

NATIONAL INDIGENOUS DIABETES ASSOCIATION SPRING 2025 NEWSLETTER



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EXECUTIVE DIRECTOR MESSAGE

Taanishi. (hello in michif)

Please enjoy this edition of
the Spring NIDA newsletter.

Maarsii. (thank you in michif)



NATIONAL INDIGENOUS DIABETES ASSOCIATION SPRING 2025 NEWSLETTER

Spring Reflections from the National Indigenous Diabetes Association Board of Directors and Staff!

As we send out this Spring edition, just as summer arrives, we want to take a moment to honour the season that has passed and all that it carried. While the timing of this newsletter is delayed, the spirit of spring has been alive in our work: full of renewal, connection, and transformation.

This spring, we experienced the heartbreak of loss with the passing of one of our deeply respected Elders, Elder Bob Fenton, on May 25th. His teachings, presence, and guidance will continue to shape our path forward. We honour his dedication to diabetes education and legacy, and we carry his spirit with us in every step of this journey.

In the spirit of that guidance, our work continued with ceremony, heart, and community at the centre. This spring marked the successful hosting of our 2025 National Indigenous Diabetes Conference, where over 350 delegates gathered to uplift Indigenous-led approaches to diabetes prevention and care. Thank you to everyone who joined us and supported this event. We are already looking ahead with excitement as we announce the next conference dates: May 12–14, 2027. Mark your calendars!

This season also brought continued momentum in our Establishing Distinctions-Based Pathways project. With over 150+ voices engaged so far, we are honoured by the trust communities have shown in sharing their perspectives to shape a national Indigenous diabetes framework. If you'd like us to visit your area or share your voice, please reach out to us at nationalengagement@nada.ca.

We're also thrilled to highlight the writing of our own Board Member, Sara Duchene-Milne RD CDE, whose article in this edition speaks to practical diabetes management tips in food insecure areas.

As we move into the warmth of summer, we carry the energy of spring with us, grief, gratitude, growth, and groundedness. Thank you for walking alongside us and continuing this work in a good way.

All my relations,
Céleste Thériault

ELDER ROBERT “BOB” FENTON



Tuesday, February 17th, 1948--Sunday, May 25th, 2025

*You will always be
remembered!*

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A Tribute to Elder Robert (Bob) Fenton

Tuesday, February 17th, 1948 - Sunday, May 25th, 2025

In Honour and Remembrance

It is with heavy hearts and deep sorrow that we pay tribute to Elder Robert (Bob) Fenton, a guiding light, a cherished mentor, and a beloved member of the National Indigenous Diabetes Association (NIDA) family. For eight years, Elder Bob walked alongside us, offering his wisdom, unwavering dedication, and boundless compassion. His passing to the spirit world leaves a profound emptiness in our community, yet his spirit will forever remain in the hearts of all who had the honour of knowing him.

Elder Bob served not only as an Elder, but as a true source of knowledge and understanding for our organization. His voice was steady, his heart open, and his presence a source of comfort and clarity. He listened deeply and spoke with purpose, every word grounded in lived experience and cultural truth. Whether in ceremony, in meetings, or simply in conversation, Bob carried with him a lifetime of learning and an unwavering commitment to the health and wellbeing of Indigenous Peoples.

His passion for diabetes education and prevention went far beyond professional duty it was a calling. He worked tirelessly to support communities in healing and empowerment, always guided by the belief that traditional knowledge and modern care must walk together. He touched countless lives with his teachings and inspired many more with his humility and strength.

The loss of Elder Bob is devastating. His wisdom, warmth, and laughter will be missed beyond measure. Yet we take comfort in knowing that his legacy lives on in the stories he shared, the lives he changed, and the love he gave so freely.

May we honour Elder Bob (Robert) Fenton by continuing the work he so passionately believed in. May we listen with the same patience, lead with the same integrity, and carry forward the vision he helped shape.

With deep respect and eternal gratitude. You will always be with us, Elder Bob.

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2025 National Indigenous Diabetes Conference Summary

"Rooted in Wellness through Wholistic Health"

The 2025 National Indigenous Diabetes Conference, "Rooted in Wellness through Wholistic Health," marked a powerful and inspiring gathering of Indigenous communities, and healthcare professionals, from across Canada. This year's event was especially significant, celebrating 30 years of the National Indigenous Diabetes Association (NIDA) and its unwavering commitment to supporting the health and well-being of First Nations, Inuit, and Métis Peoples.

The conference brought together a diverse and passionate group of delegates, including individuals with lived experience, Aboriginal Diabetes Initiative Workers, Indigenous front-line staff, Community Diabetes Prevention Workers, diabetes educators, health managers, nurses, dietitians, nutritionists, researchers, industry experts, and government representatives. Together, they shared knowledge, experience, and strategies grounded in Indigenous ways of knowing, with a strong focus on culturally relevant approaches to diabetes prevention, self-management, and wholistic health.

Highlights included keynote addresses from renowned speakers such as six-time Olympic medalist Clara Hughes, who brought a powerful message of resilience and mental health, and Tewanee Joseph, who inspired attendees with stories of leadership, identity, and community strength.

The agenda was rich and dynamic, featuring interactive workshops, oral presentations, and plenary sessions, that connected participants to local Indigenous communities and land-based teachings. Delegates explored the physical, spiritual, emotional, and mental dimensions of wellness, drawing upon traditional knowledge and modern practices to enhance their work in diabetes prevention and care.

This landmark conference not only celebrated three decades of NIDA's impact but also served as a vibrant platform for learning, connection, and renewal. It reaffirmed the importance of culturally safe and community-driven approaches to health and wellness, and strengthened networks among those dedicated to addressing diabetes in Indigenous Nations with respect, integrity, and collaboration.

