NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

NIDA BOARD OF DIRECTORS

Late Elder Robert Bob Fenton
Elder Margaretta James
Chair Sara Duchene-Milne
Past Chair Marisa Cardinal
Vice-Chair Mike Alexander
Board Director Autumn Watson
Board Director Dawn Michelin
Board Director Barbara Nepinak

NIDA STAFF
Executive Director Céleste Thériault
Administrative Coordinator Sylvia Sentner

EXECUTIVE DIRECTOR MESSAGE

Taanishi. (hello in michif)

Please enjoy this edition of the Winter 2025 Recap NIDA newsletter.

Maarsii. (thank you in michif)

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

Taanishi,

Once again, we know this newsletter comes deeply late, but please know we remain passionate about taking the time to meaningfully reflect back on each season at NIDA and share that journey with all of you in our community. As we release this Winter 2025 Recap Newsletter at the close of May and prepare to enter National Indigenous History Month in June, it feels especially fitting to pause, reflect, and honour the many relationships, teachings, and moments that carried us through the winter season.

This newsletter is especially meaningful as we dedicate this edition to the life and legacy of Dr. Barry Lavallee, a pioneer in Indigenous health and diabetes advocacy whose leadership, wisdom, and commitment to community-centered wellness helped shape NIDA and Indigenous health systems across Canada. His impact continues to guide and inspire our work today.

Within these pages, we invite you to explore highlights from a season of tremendous growth and collaboration for NIDA. You'll read about NIDA's participation at the International Society for Pediatric and Adolescent Diabetes (ISPAD) 2025 Conference in Montréal, where Indigenous voices, lived experience, and Indigenous leadership were meaningfully woven into an international scientific program. We are honoured to share reflections from Antonina Kandiurin, whose powerful perspective on youth-onset type 2 diabetes reminds us why representation and Indigenous-led storytelling matter so deeply.

You'll also find highlights from the 2025 Diabetes Canada/CSEM Professional Conference, including the continued growth of the Indigenous Science and Content Stream, presentations from Indigenous leaders and health professionals, and NIDA's first-ever Indigenous Artisan Market, which created space for Indigenous artists and entrepreneurs within a national health conference setting.

We also encourage readers to check out the very first edition of Thinking in Circles, my new reflection space within the newsletter. It was important to me to create a space for deeper reflection on leadership, advocacy, diplomacy, and the systems we continue working to transform.

Finally, we are excited to continue looking ahead toward the future, including nominations for NIDA's Caroline Daigneault Award, NIDA's upcoming Annual General Meeting in Vancouver, British Columbia on November 17, 2026, as well as our 2027 National Indigenous Diabetes Conference: Growing Healthy Futures Community-Led Indigenous Diabetes Prevention and Care Across Generations, taking place May 12–14, 2027, at The Westin Ottawa in Ottawa, Ontario.

As we move into National Indigenous History Month, we also want to acknowledge the leadership of Indigenous Peoples who continue to create healthier futures for generations to come.

Thank you for continuing to walk alongside NIDA.

All My Relations,
Céleste Thériault

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

In Dedication

This Winter 2026 Recap Newsletter is dedicated to the life, service, and lasting legacy of Dr. Barry Lavallee, who served with distinction as a Board Director of the National Indigenous Diabetes Association from 2019 to 2023.

Throughout his tenure, Dr. Lavallee brought not only deep clinical and academic expertise, but also principled leadership grounded in humility, respect, and a profound commitment to Indigenous self-determination in health. His guidance consistently reflected a wholistic understanding of wellness one that honoured culture, community knowledge, and the lived experiences of Indigenous Peoples.

Dr. Lavallee was a steadfast advocate for advancing Indigenous health and wellness, with a particular focus on strengthening community-driven approaches to diabetes prevention, care, and chronic disease management. His thoughtful insight and collaborative spirit helped shape the direction of the Association during a pivotal period of growth and reflection.

We honour and remember Dr. Barry Lavallee with deep gratitude. His service, wisdom, and advocacy have left an enduring imprint on the National Indigenous Diabetes Association and the communities we serve. His contributions will continue to guide and inspire meaningful, community-centered approaches to Indigenous health and wellness for generations to come.

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

The National Indigenous Diabetes Association Welcomes Sara Duchene-Milne as the newly appointed NIDA Chairperson!

Aanii! My name is Sara Duchene-Milne, and I am incredibly proud to step into my new role as the Chair of the National Indigenous Diabetes Association (NIDA). I am an Indigenous Registered Dietitian and Certified Diabetes Educator, Certified Bariatric Educator with 23 years of clinical experience. Over the last few years, I have drawn upon my Indigenous ancestry and clinical skills to specialize in diabetes care and education for Indigenous communities. I am truly passionate about advocating for equal access to treatment and ensuring Indigenous people across Canada receive the quality care they deserve. I feel honored and humbled to take on this responsibility and I am excited for the opportunity to continue advocacy work and contribute to national efforts toward equitable diabetes care for Indigenous peoples.

