep time (\$75 total)

Indigenous Perspectives on PharmaCare (in collaboration with NIDA)


 Date: Wednesday, March 26th

 Time: 7:00 – 9:00 PM (EST)

 Location: Virtual (Zoom – link will be sent to selected participants)

 Compensation: \$25/hour for a 2-hour session + 1 hour of prep time (\$75 total)

How to Sign Up

 [\[Click here to apply\]](#) To ensure a range of voices, the form will ask about your experience with diabetes, location, and other background details.

Deadline to apply for the general Town Hall: Monday, March 10th

Deadline to apply for the Indigenous Town Hall: Monday, March 24th

If you do not hear from us by March 11th, or March 25th respectively, you have not been selected this time.

Your Voice Matters – Join Us!

This is a critical moment for PharmaCare in Canada, and your lived experience can make a difference. Decision-makers need to hear directly from people affected by drug coverage policies so that PharmaCare meets the real needs of patients and caregivers.

We hope you will consider adding your voice to this important conversation.

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Le Canada se dirige vers un programme national d'Assurance Médicaments, et il est crucial que les voix des patients influencent ces politiques.

Lors d'une récente consultation avec le Comité d'Experts sur l'Assurance Médicaments, il est devenu évident qu'ils bénéficieraient des témoignages directs des personnes qui dépendent des médicaments, des technologies et des soins pour le diabète. Pour combler cette lacune, Diabète Action Canada (DAC) organise deux séances de consultation pour recueillir des expériences, des besoins et des recommandations des patients.

Vos témoignages serviront à rédiger un rapport "Ce que nous avons entendu" et des tribunes d'opinion afin d'amplifier les voix des patients dans le débat public.

Pourquoi c'est important

Les personnes atteintes de diabète et d'autres maladies chroniques ont besoin d'un accès stable et abordable aux médicaments, aux dispositifs et aux soins de santé. Cependant, alors que le Canada conçoit un programme national d'Assurance Médicaments, il est essentiel que les patients et leurs aidants puissent s'exprimer.

Ces séances sont l'occasion de :

- ✓ Partager vos expériences et défis liés à l'accès aux médicaments
- ✓ Identifier les priorités qui doivent être incluses dans le programme
- ✓ Veiller à ce que des perspectives diverses soient prises en compte dans la défense des patients

Vos contributions auront un impact direct sur les décisions politiques.

Comment s'inscrire ?

✦ [\[Cliquez ici pour postuler\]](#) Pour garantir une diversité de points de vue, le formulaire vous posera des questions sur votre expérience avec le diabète, votre emplacement et d'autres informations de base.

Date limite pour postuler à la consultation générale : Lundi 10 mars

Date limite pour postuler à la consultation autochtone : Lundi 24 mars

Si vous ne recevez pas de réponse de notre part d'ici le 11 mars ou le 25 mars respectivement, cela signifie que vous n'avez pas été retenu cette fois-ci.

Votre voix compte – Participez !

Il s'agit d'un moment clé pour l'Assurance Médicaments au Canada, et votre expérience vécue peut faire une différence. Les décideurs doivent entendre directement les personnes touchées par les politiques de couverture des médicaments afin de garantir que l'Assurance Médicaments réponde aux besoins réels des patients et de leurs aidants.

Nous espérons que vous considérerez cette opportunité de faire entendre votre voix.

Pour toute question, veuillez répondre à ce courriel.

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Farm to Cafeteria Canada is thrilled to introduce a new grant opportunity open now and accepting applications until March 28, 2025: the [Indigenous Foodways in Schools Grants](#) will provide funding for Indigenous school communities throughout Canada to support their long-term community visions of Indigenous food security and food sovereignty to be implemented in the school setting.

We envision that these grants will enhance the ability of school communities to have the infrastructure, equipment, knowledge, and connections needed to teach about and integrate Indigenous foods, foodways, worldviews, and approaches into daily practices at school. This includes an emphasis on relationships, reciprocity, and connections to the land.

Any school or community organization in Canada can apply for a grant of between \$500-20,000 as long as they show a clear connection to one or more schools in the community, and commit to using the funds to support Indigenous food security and food sovereignty in the school setting.

For more information and to apply, please watch our [Welcome Video](#) and visit our [Indigenous Foodways in Schools Grants page](#).