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As NIDA looks toward the future, the 2025 conference stands as a testament to the strength of Indigenous knowledge, the power of community, and the enduring vision of wellness for all Indigenous Peoples.

We look forward to hosting everyone again in Ottawa, ON from May 12-14th, 2027.



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The Indigenous Community of Practice Canada's Tobacco Strategy met in Winnipeg, Manitoba May 5th and 6th 2025.

Presentations highlighted motivational interviewing and gave an opportunity for the projects to share initiatives from their communities. The group also spent an afternoon at Fort Whyte Alive where SERDC provided information and demonstration of planting Traditional tobacco for ceremonial use.



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ARE YOU A WOMAN/ BIRTHING PERSON LIVING WITH DIABETES?



Complete 1 online survey (20-30 min)

FOR MORE INFORMATION VISIT*:
[HTTPS://HEALTHYMOMSDM-STUDY.CA/](https://HEALTHYMOMSDM-STUDY.CA/)

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

Eligibility Criteria:

- Currently pregnant
- Planning on becoming pregnant
- Recently pregnant

EACH PARTICIPANT RECEIVES A \$20 GIFT CARD



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healthy
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diabète

ÊTES-VOUS UNE FEMME/ PERSONNE ACCOUCHANTE VIVANT AVEC LE DIABÈTE?



Complétez 1 questionnaire (20-30 min.)

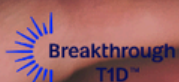
**VISITEZ NOTRE SITE WEB* POUR PLUS
D'INFORMATIONS:
[HTTPS://HEALTHYMOMSDM-STUDY.CA/](https://HEALTHYMOMSDM-STUDY.CA/)**

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

Critères d'éligibilité

- Enceinte
- Planifiant une grossesse
- Récemment eu un bébé

VOUS RECEVREZ UNE CARTE-CADEAU DE 20 \$



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Practical Treatment Strategies for Food-Insecure Individuals Living With Diabetes

Sara Duchene-Milne RD, CDE

*Primary Clinical Care Program/Diabetes Wellness Team, Noojmowin Teg Health Centre,
Manitoulin Island, ON*

Food Insecurity: An Overlooked Risk Factor for Type 2 Diabetes?

The accessibility and affordability of nutritious food are key factors to sustaining an ideal health status. In 2022, 18% of Canadians reported being food insecure (1). The impact that food security status can have on a person's overall health is well known, yet food security status is still taken for granted or assumed within the current health-care climate. Health-care professionals do not always include food security status in their regular health assessment, even though food insecurity puts people at higher risk for chronic disease and complications of chronic disease (2). Recent studies suggest that food insecurity is a risk factor in the development of diabetes, and that diabetes is more Prevalent in food Insecure households in North America (1). Food insecurity can have a sizeable impact on the type of strategies health-care professionals are able to implement when providing care (2).

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I am privileged to work in Northern Ontario and service Indigenous communities, where the “prevalence of diabetes is particularly high and often more severe than in the general population” (3). Regardless of population type or geographic location, many people living with type 2 diabetes experience various levels of food insecurity; therefore, it is necessary to think outside the box to develop realistic and effective care plans.

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Including Food Security Status in Interviewing

Determining an individual’s food security status can be an intimidating and delicate task to perform during an assessment. This is why effective interviewing is such a vital part of an assessment and is often underestimated. Fostering a supportive and culturally safe environment is important to maintain during all interactions, whenever and wherever individuals choose to receive health care. Respectful engagement is necessary to build a good rapport and to gain the individual's trust. Try to be as relaxed and natural as possible when conducting these interviews. If you are authentic, people are more likely to share information about their daily routines, employment, and food security status. There is no consensus on the definition of food insecurity or how it should be measured; therefore, effective interviewing is one tool we can all utilize to give a sense of a person's level of food insecurity (1).

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I see various degrees of food insecurity in my practice, with the lowest end of the spectrum involving limited access to grocery stores, regular food purchases from a convenience store setting, frequent food bank use, and reliance on meals provided by community drop-in programs. Regardless of the degree, food security has an inverse relationship with a healthy balanced diet for people living with diabetes. Foundations of food insecurity are complex and there are many contributing factors, including, but not limited to, low food health literacy, insufficient finances, rising food costs, and limited availability and access to nutritious food. It is commonplace to see referrals to community food resources and food sovereignty initiatives in the charts of food-insecure individuals. These actions aim to address longer-term solutions to solving food insecurity, which are deeply needed, but they do not speak to the immediate need of providing support at a person's current state. It is important to meet individuals where they are, not where you want them to be or only when they reach an ideal state.

Determine the Etiology of Above-Target Blood Glucose

Determining the etiology of above-target blood glucose for food-insecure individuals is the cornerstone for the development of a care plan that is both practical and manageable. Establishing which variables are the most troublesome to the self-management of blood glucose will allow you to customize an approach that can be easily executed and aligns with the person's goals and priorities. Most of the food insecure Indigenous individuals living with type 2 diabetes in My care have medication coverage through non-insured health benefits (4). This removes the unaffordability of the necessary diabetes medication variable from the equation. In my practice, a commonality that exists for food-insecure Indigenous individuals with low self-management behaviours is that many also struggle with metabolic syndrome, characterized by abdominal obesity, hyperglycemia, hypertension, and dyslipidemia (5). Higher levels of insulin resistance are prevalent but not unwarranted given that lower food security status typically precedes a diet that is high in shelf-stable, carbohydrate-dense food. This increases endogenous insulin, leading to increased glucose storage and worsening abdominal obesity. Clinical indicators for my client population lean toward higher glycated hemoglobin (A1C) levels, commonly ranging from 10% to 12%.