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

SAVE THE DATE

National Indigenous Diabetes Association

Annual General Meeting

November 17th, 2026 Vancouver, BC

More information to follow.

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

2027 National Indigenous Diabetes Conference

Growing Healthy Futures: Community-Led Indigenous Diabetes Prevention and Care Across Generations

May 12 - 14 2027

The Westin Ottawa, ON

WWW.NADA.CA

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

ISPAD 2025
Montréal, Canada
51st Annual Conference, November 5 - 8, 2025

The National Indigenous Diabetes Association (NIDA) was honoured to participate in the International Society for Pediatric and Adolescent Diabetes (ISPAD) 2025 Conference, held in November 2025 in Montréal, Québec. NIDA was proud to serve on the conference's international Scientific Programme Committee alongside researchers, clinicians, and leaders from around the world. This meaningful inclusion was made possible through the advocacy and leadership of Dr. Brandy Wicklow, as well as the openness and warmth of conference co-chairs Dr. Mélanie Henderson and Dr. Julia von Oettingen, who embraced the importance of ensuring Indigenous voices and perspectives were part of the conference.

NIDA extends heartfelt thanks to the many scientific leaders who are working to bridge worlds in respectful and meaningful ways. Creating intentional space for Indigenous Peoples within international scientific and medical gatherings matters deeply. It ensures Indigenous experiences, knowledge systems, and realities are included in shaping conversations around diabetes care, prevention, research, and systems transformation globally. We especially want to acknowledge Dr. Brandy Wicklow for recognizing this gap and using her leadership to help create space at the table in a meaningful and actionable way.

As part of ISPAD 2025, NIDA chaired the side workshop "Paawaawaywin: An Awakening. Resiliency-Based Indigenous History and Reflection," presented by Dr. Amy Shawanda (Odawa kwe from Wiikwemkoong, Manitoulin Island, ON).The workshop focused on helping non-Indigenous health care professionals better understand how history continues to shape health outcomes for Indigenous Peoples in Canada. NIDA extends sincere thanks to Dr. Shawanda for sharing her knowledge, leadership, and reflections through this important session.

NIDA also co-chaired the plenary session "Intergenerational Impacts of Diabetes in Indigenous Populations" alongside Dr. Brandy Wicklow. The session featured Dr. Ryan Paul, a Māori Indigenous adult endocrinologist from Aotearoa/New Zealand, who travelled to Canada to share his perspectives on policy, systems, and population health in Indigenous communities. Following Dr. Paul's presentation, Antonina Kandiurin (York Factory First Nation (MB) and grew up in Churchill, MB) courageously shared her lived experience of being diagnosed with youth-onset type 2 diabetes, offering a deeply personal reflection on navigating diabetes as a young Indigenous person in Canada. We encourage readers to continue on to hear Antonina's reflections and perspectives from ISPAD 2025 on the next page in this newsletter.

Together, these sessions demonstrated the importance of ensuring Indigenous Peoples are not only the subjects of research discussions, but leaders, presenters, teachers, and voices within the program itself.

NATIONAL INDIGENOUS DIABETES ASSOCIATION
WINTER 2025 RECAP NEWSLETTER

Youth Onset T2D: A Perspective of a Road Less Travelled

By: Antonina Kandiurin B.Kin-AT

I wanted the focus of my talk to be a more positive outlook of how living with T2D has shaped my life and has put me in a position to be an advocate for others who may not have a voice so that they don't need to go through the same experiences I did. My diagnosis of type 2 diabetes at 16 years old changed my life forever. I was a 16-year-old girl living in Churchill, Manitoba. Diabetes was nothing new to me, I am the third generation in my family to live with type 2 diabetes and have lost family members due to complications. However, I do not think there has been a time in my life where I've felt as lost or lonely. This was just the start of my journey. I spent a long 7 years navigating the health care system both in Churchill and in Winnipeg where I continuously felt ignored, shamed, and lost in a system that was not built for myself or my family in mind. I knew I couldn't live this way, and I knew that I deserved more. I am now approaching 10 years since my diagnosis – the mark commonly known by physicians where they start to see major complications such as kidney failure in youth onset type 2 diabetes. While that may be a marker for physicians in the health care system. I chose to define my 10 years living with type 2 diabetes as a young person in a different way. Within the past 10 years I have ran a half marathon at the age of 16 years old in -20 weather to raise awareness for youth living with type 2 diabetes, I have participated in multiple research project engagements as a participant advisory group member with iCare and DREAM diabetes that will improve care for young people like me for generations to come, I have participated in work with the NIDA kinship circle where I connected with likeminded people from across the country, I have completed a university degree and am half way through my medical doctor degree, and most importantly I have been a community member that others have come to at times of uncertainty when they have been newly diagnosed. Attending ISPAD this past November meant the world to me. Being in a space where I was surrounded by people from all over the world who are working to improve the lives of young people living with diabetes was truly inspiring. Having the ability and space to share my story was important because as a 16-year-old girl, I could have never imagined this. There was a time when I felt like no one cared and that I was going to slowly witness myself get worse over the years. To be where I am at now, living with a target A1C and being able to share how I got here with 500 plus people in a room who are all passionate about the same thing is truly a dream come true.