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2025 National Indigenous Diabetes Conference Rooted in Wellness through Wholistic Health

May 7th - 9th 2025
Delta Hotel Winnipeg, MB

Scan for Information





About the National Indigenous Diabetes Association

The National Indigenous Diabetes Association works towards healthy communities. To achieve this vision we work with people, communities and organizations to:

- Raise awareness about diabetes and First Nations, Inuit and Métis Peoples in Canada
- Advocate for programs and services for the prevention of type 2 and gestational diabetes among First Nations, Inuit and Métis Peoples
- Advocate for programs and services for diabetes management for First Nations, Inuit and Métis Peoples living with diabetes
- Promote healthy lifestyles to prevent the onset or complications of diabetes for First Nations, Inuit and Métis Peoples

National Indigenous Diabetes Association

NIDA

The National Indigenous Diabetes Association (NIDA) is a charitable, not-for-profit organization founded in 1995 in response to the rising rates of diabetes among First Nations, Inuit, and Métis Peoples in Canada. NIDA is dedicated to promoting wellness, diabetes prevention, and culturally grounded approaches to diabetes care. Through health promotion, advocacy, research, education, and collaboration, NIDA supports Indigenous Peoples living with and at risk of diabetes in accessing holistic, evidence-based health information that honours Indigenous ways of knowing.

All products produced by NIDA and its partners aim to reduce the incidents and prevalence of diabetes among First Nations, Inuit, and Metis individuals, families, and communities.

Connect with NIDA

Phone: (204) 927-1221

Email: nationalengagement@nada.ca

Web: nada.ca



National Indigenous Diabetes Association

202-160 Provencher Blvd
Winnipeg, MB, R2H 0G3



National Framework for Diabetes

Establishing Distinctions-Based Pathways



Informing a National Framework for Indigenous Diabetes Policy

In collaboration with Waapihk Research Inc., Narratives Inc., and NVision Insight Group Inc., NIDA is leading the National Indigenous Engagement on a National Framework for Diabetes: Establishing Distinctions-Based Pathways project, funded through the Public Health Agency of Canada's (PHAC) Healthy Canadians and Communities Fund (HCCF). This project is directly aligned with Bill C-237: An Act to establish a national framework for diabetes, which mandates a comprehensive strategy to address diabetes in Canada. Through engagement with First Nations, Inuit, and Métis Peoples, NIDA ensures that Indigenous voices shape the framework and guide each distinction-based pathway, addressing systemic barriers and supporting culturally relevant diabetes prevention and care for Indigenous Peoples across Canada.

Indigenous Data Sovereignty

As the keeper of the data and knowledge collected through this project, NIDA upholds the principles of Indigenous data sovereignty, ensuring that information is governed and protected in a way that respects the rights, priorities, and self-determination of First Nations, Inuit, and Métis Peoples. Data stewardship is conducted according to OCAP, OCAS and Métis data principles, and Inuit Qaujimajatuqangit (IQ) principles, prioritizing transparency, reciprocity, and community-driven decision-making.

Engagement and Interviews

Project partners will collaborate to conduct engagements and interviews with Indigenous people and communities across Canada. The project team will also participate in health-based and Indigenous gatherings.

Analysis and Reporting

Once data has been collected, the research team will work with the information gathered to create a research report that will outline key findings and emergent distinction-based pathways for providing diabetes care in Canada's Indigenous communities. The final report will be presented to the House of Commons in 2027.

Context and Relationships

This project is with and for Indigenous communities, driven by maintaining good research and community relationships.

Surveys and Community Participation

Indigenous community members and health care practitioners will be invited to participate in a national survey. This is particularly important for those wanting to be involved but unable to participate in engagements and interviews. Stay tuned for more details to come!

Our Project Partners

As a team, our project partners carry research in a good way that upholds the principles of trauma-informed practice and UNDRIP, implements the TRC Calls to Action, and respects community-based protocols. Narratives Inc. exists to amplify voices that may otherwise go unheard or unaddressed, and to support wholistic, equitable, community-driven actions for environmental and human wellbeing. Narratives specializes in trauma-informed research and community engagement, with expertise in community planning, impact assessment, and conflict transformation. Our responsibilities on this project include knowledge-gathering with First Nations and Métis communities.

NVision Insight Group Inc. is a majority Indigenous owned company with First Nations, Inuit, Métis and non-Indigenous shareholders, and more than 20 full-time staff in our Ottawa and Iqaluit offices. NVision specializes in Inuit and Northern engagement strategies and relationships and is responsible for Inuit knowledge-gathering on this project.