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Despite having a decreased response to insulin, a sizeable portion of my client population has been prescribed considerable amounts of exogenous insulin by previous health-care providers. This has only contributed to increased insulin resistance and abdominal obesity due to weight gain from high exogenous insulin usage. Treating insulin resistance with more insulin is a practice I see often, which is not only discouraging for individuals—to see their insulin requirements rise over time—but also frustrating for providers, who are “chasing their tails” when it comes to treatment solutions.

Self-management Strategies to Increase Insulin Sensitivity

The common goal shared by food-insecure insulin-resistant individuals is to reduce the number of medications they require to manage their blood glucose levels. The goal is the same regardless of whether people are living with regular hyperglycemia and high A1C levels, or if blood glucose is well managed, with A1C levels within target but requiring substantial amounts of insulin to achieve it. My approach is a multiphase process with the shared objective of reducing or eliminating the need for exogenous insulin by increasing one's insulin sensitivity. The first phase is education. Taking time to get to know a person's life circumstances and routines before recommending any changes is an undervalued practice. Educating people using lay terms, analogies, and visuals to help explain key concepts—such as food sources of carbohydrate, energy pathways, endogenous insulin action, glucose storage from excess carbohydrate intake, and the action and mechanism of metformin, glucagon-like peptide-1 (GLP-1) receptor agonists, and sodium-glucose cotransporter-2 inhibitors—is a focus during this phase.

These concepts are necessary for people to understand if they want to improve their insulin sensitivity, but also so they can recognize that the initiation and/or adjustment of antihyperglycemic agents may be required temporarily to wean them off insulin. Multiple education sessions are typically required before any action is taken.

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The second phase is the initiation and/or adjustment of Metformin. Many of my clients have taken themselves off Metformin due to drug misinformation or gastrointestinal upset secondary to incorrect dosing and timing. If the individual consents, metformin is slowly titrated as per renal function parameters to the highest tolerated dose. This is done to reduce hepatic gluconeogenesis without increasing insulin secretion, inducing weight gain, or increasing the risk of hypoglycemia (6). Food-insecure individuals often feel like they have less control over improving diabetes health outcomes, so aligning treatment strategies with personal circumstances and daily routines can help them increase their confidence in self-management and feel empowered. The third phase involves making changes to beverages and snack foods only. Many individuals have a high consumption of carbohydrate-dense snack foods, such as potato chips, chocolate, candy, and sugary beverages, such as soda and/or fruit juice. Gradual reduction of high-carbohydrate snacks and beverages and encouraging individuals to drink more water, use sugar-free water flavourings, and/or consume diet soda in moderation to wean off regular soda are a few recommendations that can be effective. Allow enough time for these changes to be incorporated into an individual's routine. In my experience, I do not make any other recommendations to eating patterns or usual intake at the same time to prevent people from feeling overwhelmed. This phase alone can drastically reduce exogenous insulin requirements and improve abdominal obesity. Therefore, regular insulin adjustments and frequent follow-ups are required. The use of continuous blood glucose monitoring to assist with insulin adjustments is used frequently during this phase, as coverage is not a concern for my client population if they have been prescribed at least 1 type of insulin (7).

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The fourth phase differs based on an individual's needs but may include the use of GLP-1 receptor agonists to assist with reducing appetite and delaying glucose absorption while keeping the risk of hypoglycemia low (6). There is no focus on weight loss; instead, the emphasis is on renal protection effects and reducing abdominal obesity to improve insulin sensitivity (6). Waist circumference measurement and self-reported changes to clothing size and fit are used as progress markers. Making nutrition recommendations to consume balanced meals containing higher amounts of non-starchy vegetables, lean proteins, and fibre-containing carbohydrates is ideal, but unrealistic, for many people. Those living at a low level of food insecurity will be more challenging to assist in terms of making intake recommendations that are realistic and within their means to implement. Encouraging individuals to consume the most balanced diet possible within their means, using garden-grown, frozen, and/or canned vegetables; wild meat and fish; and having a protein source at all meals and snacks are a few options that are explored. However, when the ability to consume a balanced diet is not possible due to food security barriers, pivoting and selecting a strategy that individuals can implement within their means to support blood glucose management and minimize their risk of macro and microvascular complications should be explored.

This brings us to the last phase, which is the temporary use of time-restricted eating to improve insulin sensitivity. Using periods of fasting to “improve body composition and metabolic health” by switching from glucose as an energy source to using fatty acids and ketones is the underlying mechanism of time restricted eating (8). The rationale for choosing time-restricted eating for food-insecure insulin-resistant individuals is that it can be implemented regardless of food security status. There are no energy requirement calculations involved. Individuals continue to consume food that they can access and afford, and they decide on the type of fasting schedule that works better for their daily life. The most common method chosen is a 16-hour fast, followed by an 8-hour eating period done 3 to 4 days per week.

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The amount of flexibility and control this allows contributes to the success of this method. Frequent follow-ups with regular blood work allow for adjustments to insulin and monitoring of nutritional markers and prevent hyper- and hypoglycemic events.

The duration of time-restricted eating before improvements in insulin sensitivity are noticeable will vary from person to person due to factors such as body composition, medication goals, and individual laboratory markers. For example, the removal of mealtime and/or basal insulin is a common goal that may require time-restricted eating practices to continue for up to 1 year or longer. Once insulin sensitivity has significantly improved, circling back to discuss the adjustment of all remaining diabetes medications with individuals is a crucial step. An effective approach to supporting and promoting blood glucose self-management for food-insecure people living with type 2 diabetes is to align the care plan with individual goals, values, and way of life. Creating positive change can take time, so be patient. It's a marathon, not a sprint.