Pictured (left to right) : Antonina Kandiurin, Dr. Brandy Wicklow, Céleste Thériault, Dr. Ryan Paul

NASHMENE (GO FOR IT!) COLOURING BOOK

Created in partnership with I·SPARC, the
National Indigenous Diabetes Association
and Gerry Oleman

I·SPARC
Move | Play | Compete
Indigenous Sport,
Physical Activity &
Recreation Council

National Indigenous Diabetes Association
Association Nationale Autochtone du Diabète

I·SPARC
Move | Play | Compete

Indigenous Sport,
Physical Activity &
Recreation Council

National Indigenous Diabetes Association | Association nationale autochtone du diabète

NEWS RELEASE

I·SPARC and NIDA Unveil “Nashmene” Colouring Book in Recognition of World Diabetes Day

Traditional Territory of the Quw’utsun (Cowichan) Tribes, Duncan B.C. / Treaty One Territory, the lands of the Anishinaabeg, Nehethowuk (Cree), and Dakota Oyate and the National Homeland of the Red River Métis Winnipeg, MB (November 14, 2025) – In recognition of *World Diabetes Day*, the Indigenous Sport, Physical Activity and Recreation Council (I·SPARC) and the National Indigenous Diabetes Association (NIDA) are proud to announce the release of **Nashmene**, a new Indigenous-inspired colouring book celebrating healthy living through traditional foods, activities, and sport.

The word *Nashmene* means “go for it!” in the St’at’imcets language, gifted by Elder Gerry Oleman. The book encourages communities to connect with Indigenous knowledge and cultural practices found throughout British Columbia that support active, balanced lifestyles — from berry picking and cedar weaving to moose hunting, canoeing, and lacrosse.

A playful touch runs through every page: a hidden coyote illustration invites readers to look closely and engage with each scene.

Five Years in the Making

The idea for *Nashmene* began five years ago when NIDA approached I·SPARC with the concept. Inspired by traditional food gatherings the two organizations had attended, the project evolved gradually as staff dedicated time between busy community programs.

“This book is the result of many hands and hearts. We are deeply grateful to the communities and individuals who entrusted us with their knowledge and experiences, and to the gifted artists who brought these stories to life on every page,” said Robynne Edgar, I·SPARC Executive Director of Healthy Living Programs. “We saw this as a meaningful way to bring storytelling and culture together with traditional activities and sport — strengthening intergenerational connections through creativity and shared knowledge."

"We extend our heartfelt maarsii (thank you in Michif) to all the artists who brought Nashmene to life and to everyone who answered our open call. From the printer to the designer to the communities who helped choose the activities, every person involved is Indigenous — showing what's possible when we work in a values-driven way," said Céleste Thériault, Executive Director, NIDA. "This colouring book reflects our strength and spirit as Indigenous Peoples, through our languages, foods, movement, and relationships. By weaving together culture, sport, and creativity, it reminds us that wellness lives in how we connect, share, and create. Maarsii to Elder Gerry Oleman for that teaching. We hope this book inspires families to colour, laugh, and live in a good way — a perfect celebration on World Diabetes Day."

Collaboration on all Fronts

Over thirty-five individuals, four organizations, and several Indigenous communities contributed to the development of *Nashmene*, sharing their knowledge of traditional foods, activities, and sports that reflect Indigenous life across the West Coast.

The colouring book displays work by five gifted Indigenous artists from across B.C., each bringing a unique style and cultural lens to the project:

- Roy Henry Vickers (Haida, Heiltsuk, Tsimshian)
- Earlene Bitterman (Métis Nation BC)
- Kika7 Sampson (Lil̓wat Nation)
- Alex Stoney (Gitxsan Nation)
- Jamin Zuroski (Kwakwaka'wakw)

World Diabetes Day

World Diabetes Day is observed annually on November 14 to raise awareness about one of the fastest-growing health challenges of the 21st century. Over 500 million adults worldwide live with diabetes, with nearly half undiagnosed. The day is an opportunity to recognize the many ways diabetes affects individuals, families and Nations – and the disproportionate impact it continues to have on Indigenous Peoples. It reaffirms the importance of equitable, culturally grounded care, awareness, and support for all types of diabetes. Early detection, supportive environments that promote healthy living, regular screening, and equitable access to care are key steps toward prevention and wellness.

The release of *Nashmene* on this day underscores the shared commitment of I·SPARC and NIDA to support wholistic wellness in Indigenous communities through culture, connection, and creativity.

Availability

The *Nashmene Colouring Book* will be available for free download through I·SPARC's and NIDA's websites.

I·SPARC will distribute physical copies during their 2025 Regional Leader Training Conferences and at the Gathering Our Voices (GOV) 2026 Youth Conference in Vancouver. While NIDA will offer printed copies during various community events in the next year and upon request by individuals or communities.

Nashmene — Go for it!