Waapihk Research provides data-driven research to answer questions related to Indigenous health systems and outcomes. The Indigenous-led team supports the transformation of healthcare by empowering community leaders with the information they require to shape policy and drive meaningful outcomes. In this project, Waapihk is leading the analysis of qualitative and quantitative data collected through the engagements.



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Your Voice Matters: Help Shape the Distinction-Based Indigenous Diabetes Framework

The National Indigenous Diabetes Association (NIDA), in partnership with Waapihk Research Inc., Narratives Inc., and NVision Insight Group Inc., is leading a national engagement to ensure Indigenous voices guide diabetes policy and care in Canada. Funded through the Public Health Agency of Canada's (PHAC) Healthy Canadians and Communities Fund, this project, Establishing Distinctions-Based Pathways, honours the knowledge, experiences, and leadership of First Nations, Inuit, and Métis Peoples.

So far, over 70 voices have shared their perspectives in just nine engagement days, shaping a framework grounded in Indigenous ways of knowing. But this is just the beginning. We want to hear from more people, communities, and health leaders to ensure this framework reflects the diverse needs and strengths of Indigenous Peoples across the country.

We invite you to share your knowledge and help shape the future of diabetes prevention and care. If you would like us to visit your area or want to learn more, please contact us at nationalengagement@nada.ca.

Together, we can build a future where diabetes prevention and care are rooted in Indigenous knowledge, self-determination, and wholistic wellness.

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Launch of the Youth Vaping Campaign - Consider the Consequences

Health Canada's youth vaping campaign [Consider the Consequences](#) recently launched. The campaign focuses on the risks of nicotine addiction for youth, encourages youth not to vape and those who vape to quit.

This year's advertising campaign, which runs until mid-March, features three 15-second cuts of our existing [Teen vaping and nicotine](#) educational video by using platforms most popular with teens such as Snapchat, YouTube, Spotify, Twitch and other mobile gaming sites. The advertising invites youth to visit the updated content on the campaign website at Canada.ca/vaping-info, with the addition of the youth tobacco/vaping cessation [I quit for me](#) program.

The new advertising videos can be viewed as follows:

- Video 1: [Nicotine is very addictive](#)
- Video 2: [Vaping nicotine can harm teen brain development](#)
- Video 3: [Vaping to reduce stress doesn't work](#)

The following campaign awareness resources have also been updated:

- Poster: Vaping can expose you to harmful chemicals
- Poster: Vaping nicotine can harm healthy teen brain development
- Poster: Talk with your teen about vaping
- Mirror cling: Vaping can expose you to harmful chemicals
- Mirror cling: Vaping nicotine can harm healthy teen brain development
- Tip Sheet: Talking with your teens about vaping (for parents)
- Tip Sheet: Talking with teens about vaping (for teachers)
- Awareness kits (Posters, mirror clings and tip sheet for teachers)
- Social Media images sized for Facebook, X and Instagram

You can view them [here](#). They will be added to the [youth vaping, prevention and cessation resources page](#) in PDF download to print as well to order in the coming weeks.

Please share these resources with your networks to expand the reach of the campaign.

The [vaping educational self-led online module](#) is currently being updated. You will be notified when the changes are made.

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Lancement de la campagne de vapotage auprès des jeunes - Considère les conséquences

Santé Canada a récemment lancé sa campagne publicitaire auprès des jeunes Considère les conséquences du vapotage. La campagne vise à sensibiliser les jeunes aux risques de la dépendance à la nicotine et à encourager les jeunes à ne pas vapoter et ceux qui le font à arrêter.

Cette année, la campagne publicitaire qui continuera jusqu'à la mi-mars, comprend trois coupures de 15 secondes de notre vidéo éducative existante Le vapotage et la nicotine chez les adolescents en utilisant les plateformes les plus populaires auprès des adolescents, telles que Snapchat, YouTube, Spotify, Twitch et d'autres sites de jeux mobiles. La publicité invite les jeunes à consulter la nouvelle version de la page Web de la campagne à l'adresse Canada.ca/info-vapotage, en plus du programme d'abandon du vapotage et du tabac J'arrête pour moi destiné aux jeunes.