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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 wholistic, 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

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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.



MAY 2025

Français

CIHR Announcements / Funding Opportunities

Notice of Upcoming Funding Opportunity: Team Grants: Health Effects of Ultra-Processed Foods

There is mounting epidemiological evidence linking the consumption of Ultra-Processed Foods (UPFs) to multiple adverse health outcomes such as obesity, type 2 diabetes, cardiovascular disease, certain cancers, mental health, and all-cause mortality. To strengthen our understanding of the relationship between UPF consumption and health, research is needed to address limitations of existing epidemiological evidence as well as to understand the mechanistic pathways through which UPFs affect health.

The objectives of the Team Grants: Health Effects of Ultra-Processed Foods funding opportunity are to fund new interdisciplinary research that will generate evidence on the health impacts of UPFs to inform policies and regulations that will improve health equity and the health of Canadians across the lifespan by:

- Investigating the biological mechanisms through which UPFs as a whole or their specific components contribute to the development and progression of noncommunicable diseases (NCDs) at different ages and life stages and/or lead to accelerated biological aging with onset of frailty and cognitive decline.
- Understanding the structural determinants of UPF production, distribution, regulation and consumption in Canada and globally and their inequitable impacts on population health.

Launch: Fall 2025 [Read more](#)

Application Deadline for LOIs: Winter 2026

Planning and Dissemination Grants – ICS

INMD will fund from the following pools:

- Applications relevant to the CIHR Institute of Nutrition, Metabolism and Diabetes (INMD)
- Applications relevant to the CIHR Health Effects of Ultra-Processed Foods Pool

The virtual [Unpacking ultra-processed foods – Identifying research priorities](#) Best Brains Exchange summary is now available.

Application deadline: June 19, 2025 [Read more](#)

Launched: INMD Early Career Researcher Partnership Prize (2025/2026)

This prize will support ECR Prizes awarded by Partner Organizations (voluntary health sector organizations such as non-profit organizations, professional organizations and registered charities) that recognize outstanding research relevant to the Institute's mandate.

Application deadline: November 4, 2025 [Read more](#)

Health System Impact (HSI) Fellowship

The [Health System Impact \(HSI\) Fellowship](#) provides highly qualified doctoral trainees, postdoctoral researchers, and early career researchers in health services and policy research (or related fields) with the opportunity to develop embedded research projects/programs that address the most pressing problems faced by health system organizations and to support evidence-informed decision-making.

Application Deadline: July 9, 2025 [Read more](#)

Summer 2025 TRIANGLE Awards

TRIANGLE Awards have been developed at all levels of training to increase the capacity for benchmark research in gastroenterology and liver research across Canada. Doctoral, Early Career Researcher, and Postdoctoral awards are available.

Application deadline: June 1, 2025 [Read more](#)

Two minutes with a Scientific Director: Dr. Norman Rosenblum

Dr. Rosenblum was recently interviewed on the topic of research advancements poised to transform patient care. [Read his interview here](#) where he talks about the innovations in stem cell research for type 1 diabetes care.

Message from Norman Rosenblum, INMD Scientific Director



Participants at the midterm meeting for the Diabetes Prevention and Treatment in Indigenous Communities: Resilience and Wellness Team Grants and Diabetes, Psychosocial Health, Prevention and Self-Management Operating Grants in Winnipeg, Manitoba.

Earlier this month, INMD, the CIHR Institute for Indigenous Peoples' Health (IIPH) and Breakthrough T1D Canada (formerly JDRF Canada) co-hosted the midterm meeting for the [Diabetes Prevention and Treatment in Indigenous Communities: Resilience and Wellness Team Grants](#) and the [Diabetes, Psychosocial Health, Prevention and Self-Management Operating Grants](#) in Winnipeg, Manitoba. This meeting was held in conjunction with the 2025 [National Indigenous Diabetes Association \(NIDA\)](#) Conference and brought together 45 researchers, trainees, and persons with lived and living experience from across Canada. [Read more](#)

What's Norm Reading

Ultra-processed foods (UPFs) rich in fat and sugar are hypothesized to be addictive, partly due to their supposed ability to trigger large brain dopamine responses similar to addictive drugs. Prior animal and human imaging studies suggest that post-ingestive fat and sugar can stimulate striatal dopamine, potentially affecting obesity development. A study by Darcey et al., investigated whether consuming an ultra-processed milkshake high in fat and sugar would elicit a significant brain dopamine response, like that observed with addictive substances, and whether this response is related to adiposity.¹

The researchers conducted a clinical study in 50 young, healthy adults with a wide range of body mass indexes (20–45 kg/m²). Participants underwent two [¹¹C]raclopride PET scans: one after an overnight fast and another 30-minutes after the consumption of an ultra-processed milkshake. The scans measured changes in dopamine D₂-like receptor binding potential (D₂BP), where decreases would indicate increased dopamine release, and a blunted response could be associated with adiposity.

The results showed no significant mean difference in striatal dopamine binding between the fasted and post-milkshake conditions ($p = 0.616$), nor in any striatal subregion (all $p > 0.33$). While individual responses were highly variable, adiposity measures, including BMI ($r = 0.076$, $p = 0.51$) and body fat percentage ($r = 0.16$, $p = 0.28$), were not significantly associated with dopamine response variability. Exploratory analyses suggested that participants who reported greater fasting hunger showed stronger dopamine responses, particularly in regions such as the left putamen ($r = -0.390$, $p = 0.008$). Moreover, individuals with greater dopamine responses after the milkshake were more likely to consume higher amounts of ultra-processed cookies during a subsequent ad libitum buffet meal.