–30 –

About the Indigenous Sport, Physical Activity & Recreation Council

The Indigenous Sport, Physical Activity & Recreation Council (I·SPARC) is a provincial organization established with the purpose of improving the health outcomes of Indigenous peoples by supporting and encouraging physically active individuals, families, and communities. The programs and services delivered by I·SPARC are designed to build capacity and increase access to sport, physical activity, and recreation in First Nations communities, Métis Chartered Communities, Aboriginal Friendship Centres, schools, and other delivery agencies throughout British Columbia.

For more information, please visit: www.isparc.ca

About National Indigenous Diabetes Association

Formed in 1995, the National Indigenous Diabetes Association (NIDA) is Canada's only national Indigenous-led diabetes charity. NIDA advances Indigenous health through wholistic, distinction-based approaches that honour the voices and leadership of First Nations, Inuit, and Métis. Our mission is to be the driving force in addressing diabetes in First Nations, Inuit, and Métis Peoples as a priority health issue. We believe that by working together with Peoples, communities, and organizations in a good way, we can best promote healthy environments to prevent and manage diabetes and improve wholistic health for all Indigenous Peoples in Canada.

For more information, please visit: www.nada.ca

NATIONAL INDIGENOUS DIABETES ASSOCIATION
WINTER 2025 RECAP NEWSLETTER

NIDA AGM

November 25th, 2025

NIDA was pleased to host its Annual General Meeting (AGM) ahead of the 2025 Diabetes Canada/CSEM Professional Conference. We extend sincere thanks to everyone who joined us both online and in-person to reflect on the work of the past year and help guide the path forward for the organization.

During the AGM, NIDA welcomed Sara Duchene-Milne as the organization’s new Chair, while also continuing in her role as Secretary. We also recognize and thank Marisa Cardinal as she transitions into the role of Past Chair, and Mike Alexander who continues to serve as Vice-Chair. In addition, NIDA was honoured to welcome new Board Director, Kendra Recollet, who is Anishinaabek and registered with M’Chigeeng First Nation in Ontario.

At the November 2025 AGM, NIDA announced upcoming by-law reforms that will be brought forward at the November 2026 AGM following extensive input from community members who expressed the importance of protecting the grassroots integrity of the organization. Given the significance of these proposed governance changes, the NIDA Board provided members with one year’s notice. We raise our hands to the late Elder Bob Fenton for his leadership and guidance in governance and Indigenous ways of knowing, and continue to learn from Board Elder Margaretta James, Board Director and recognized Elder Barbara Nepinak, and Board Member Autumn Watson for their ongoing leadership and thoughtful contributions to our governance. We also thank NIDA members over the years for their continued passion and commitment to ensuring NIDA reflects the voices and values of our communities.

NIDA is deeply grateful for the leadership, guidance, and commitment of our Board of Directors as we continue advancing Indigenous-led approaches to diabetes prevention, wellness, advocacy, and systems change across Canada.

Pictured (left to right front row) : Autumn Watson, Céleste Thériault, Kendra Recollet, Sara Duchene-Milne, Barbara Nepinak
Pictured (left to right back row): Mike Alexander, Marisa Cardinal and Sylvia Sentner

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

DIABETES CANADA

INNOVATION IN SCIENCE, MEDICINE AND CARE
2025 PROFESSIONAL CONFERENCE

CSEM The Canadian Society of Endocrinology and Metabolism
SCEM La Société canadienne d'endocrinologie et de métabolisme

This past winter season, NIDA was honoured to support the continued growth and planning of the Indigenous Science and Content Stream (ISCS) at the 2025 Diabetes Canada/CSEM Professional Conference, held November 26–29, 2025, at the Metro Toronto Convention Centre in Toronto, Ontario.

NIDA extends sincere thanks to ISCS Co-Chairs Sara Duchene-Milne and Kendra Recollet for their thoughtful leadership and commitment to building a strong, meaningful program shaped collaboratively through the voices and contributions of many volunteers within the Stream. Their leadership helped ensure the program reflected both scientific excellence and culturally grounded approaches to wellness, healing, and diabetes care.

Pictured (left to right): Kendra Recollet, Sara Duchene-Milne and Elder Jimmy Dick at the DC/CSEM Professional Conference opening ceremonies.

We also want to recognize and congratulate Kendra Recollet, who officially joined NIDA's Board of Directors following this year's Annual General Meeting. During the conference, Kendra presented "Health, Healing and Art: A Cultural-based Intervention for Managing Stress," a session exploring the connection between stress and chronic illness through both western physiology and culturally grounded healing approaches through art.

NIDA Executive Director Céleste Thériault also presented "Carrying Our Voices: The National Indigenous Diabetes Framework Report and the Road Ahead," which highlighted key findings and priorities emerging from NIDA's distinction-based national engagement work informing the development of the National Indigenous Diabetes Framework in alignment with Bill C-237. The session also explored next steps related to framework reporting, implementation, policy, research, and Indigenous-led approaches to diabetes prevention and care across Canada. Participation in the Framework project is still ongoing, and we encourage readers to learn more later in this newsletter.

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

Marisa Cardinal, Past-Chair, NIDA Board of Directors posing with her very own picture in the Dexcom G7 advertisement at the DC/CSEM Professional Conference in Toronto, ON.