Vous pouvez visionner les nouvelles vidéos publicitaires aux liens suivants :

- Vidéo 1 : La nicotine rend vraiment accro
- Vidéo 2 : Le vapotage de la nicotine peut nuire au développement du cerveau des adolescents
- Vidéo 3 : Vapoter pour réduire le stress, ça ne fonctionne pas

Les ressources de sensibilisation de la campagne suivantes ont également été mises à jour :

- Affiche : Le vapotage peut t'exposer à des produits chimiques nocifs
- Affiche : Le vapotage de la nicotine peut nuire au développement sain du cerveau des adolescents
- Affiche : Parler de vapotage avec votre ado
- Électrostatique : La vapotage peut vous exposer à des produits chimiques nocifs
- Électrostatique : Le vapotage de la nicotine peut nuire au développement sain du cerveau des adolescents
- Fiche de conseils : Parler de vapotage avec vos adolescents (pour les parents)
- Fiche de conseils : Parler de vapotage avec les adolescents (pour les enseignants)
- Trousses de sensibilisation (affiches, électrostatique et fiche de conseils pour les enseignants)
- Images de médias sociaux dimensionnées pour Facebook, X et Instagram

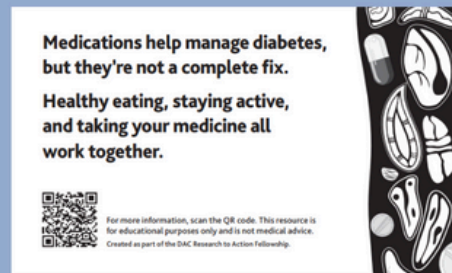
Vous pouvez les consulter ici. Elles seront ajoutées à la page des ressources de prévention et de cessation du vapotage chez les jeunes en format PDF à imprimer et à commander dans les prochaines semaines.

Veillez partager ces ressources avec vos réseaux pour étendre la portée de la campagne.

Le module éducatif autogéré en ligne sur le vapotage est actuellement en cours de mise à jour. Vous serez informé(e) lorsque les modifications seront effectuées.


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Self-Advocacy Flashcards for Indigenous Communities



New Free Resources: Evidence-Based & Patient-Led

Our organization partnered with Diabetes Action Canada on the Research to Action Fellowship, a program supporting patient partners in co-designing knowledge mobilization projects that make research more accessible, engaging, and impactful.

 Newly launched, free resources include:

- Comics on the lived experience of type 2 diabetes and obesity
- Self-advocacy flashcards for Indigenous patients navigating healthcare
- South Asian & Black vignettes on culturally relevant diabetes care
- Infographics on the intersection of diabetes and mental health

Explore the Resource Library and learn about the fellowship: <https://diabetesaction.ca/research-to-action-fellowship/>

Interested in applying for the next fellowship cohort? Sign up for updates!

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National Indigenous Diabetes Association Strategic Planning November, 2024 Toronto Ontario



SUGAR SWEETENED BEVERAGE CONSUMPTION IN CANADA, 2004 VS 2015

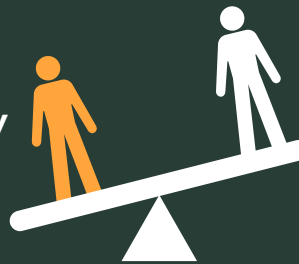
We utilized 2004 and 2015 Canadian Community Health Survey data to examine **associations between sugar-sweetened beverage consumption and socio-demographic factors.**



Smokers had 1.9 times greater odds of consuming sugary beverages than non-smokers.



Indigenous individuals have around 2.7 times higher odds of sugary beverage consumption than non-Indigenous individuals.



The difference in sugary drink consumption among Indigenous and non-Indigenous respondents stayed the same from 2004 to 2015.

Funders and Collaborators



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Sugar-Sweetened Beverage Consumption in Canada 2004 VS 2015

Examining Inequalities in Sugar-Sweetened Beverage Consumption Utilizing 2004 and 2015 Canadian Community Health Survey Data

By Mya Kidson

In September 2022, Newfoundland and Labrador implemented a tax on sugar-sweetened beverages to reduce their consumption, in response to various health organizations lobbying for this policy. However, we had concerns about the potential impact of taxes on socially and economically marginalized groups. Our previous research aimed to understand how Indigenous adults view sugary drinks and their potential taxation, which we previously shared in a NIDA newsletter. We interviewed Indigenous people from Manitoba (Flin Flon, Island Lake, Anishinew Nations, and the North End of Winnipeg) in collaboration with NIDA, Four Arrows Regional Health Authority, and Zoongizi Ode (formerly Fearless R2W).