The strengths of the study included the standardized dietary control before scans and the use of established imaging methodologies. However, there were notable weaknesses, including the lack of an active comparator (such as a minimally processed milkshake), the fixed order of fasting and post-ingestion scans (raising concerns about order effects), and limited ability to detect subtle dopamine changes with PET. Furthermore, generalizability was limited to healthy individuals without significant eating disorders.

The authors concluded that consuming an ultra-processed milkshake did not induce a significant average dopamine response detectable by standard PET imaging methods. Furthermore, individual variability in dopamine response was not significantly related to adiposity, challenging the theory that the addictive properties of UPFs are primarily driven by exaggerated post-ingestive dopamine release. Instead, subjective hunger and hedonic factors appeared more closely linked to individual brain responses and eating behaviors. For future research, the authors recommend incorporating control conditions, considering temporal measurements, and studying populations with clinical eating disorders or traits of food addiction to better understand individual susceptibility to ultra-processed food overconsumption.

References:

1. Darcey, V. L., Guo, J., Chi, M., Chung, S. T., Courville, A. B., Gallagher, I., Herscovitch, P., Joseph, P. V., Howard, R., Noire, M. L., Milley, L., Schick, A., Stagliano, M., Turner, S., Urbanski, N., Yang, S., Zhai, N., Zhou, M. S., & Hall, K. D. (2025). [Brain dopamine responses to ultra-processed milkshakes are highly variable and not significantly related to adiposity in humans](#). *Cell Metabolism*, 37(3), 616-628.e5.

CIHR Funding Results

Team Grants: Embracing Diversity to Achieve Precision & Health Equity

CIHR and partners are investing

\$38M

in cutting-edge PRECISION MEDICINE



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It has become increasingly clear that a one-size-fits-all approach to disease diagnosis, care, treatment, and prevention has limited effectiveness. To improve health outcomes, it's critical to consider the biological, social, environmental, and structural diversity that shapes health at both the individual and population levels. This will move us towards Precision Medicine which is an innovative approach that takes into account individual differences in patients' genes, environments, and lifestyles. By understanding diversity and heterogeneity, researchers can develop more precise prevention and treatment approaches for noncommunicable diseases (NCDs) and infectious diseases, ultimately leading to more equitable and effective health interventions.

To address these pressing issues, CIHR and its partners launched the Embracing Diversity to Achieve Precision & Health Equity team grants. Over the next five years, \$38.16 million will be invested in 19 research teams and 1 knowledge mobilization (KM) hub. This investment aims to improve health and advance equity in nutrition, metabolic health, and chronic high burden diseases, as well as sexually transmitted and blood-borne infections (STBBI), across diverse populations in Canada by:

1. Developing precision medicine approaches to characterize the variability that underlies mechanisms of disease, to prevent, detect, and intervene effectively in terms of disease susceptibility, progression, resilience, reversibility, and treatment
2. Increasing our understanding of how structural, social, environmental, and biological determinants of health contribute to heterogeneity in health and disease, with a focus on Indigenous communities, populations who have historically experienced inequitable outcomes in Canada, and at-risk groups.

This funding opportunity is led by the CIHR Institute of Nutrition, Metabolism and Diabetes, along with their co-leads, the Institutes of Infection and Immunity (III) and the Genetics (IG), and in collaboration with the Institutes of Aging (IA), Cancer Research (ICR), Gender and Health (IGH), Indigenous Peoples' Health (IIPH), the HIV/AIDS and Sexually Transmitted and Blood-Borne Infections (STBBI) Research Initiative, and the Strategy for Patient-Oriented Research, as well as in partnership with Diabetes Canada, The Kidney Foundation of Canada, Genome British Columbia (Genome BC), and G  nome Qu  bec (GQ).

[Learn more](#) about the funded projects and how they're shaping the future of health research in Canada.

Featured Researcher



Mahsa Jessri, PhD

Recipient of the 2025 [INMD-CNS Early Career Researcher Partnership Prize](#)

Dr. Mahsa Jessri is an Assistant Professor in the Food, Nutrition, and Health Program at the University of British Columbia (UBC), where she holds a Tier 2 Canada Research Chair in Nutritional Epidemiology for Population Health. She is also a faculty member at the Centre for Health Services and Policy Research in the UBC School of Population and Public Health (Faculty of Medicine), an Affiliate Investigator with the Evidence to Innovation (E2i) Theme at BC Children's Hospital Research Institute, and a former Core member of Health Canada's Nutrition Science Advisory Committee.

Dr. Jessri is recognized for her expertise in public health, nutritional epidemiology, and public health nutrition policy. By leveraging big data analytics and cutting-edge epidemiological tools, her research program generates robust

evidence to inform national dietary guidelines and policies aimed at reducing the burden of chronic diseases. Dr. Jessri has published extensively in peer-reviewed journals and government reports, and has secured multiple grants and awards, including support from the Canada Foundation for Innovation to establish her Nutritional Epidemiology and Big Data Analytics Laboratory. Through her leadership and interdisciplinary collaborations, Dr. Jessri strives to advance population health and nutrition in Canada. Dr. Jessri is the recipient of the 2025 [INMD-CNS Early Career Researcher Partnership Prize](#) presented at the recent Canadian Nutrition Society Annual meeting. Congratulations Dr. Jessri!