Can you spot Marisa in the advertisement??? (Hint: look on the left side of the picture by the word “glycemic”).

NIDA Staff at the NIDA Booth at the DC/CSEM Professional Conference in November 2025 in Toronto, ON.

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

DIABETES CANADA CSEM SCEM

INNOVATION IN SCIENCE, MEDICINE AND CARE
2025 PROFESSIONAL CONFERENCE

INDIGENOUS ARTISAN MARKET

In an effort to celebrate and support Indigenous people, culture and heritage, the Diabetes Canada/CSEM Professional Conference, in partnership with the National Indigenous Diabetes Association (NIDA), is honoured to host an Indigenous Artisan Market. This unique one-day event will feature a diverse range of authentic art and craft, including: beadwork, textiles, clothing and other creative expressions. 100% of sales go directly to the artisans.

National Indigenous Diabetes Association | Association nationale autochtone du diabète

Alongside Diabetes Canada, NIDA was proud to host its first-ever Indigenous Artisan Market during the 2025 Diabetes Canada/CSEM Professional Conference in Toronto, Ontario.

The one-day market provided complimentary vendor space (thanks to Diabetes Canada) for 11 Indigenous artisans to showcase and sell their work while celebrating Indigenous creativity, culture, and entrepreneurship within a national health conference setting.

NIDA extends sincere thanks to all participating artisans: Thundercloud Designs, Beadworkbysaga, Crafts.by.kass, MakeSomething.K, Dowan Winyan, Jared Tait, Nitōsis Handcrafted Designs, Neon Birch Works, Two Hearts Beadwork, Native Arts Society, and No BS Label. We also want to thank the many Indigenous vendors who applied to participate.

The strong interest in the market highlighted the importance of creating more economic opportunities and visibility for Indigenous artists. NIDA looks forward to expanding this initiative at the 2026 Diabetes Canada/CSEM Professional Conference in Vancouver, British Columbia in November 2026.

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
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.

NVision Insight Group Inc. waapihk RESEARCH narratives

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

TAKE OUR 5 MINUTE SURVEY

The **National Indigenous Diabetes Association** (NIDA) is inviting you to share your thoughts on strengthening diabetes prevention and improving care for Indigenous peoples.

WIN 1 OF 5 CASH PRIZES — $150 EACH!