During the interviews, some participants noted that sugary drink policies seemed similar to tobacco tax policies, which they felt stigmatized consumers. They feared that these policies could have a similar negative effect on people who struggle with addiction or using sugary drinks as a coping mechanism related to addictions, especially if they experienced various barriers influencing their consumption habits. Past studies show that smoking reductions from tobacco taxes are often not sustained in these groups, which raises concerns that policies directed at sugary drinks may have similar challenges.

To explore this further, we used data from the 2004 and 2015 nutrition-focused Canadian Community Health Surveys (CCHS), conducted by Statistics Canada, to examine links between smoking and sugary drink consumption. And given that various other non-taxation policies directed at sugary drinks were implemented in Canada (i.e., reduced access to SSBs in schools and public settings, reduced advertising of SSBs) between 2004 and 2015, we also wanted to see if there were changes in inequality with respect to sugary drink consumption between the two time periods. This data would tell us if policies directed at sugary drink intake narrowed or widened inequalities, or if they remained unchanged. The Canadian Community Health Survey collects data from a representative sample of people from the 10 provinces but does not collect data on-reserve.

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The results showed that smoking and sugary drinks consumption were closely linked. Smokers were more likely to drink sugary drinks than non-smokers, but smoking was not associated with the amount of sugar from sugary drinks they consumed. In other words, smokers and non-smokers who drank sugary drinks, reported consuming similar amounts.

As seen in previous studies using the same surveys, Indigenous people had higher odds of drinking sugary drinks compared to non-Indigenous people. This study found that this inequality remained the same from 2004 to 2015, indicating that policies and increased media attention to sugary drinks didn't seem to widen inequality, but neither did it manage to effectively narrow this inequality.

Our findings support what we heard from Indigenous adults that smoking is related to sugary drink intake. This result also suggests that taxation policies directed at smoking may be similarly ineffective at addressing sugary drink intake in the same population due to co-occurring behaviours. Finally, existing educational policies about the health impacts of sugary drink intake and policies directed at the food environment have not been effective at reducing inequities in sugary drink intake among off-reserve Indigenous populations and non-Indigenous populations.

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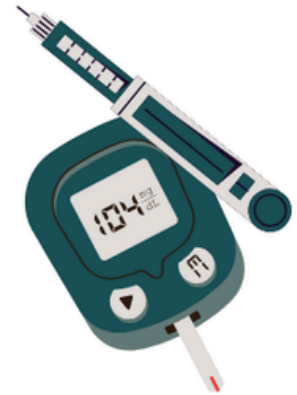
Participants Needed

WOMEN/BIRTHING PERSONS WITH DIABETES

Participate in an online research study to help us learn more about your emotional and health behaviour needs and, diabetes-related self-management strategies. If you agree to participate, you will fill out 1 online survey that takes approximately 20-30min to complete.

Eligibility Criteria:

- Currently pregnant
- Planning on becoming pregnant
- Recently pregnant



Each participant receives a \$20 gift card after completing the survey

Visit our website* for more information and to see if you are eligible:

<https://healthymomsgdm-study.ca/>

**Despite the name of the website, this research invites people of sexual and gender diversity to participate*



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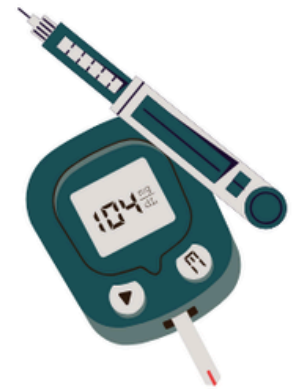
Participant.es Recherché.es

FEMMES/PERSONNES ACCOUCHANTES VIVANT AVEC LE DIABÈTE?

Participez à une étude de recherche en ligne pour nous aider à en apprendre plus sur vos besoins émotionnels, comportements en matière de santé, et vos stratégies d'autogestion du diabète. Si vous acceptez de participer, vous remplirez 1 questionnaire en ligne qui prendra environ 20-30 min. à compléter.

Critères d'éligibilité

- Enceinte
- Planifiant une grossesse
- Récemment eu un bébé



Vous recevrez une carte-cadeau de 20 \$ pour avoir complété ce questionnaire

Visitez notre site web* pour plus d'informations et
pour voir si vous êtes éligible:

<https://healthymomsgdm-study.ca/>

**Malgré le nom du site web, cette recherche invite les personnes de la diversité sexuelle et de genre à participer*



FRDJ



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