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Institut de la nutrition,
du métabolisme et du diabète
Institute of Nutrition,
Metabolism and Diabetes





MAI 2025

English

Annonces et possibilités de financement des IRSC

Avis de possibilité de financement à venir : Subventions d'équipe « Incidence des aliments ultratransformés sur la santé »

Un nombre croissant de données épidémiologiques établissent des liens entre la consommation d'aliments ultratransformés (AUT) et une foule de problèmes de santé, comme l'obésité, le diabète de type 2, les maladies cardiovasculaires, certains cancers ou encore des troubles de la santé mentale, entre autres affections augmentant les risques de mortalité. Pour renforcer notre compréhension de leurs effets sur la santé, il est primordial de mesurer les limites des données épidémiologiques actuelles et d'examiner les voies mécanistiques empruntées par les AUT qui nuisent à la santé.

La possibilité de financement s'inscrit dans le prolongement de cette séance et visera à appuyer des projets de recherche interdisciplinaire qui offriront de nouveaux éclairages sur les effets des AUT sur la santé, contribuant ainsi à la mise sur pied de politiques et de règlements propices à l'équité en santé et à l'amélioration de la santé de la population canadienne à toutes les étapes de la vie. Objectifs :

- Étudier les mécanismes biologiques qui permettent aux AUT ou à certaines de leurs composantes de favoriser l'apparition et la progression de maladies non transmissibles (MNT) à certains âges ou à certaines étapes de la vie et l'accélération du vieillissement biologique (fragilité accrue, déclin cognitif, etc.);
- Expliquer les déterminants structurels qui entourent la production, la distribution, la régulation et la consommation des AUF au Canada et ailleurs dans le monde ainsi que l'iniquité qui prévaut entre groupes de population face à ses conséquences sur la santé.

Lancement : Automne 2025 [En savoir plus](#)

Date limite de présentation des lettres d'intention : Hiver 2026

Subventions de planification et de dissémination — ACI

L'INMD financera des demandes :

- en lien avec son mandat;
- s'inscrivant dans la classe des IRSC Incidence des aliments ultratransformés sur la santé.

Lisez dès maintenant le résumé de la séance virtuelle d'échanges Meilleurs Cerveaux intitulée [Décortilage des aliments ultratransformés : détermination des priorités de recherche](#).

Date limite de présentation des demandes : 19 juin 2025 [En savoir plus](#)

En cours : Prix de partenariat de l'INMD pour chercheur en début de carrière (2025-2026)

Ce prix complète les bourses décernées aux chercheurs en début de carrière (CDC) par les organismes partenaires (organisations bénévoles du secteur de la santé, notamment les organismes à but non lucratif, les associations professionnelles et les organismes caritatifs enregistrés) en reconnaissance de la recherche exceptionnelle se rapportant au mandat de l'Institut.

Date limite de présentation des demandes : 4 novembre 2025 [En savoir plus](#)

Bourses d'impact sur le système de santé (BISS)

Le [Programme de bourses d'impact sur le système de santé](#) offre aux stagiaires de recherche au doctorat, aux chercheurs postdoctoraux et aux chercheurs en début de carrière dans le domaine des services et des politiques de santé (ou dans un domaine connexe) l'occasion d'élaborer des projets ou des programmes de recherche intégrée pour s'attaquer aux problèmes les plus pressants auxquels sont confrontés les organismes du système de santé et pour soutenir la prise de décisions fondée sur des données probantes.

Date limite de présentation des demandes : 9 juillet 2025 [En savoir plus](#)

Bourses d'été 2025 du programme TRIANGLE

Les bourses TRIANGLE ont été créées pour renforcer la capacité de recherche de pointe en gastroentérologie et en hépatologie au Canada. Elles s'adressent à des chercheurs de tous les stades de formation. Bourses actuellement offertes : doctorat, début de carrière et postdoctorat.

Date limite de présentation des demandes : 1er juin 2025 [En savoir plus \(en anglais seulement\)](#)

Entretien éclair avec la direction scientifique : Dr Norman Rosenblum

Le Dr Rosenblum a récemment accordé un entretien au sujet des avancées scientifiques en voie de transformer les soins prodigués aux patients. [Vous pouvez lire son entretien ici](#). Il y évoque les innovations dans la recherche sur les cellules souches pour le traitement du diabète de type 1.

Message de Norman Rosenblum, directeur scientifique de l'INMD



Participants à la réunion de mi-parcours pour les subventions d'équipe pour la prévention et le traitement du diabète dans les communautés autochtones : résilience et bien-être et les subventions de fonctionnement sur le diabète et la santé psychosociale, la prévention et l'autoprise en charge à Winnipeg, au Manitoba.

Au début du mois, l'INMD, l'Institut de la santé des Autochtones (ISA) des IRSC et Percée DT1 Canada (anciennement FRDJ Canada) ont coorganisé la réunion de mi-parcours dans le cadre des [subventions d'équipe pour la prévention et le traitement du diabète dans les communautés autochtones : résilience et bien-être](#) et des [subventions de fonctionnement sur le diabète et la santé psychosociale, la prévention et l'autoprise en charge](#) à Winnipeg, au Manitoba. Cette réunion s'est tenue en marge de la conférence 2025 de [l'Association nationale autochtone du diabète](#) et a rassemblé 45 chercheurs, stagiaires et personnes ayant une expérience concrète du diabète de partout au Canada. [En lire plus](#)

Les lectures de Norm

Les aliments ultratransformés riches en gras et en sucre seraient addictifs, notamment parce qu'ils auraient la capacité de déclencher d'importantes réponses dopaminergiques dans le cerveau, similaires à celles observées avec les drogues engendrant une dépendance. Des examens d'imagerie chez l'animal et chez l'humain suggèrent que les gras et les sucres ingérés peuvent stimuler la libération de dopamine striatale, ce qui influencerait le risque d'obésité. Une étude menée par Darcey et ses collègues a cherché à déterminer si la consommation d'un lait frappé ultratransformé riche en gras et en sucre provoquait une réponse dopaminergique significative dans le cerveau, similaire à celle observée avec des substances addictives, et si cette réponse était liée à l'adiposité¹.