TO TAKE THE SURVEY SCAN THE QR CODE

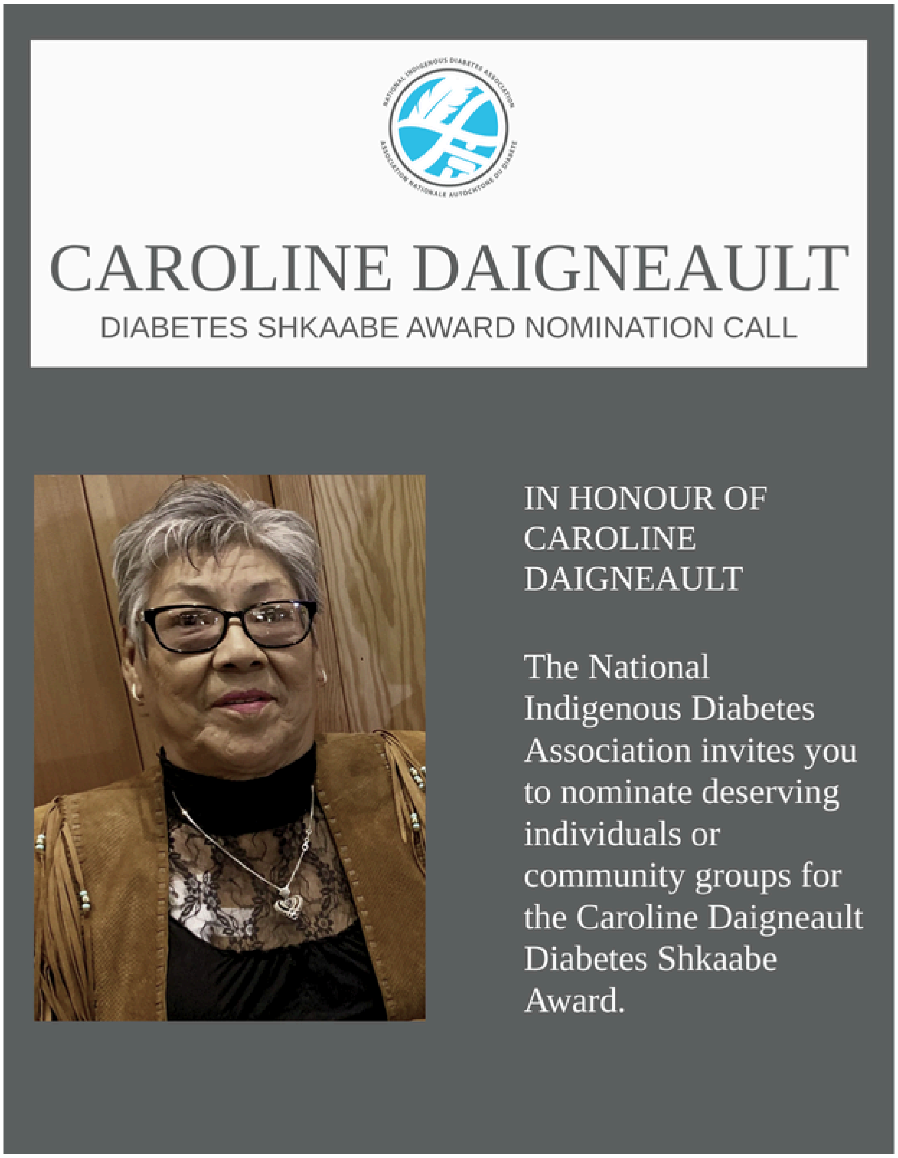
TAKE OUR 5 MINUTE SURVEY

The **National Indigenous Diabetes Association** (NIDA) is inviting you to share your thoughts on strengthening diabetes prevention and improving care for Indigenous peoples.

WIN 1 OF 5 CASH PRIZES — $150 EACH!

TO TAKE THE SURVEY ENTER THIS LINK:
bit.ly/48CtFsu

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER



CAROLINE DAIGNEAULT

DIABETES SHKAABE AWARD NOMINATION CALL

IN HONOUR OF CAROLINE DAIGNEAULT

The National Indigenous Diabetes Association invites you to nominate deserving individuals or community groups for the Caroline Daigneault Diabetes Shkaabe Award.

Call for Nominations

National Indigenous Diabetes Association invites you to nominate deserving individuals or community groups for the Caroline Daigneault Diabetes Shkaabe Award. **www.nada.ca**

CALL OUT!

FNHRNM

FIRST NATION HARM REDUCTION NETWORK OF MANITOBA

LOGO DESIGN CONTEST

We are inviting First Nations artists, designers, youth, and community members to create a logo that reflects who we are, what we stand for, and the communities we support across Manitoba.

YOUR DESIGN COULD BE HERE!

WHO CAN ENTER?

Open to all First Nations individuals and communities in Manitoba.

WHAT WE'RE LOOKING FOR:

- Culturally meaningful
- Reflects harm reduction values and First Nations strengths
- Inclusive, respectful, and community-centered

WHY YOUR DESIGN MATTERS:

Our logo will represent the voices, values, and vision of First Nations communities across the province. It will be used on our website, tools, resources, and communications.

SUBMISSION DEADLINE:

JUNE 8, 2026
at 4:00 PM CST

RECOGNITION & HONORARIUM

The selected designer will receive a **$1,000** honorarium and recognition across all FNHRNM platforms!

HOW TO SUBMIT:

Please submit your design (digital format) along with a brief description of the meaning behind your design to:

jmcleod@dohs.ca

QUESTIONS?

Contact us:

✉ jmcleod@dohs.ca
☎ 204 781 0506

TOGETHER, WE BUILD HEALTHY, STRONG,
AND RESILIENT COMMUNITIES.

EVERY PERSON. EVERY NATION. EVERY VOICE.

World Health Organization

WHO Global Diabetes Compact

Apply now!

WHO's 2026 online engagement event for people living with diabetes

ARE YOU LIVING WITH DIABETES?

ARE YOU PASSIONATE ABOUT ADDRESSING DIABETES STIGMA?

Support the development of stigma-sensitive World Diabetes Day campaign materials

- 24 June 2026, 12:00–14:00 CEST
- 25 June 2026, 12:00–14:00 CEST

Apply here:

Deadline: 1 June 2026

Supporting Indigenous-led community projects

Indigenous communities and organizations across Alberta can now apply for funding to support local priorities and create lasting benefits in their communities.

Click **HERE** for more information.

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

BRITISH COLUMBIA | Ministry of Health

As of this spring, B.C. residents have 100% coverage of many diabetes medications and expanded coverage of diabetes-related supplies and devices with help from national pharmacare funding.

Medications
The BC PharmaCare National Pharmacare Plan (Plan NP) launched for B.C. residents on March 1, 2026. Plan NP covers the full cost of many diabetes medications, such as insulin, metformin and sulfonylureas and SGLT-2 inhibitors, as well as contraceptives and menopausal hormone therapy (MHT).
All B.C. residents enrolled in Medical Services Plan of B.C. (MSP) are eligible for Plan NP coverage, provided at the pharmacy through PharmaNet like all BC PharmaCare plans.
Some Plan NP benefits will be subject to Low Cost Alternative (LCA) pricing. Please inform clients about fully covered options. Saxagliptin, linagliptin and pioglitazone require Special Authority (SA) approval for 100% coverage. The digital SA request form is much easier and quicker than faxing.

ybrid closed-loop (HCL) systems
PharmaCare has expanded coverage to two insulin pumps capable of hybrid closed loop (HCL) functions. The Omnipod 5 was listed on April 1, 2026, and Ypsomed AG's mylife YpsoPump was listed on December 17, 2025. Both are limited coverage benefits, requiring Special Authority (SA) approval. To make use of HCL functions, clients require separate SA approval of a glucose monitor that can pair with the pump. PharmaCare covers other insulin pumps, some of which can perform HCL functions, but these additions mark the first time PharmaCare covers both the insulin pump and glucose monitors of an HCL system. The April PharmaCare Newsletter has details about covered glucose monitors and compatible insulins and coverage.