Les chercheurs ont mené une étude clinique auprès de 50 jeunes adultes en bonne santé présentant un large éventail d'indices de masse corporelle (20 à 45 kg/m²). Les participants ont subi deux examens par TEP avec [¹¹C]raclopride : l'un après une nuit de jeûne et l'autre 30 minutes après la consommation d'un lait frappé ultratransformé. Les examens ont mesuré les changements dans le potentiel de liaison des récepteurs D2, diminution indiquant une augmentation de la libération de dopamine, et une réponse faible pouvant être associée à l'adiposité.

Les résultats n'ont montré aucune différence moyenne significative entre le potentiel de liaison de la dopamine striatale à jeun et après la consommation du lait frappé ($p = 0,616$) ni dans aucune sous-région striatale (toutes; $p > 0,33$). Si les réponses individuelles étaient grandement variées, les mesures de l'adiposité, notamment l'IMC ($r = 0,076$, $p = 0,51$) et le pourcentage de masse grasse ($r = 0,16$, $p = 0,28$), n'étaient pas significativement associées à la variabilité des réponses dopaminergiques. Des analyses exploratoires ont suggéré que ces réponses étaient plus fortes chez les participants ayant fait état d'une plus grande faim à jeun, en particulier dans des régions telles que le putamen gauche ($r = -0,390$, $p = 0,008$). De plus, les personnes chez qui la réponse dopaminergique était plus forte après avoir bu le lait frappé étaient plus susceptibles de consommer davantage de biscuits ultratransformés lors d'un buffet à volonté pris par la suite.

Parmi les points forts de l'étude, citons l'uniformité du contrôle alimentaire avant les examens et l'utilisation de méthodologies d'imagerie reconnues. Elle présentait toutefois des faiblesses importantes, notamment l'absence d'un comparateur actif (tel qu'un lait frappé peu transformé), l'ordre fixe des examens réalisés à jeun et après l'ingestion (soulevant des questions sur l'effet de cet ordre) et la capacité limitée de la TEP à détecter des changements subtils de la dopamine. En outre, la généralisation était restreinte aux personnes bien portantes ne présentant pas de troubles alimentaires importants.

Les auteurs ont conclu que la consommation d'un lait frappé ultratransformé n'induisait pas de réponse dopaminergique moyenne significative détectable par les méthodes standards d'imagerie TEP. En outre, la variabilité individuelle de la réponse n'était pas significativement liée à l'adiposité, ce qui remet en question la théorie selon laquelle les propriétés addictives des aliments ultratransformés sont principalement dues à une libération excessive de dopamine après l'ingestion. En revanche, la faim subjective et les facteurs hédoniques semblaient plus étroitement liés aux réponses cérébrales et aux comportements alimentaires individuels. Pour les recherches futures, les auteurs recommandent d'intégrer un groupe témoin, de tenir compte des mesures temporelles et d'étudier des populations présentant des troubles alimentaires cliniques ou des comportements de dépendance à la nourriture afin de mieux comprendre la susceptibilité individuelle à la consommation excessive d'aliments ultratransformés.

Références :

1. Darcey, V. L., J. Guo, M. Chi, S. T. Chung, A. B. Courville, I. Gallagher, P. Herscovitch, P. V. Joseph, R. Howard, M. L. Noire, L. Milley, A. Schick, M. Stagliano, S. Turner, N. Urbanski, S. Yang, N. Zhai, M. S. Zhou, K. D. Hall. « [Brain dopamine responses to ultra-processed milkshakes are highly variable and not significantly related to adiposity in humans \(en anglais seulement\)](#) ». *Cell Metabolism*, vol. 37, no 3, 2025, p. 616-628.e5.

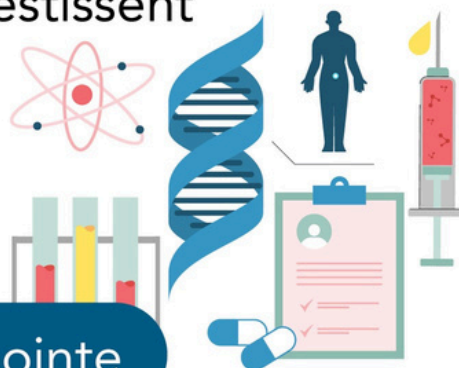
Résultats de concours de financement des IRSC

Subvention d'équipe : La diversité au profit de la précision et de l'équité en santé

Les IRSC et leurs partenaires investissent

38 M\$ dans la

MÉDECINE DE PRÉCISION de pointe



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Il est de plus en plus évident que l'efficacité d'une approche universelle laisse à désirer sur les plans du diagnostic, des soins, du traitement et de la prévention des maladies. Pour améliorer les résultats sur la santé, tant à l'échelle de la personne que de la population, il est essentiel d'intégrer la diversité biologique, sociale et environnementale et les déterminants structurels de la santé. Ce faisant, nous progresserons vers une médecine de précision, une approche novatrice qui tient compte de la variabilité individuelle sur le plan des gènes, de l'environnement et du mode de vie. En comprenant la diversité et l'hétérogénéité, les chercheurs peuvent accroître la précision des méthodes de prévention et de traitement des maladies non transmissibles et des maladies infectieuses, menant à terme à des interventions plus équitables et plus efficaces en santé.