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

Diabetes supplies
As of April 1, 2026, more people are eligible for coverage of lancets and alcohol swabs, as well as blood and urine ketone strips, subject to annual quantity limits, with help from federal national pharmacare funding.
Coverage is extended to Fair PharmaCare, Plan C (Income Assistance and Family Services), and Plan F (At Home Program). Coverage is still in place through Plan W. Fair PharmaCare coverage is based on income and deductible requirements; the other plans cover all eligible costs. Please encourage B.C. residents who are not covered by Plan C, F or W to register for Fair PharmaCare.

As with blood-glucose test strips, patients must receive training from a diabetes education centre or primary care network to be eligible for coverage of lancets, alcohol swabs and ketone strips.
Resources

- National Pharmacare (Plan NP) – information for health professionals
    - Plan NP menopausal hormone therapy (MHT)
    - Plan NP diabetes medications
- National pharmacare in B.C. – information for the public
- Diabetes devices and supplies covered by BC PharmaCare
- Diabetes management – information for the public
    - Insulin pumps & insulin pump supplies

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

Insulin pumps & insulin pump supplies

Last updated on April 1, 2026

As of April 1, 2026, **PharmaCare** has expanded coverage for certain diabetes-related supplies. Learn more at **Diabetes management.** As of March 1, 2026, the **National Pharmacare Plan** covers the full cost of many insulins.

Insulin aspart originator (NovoRapid) remains covered for people (already approved for coverage) using Omnipod, Medtronic, Ypsomed and Tandem insulin pumps. Learn more at **Biosimilars Initiative for patients**

On this page:

- **Insulin pumps**
- **Insulin pump supplies**

PharmaCare covers:

- Insulin pumps for patients with type 1 diabetes or other forms of diabetes requiring insulin
- Supplies for insulin pumps, regardless of whether or not the pump was covered by PharmaCare

Insulin pumps

Who is eligible for coverage

Insulin pump coverage is available to people who:

- Are covered under **Fair PharmaCare, Plan B** (Long-Term Care), **Plan C** (Income Assistance), **Plan F** (At Home Program), or **Plan W** (First Nations Health Benefits), and
- Have type 1 diabetes or another form of diabetes requiring insulin, and
- Have confirmation from their endocrinologist or diabetes specialist that they meet the **medical criteria**, and
- Have Special Authority approval for coverage

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

How to obtain coverage

Speak to your endocrinologist or diabetes specialist. If you meet the criteria for coverage of a pump, your specialist will submit a Special Authority request to PharmaCare.

If the request is approved, PharmaCare will send an approval letter to your specialist's office. Your specialist will give you a copy of this letter to take to the insulin pump manufacturer when purchasing your pump.

Be sure to wait for the approval letter before purchasing your insulin pump. PharmaCare cannot provide retroactive coverage for purchases made before your approval is confirmed.

What kinds of pump are covered?

PharmaCare provides coverage for:

- Omnipod Personal Diabetes Manager, Omnipod Dash Personal Diabetes Manager and Omnipod 5 Automated Insulin Delivery (AID) system manufactured by Insulet
- mylife YpsoPump manufactured by Ypsomed
- MiniMed 670G, 770G, and 780G Insulin Pump Systems manufactured by Medtronic

How much will PharmaCare cover?

Omnipod

Insulet's Omnipod 5 automated insulin delivery (AID) system includes a starter kit containing Omnipod 5 Locked-down Controller with App and User Guides. The Omnipod 5 system can be paired with the Dexcom G6 or G7 continuous glucose monitor (CGM) to create a hybrid closed-loop (HCL) system that offers automated insulin delivery. The Omnipod 5 starter kit is available at a cost of $6,300 and is covered as follows, subject to the rules of your PharmaCare plan:

- If you are covered under Fair PharmaCare, you mūst pay for the costs of the Omnipod starter kit until you meet your deductible. Once you have met your deductible, PharmaCare covers 70% of eligible costs. If you have met both your deductible and family maximum, PharmaCare covers 100% of eligible costs
- If you are covered under Plan B (Long-term Care), Plan C (Income Assistance), Plan F (At Home Program), or Plan W (First Nations Health Benefits), PharmaCare covers 100% of the cost

The Omnipod **Personal Diabetes Manager** and Omnipod **Dash Personal Diabetes Manager** remain available at no cost, regardless of the PharmaCare plan you are covered under or any deductible you may have.