Dans cette optique, les IRSC et leurs partenaires ont lancé le concours de subventions d'équipe La diversité au profit de la précision et de l'équité en santé. Au cours des cinq prochaines années, ils investiront 38,16 millions de dollars auprès de 19 équipes de recherche et d'un centre de mobilisation des connaissances dont les travaux amélioreront la santé et favoriseront des résultats plus équitables dans les domaines de la nutrition, de la santé métabolique, des maladies chroniques qui entraînent un lourd fardeau et des infections transmissibles sexuellement et par le sang (ITSS), pour différents groupes de personnes au Canada, et ce, par les moyens suivants :

1. conception d'approches en médecine de précision pour caractériser la variabilité des mécanismes de la maladie, ainsi que pour mettre au point des méthodes de prévention, de détection et d'intervention efficaces sur le plan de la prédisposition à la maladie, de sa progression, de sa résilience, de sa réversibilité et des traitements;
2. compréhension des interactions entre les déterminants structurels, sociaux, environnementaux et biologiques de la santé qui sous-tendent l'hétérogénéité dans la santé et la maladie, en insistant sur les communautés autochtones, les populations qui ont vécu, par le passé, des disparités au Canada et les groupes à risque.

Cette possibilité de financement est dirigée par l'Institut de la nutrition, du métabolisme et du diabète (INMD) des IRSC, de concert avec l'Institut de génétique (IG) et l'Institut des maladies infectieuses et immunitaires (IMII), en collaboration avec l'Institut du cancer (IC), l'Institut de la santé des Autochtones (ISA), l'Institut de la santé des femmes et des hommes (ISFH) et l'Institut du vieillissement des IRSC, l'Initiative de recherche sur le VIH/sida et autres infections transmissibles sexuellement et par le sang (ITSS), la Stratégie de recherche axée sur le patient (SRAP), et en partenariat avec Diabète Canada, la Fondation canadienne du rein, Génome Colombie-Britannique (Genome BC) et Génome Québec.

[En savoir plus](#) sur les projets financés et leur rôle dans le façonnement de l'avenir de la recherche en santé au Canada.

En vedette



Mahsa Jessri, Ph. D.

Lauréate du [Prix de partenariat pour chercheur en début de carrière 2025](#) décerné par l'INMD des IRSC et la Société canadienne de nutrition

La Dre Mahsa Jessri est professeure adjointe au sein du programme d'alimentation, de nutrition et de santé de l'Université de la Colombie-Britannique, où elle est titulaire de la Chaire de recherche du Canada de niveau 2 en épidémiologie nutritionnelle pour la santé de la population. Elle est également membre du corps professoral du Centre de recherche sur les services et les politiques de santé de l'École de santé publique et des populations (Faculté de médecine) de l'Université de la Colombie-Britannique, chercheuse affiliée pour le thème des données probantes au service de l'innovation à l'Institut de recherche de l'Hôpital pour enfants de la Colombie-Britannique et ancienne membre principale du Comité consultatif sur les sciences de la nutrition de Santé Canada.

La Dre Jessri est reconnue pour son expertise en santé publique, en épidémiologie nutritionnelle et en politiques de nutrition en santé publique. En misant sur l'analyse de données massives et des outils épidémiologiques de pointe, son programme de recherche génère des données solides qui éclairent les lignes directrices et les politiques alimentaires nationales visant à réduire le fardeau des maladies chroniques. Elle a publié de nombreux articles dans des revues à comité de lecture ainsi que des rapports gouvernementaux, et a obtenu plusieurs subventions et bourses, notamment du soutien de la Fondation canadienne pour l'innovation pour la mise sur pied d'un laboratoire d'épidémiologie nutritionnelle et d'analyse de données massives. Grâce à son leadership et à ses collaborations interdisciplinaires, elle s'efforce de faire progresser la santé et la nutrition des populations au Canada. Elle est titulaire du [prix de partenariat pour chercheur en début de carrière 2025 de l'INMD-SCN](#), qui lui a été remis lors de la récente réunion annuelle de la Société canadienne de nutrition. Félicitations à la Dre Jessri!



Commentaires au sujet du bulletin de l'INMD

Avez-vous des commentaires? Envoyez-les-nous! Vous pouvez aussi nous écrire à inmd.comms@sickkids.ca pour vous abonner à notre bulletin ou vous en désabonner.

Coordonnées de l'INMD

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Indigenous Gender and Wellness - Phase 4: Knowledge Sharing funding opportunity

The CIHR Institute of Gender and Health (IGH) and the CIHR Institute of Indigenous Peoples' Health (IIPH) are happy to share that the Phase 4 funding opportunity of the Indigenous Gender and Wellness Initiative is now live.

This funding opportunity focuses on Knowledge Sharing about the outcomes and knowledge of Indigenous Gender and Wellness research using strengths- and distinctions-based, community-engaged approaches. With this opportunity, we want to ensure that research learnings reach those who need to hear them – including First Nations, Inuit and Métis individuals, communities and community partners, clinicians, decision-makers, the research community, research funders, trainees, and the general public, among others.

We encourage the use of culturally relevant and/or arts-based methods to acknowledge and uphold Indigenous approaches to Knowledge Sharing in Gender and Wellness, and support work that is meaningful and culturally safe for First Nations, Inuit and/or Métis communities.

The Indigenous Gender and Wellness – Knowledge Sharing funding opportunity is co-led by the CIHR Institute of Gender and Health (IGH) and the Institute of Indigenous Peoples' Health (IIPH) in partnership with the Institute of Aging (IA); the Institute of Human Development, Child and Youth Health (IHDCYH); and the Institute of Population and Public Health (IPPH).

Webinar: June 19, 2025 1:00 PM ET

[Register to add webinar to calendar](#)

[Or join webinar on event day](#)

Registration deadline: Sept 3, 2025

Application deadline: Oct 1, 2025

[Funding Opportunity Details](#)



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