PharmaCare considers all Omnipod systems' pods as **insulin pump supplies,** which are covered according to the rules of your plan. Read **Infusion sets and supplies.**

YpsoPump

The mylife YpsoPump is available as part of a starter kit which includes the insulin pump, a mylife infusion set (any length), reservoir, inserter (if applicable), reservoir storage box and screen protector. The starter kit is supplied at a cost of $7,000 and is covered as follows, subject to the rules of your PhamaCare plan:

- If you are covered under Fair PharmaCare, you must pay for the costs of the Ypsomed starter kit until you meet your deductible. Once you have met your deductible, PharmaCare covers 70% of eligible costs. If you have met both your deductible and family maximum, PharmaCare covers 100% of eligible costs
- If you are covered under Plan B (Long-term Care), Plan C (Income Assistance), Plan F (At Home Program), or Plan W (First Nations Health Benefits), PharmaCare covers 100% of the cost

MiniMed

The MiniMed Insulin Pump System is supplied at the cost of $6,600 and is covered as follows, subject to the rules of your PharmaCare plan:

- If you are covered under Fair PharmaCare, you must pay for the costs of the insulin pump until you meet your deductible. Once you have met your deductible, PharmaCare covers 70% of eligible costs. If you have met both your deductible and family maximum, PharmaCare covers 100% of eligible costs
- If you are covered under Plan B (Long-term Care), Plan C (Income Assistance), Plan F (At Home Program), or Plan W (First Nations Health Benefits), PharmaCare covers 100% of the cost

Infusion sets and supplies

Infusion sets and supplies for all insulin pump systems are covered as follows:

- If you are covered under Fair PharmaCare, you must pay for the costs of the insulin pump supplies until you meet your deductible. Once you have met your deductible, PharmaCare covers 70% of eligible costs. If you have met both your deductible and family maximum, PharmaCare covers 100% of eligible costs
- If you are covered under Plan B (Long-term Care), Plan C (Income Assistance), Plan F (Children in the At Home Program), or Plan W (First Nations Health Benefits), PharmaCare covers 100% of the cost

Insulin pump supplies

Who is eligible for coverage of pump supplies

PharmaCare covers certain insulin pump supplies if you are covered under:

- **Fair PharmaCare**
- **Plan B** (Long-Term Care)
- **Plan C** (B.C. Income Assistance)
- **Plan F** (Children in the At Home Program)
- **Plan W** (First Nations Health Benefits)

This coverage is available whether or not your pump was covered by PharmaCare.
Special Authority pre-approval is not required for insulin pump supplies.
Which supplies are covered?
PharmaCare covers **pods, infusion sets/kits, and insulin pump reservoirs/cartridges**.
PharmaCare does not cover batteries, battery caps, adhesive pads, etc.
Where should I buy supplies?
PharmaCare covers eligible insulin pump supplies purchased from pharmacies and approved insulin pump vendors who submit claims on PharmaNet. PharmaCare cannot accept manual/paper claims for insulin pump supplies.

Questions about PharmaCare?
Contact us. We provide interpreter services in over 140 languages.

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NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

Healthy Canadians and Communities Fund (HCCF):

The HCCF funds interventions that address common behavioural risk factors for chronic diseases, including tobacco use, unhealthy eating, and physical inactivity. These results summaries include projects with available data funded between 2018 and 2023.

Click **HERE** for more information.

Government of Canada announces Grand Prize Winners of the Type 2 Diabetes Prevention Challenge

Click **HERE** for more information.

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

Government of Canada Gouvernement du Canada

New NIHB Program Updates have been posted on the web

NIHB program updates: subscribe to a new email service

- NIHB program updates provide important information about benefit coverage and services
- NIHB will be using a new digital messaging service to notify clients by email when program updates are available
- Please re-subscribe to the new service to continue receiving email notifications when new NIHB program updates are released
- Visit this link to subscribe now: **https://www.canada.ca/en/indigenous-services-canada/services/non-insured-health-benefits-first-nations-inuit/subscribe.html**

Sex and Gender Needs Assessment Study Recruitment

Evaluating Sex and Gender Considerations for Pediatric Rare Condition Clinical Trials: A RareKids-CAN Sex and Gender Sub-Platform Needs Assessment
This study, as part of the Sex and Gender Sub-Platform of the RareKids-CAN network, aims to learn about the experiences and needs of children with rare conditions who have participated in pediatric rare condition clinical trials, their caregivers, and rare condition researchers when it comes to sex, gender, and Sex and Gender-Based Analysis Plus (SGBA+). This study will help develop more specific support for the design of pediatric rare condition clinical trials that enhance equity, diversity and inclusion related to sex and gender in Canada.

We are recruiting participants to complete a survey and/or an interview. Participants who complete the survey will be compensated.

We are looking to recruit:

- Youth who have been diagnosed with a rare condition and have participated in a rare condition clinical trial while under the age of 18.
- Parents or caregivers of a child diagnosed with a rare condition or condition who have participated in a rare condition clinical trial while under the age of 18.
- Investigators (i.e., a clinician, scientist, research coordinator, research manager) who have experience conducting or designing rare condition research.

What does the study involve (survey)?
The study involves an online survey including demographic questions and questions about how sex and gender are considered in pediatric rare condition clinical trials. The study takes approximately 30 minutes to complete, depending on the level of detail shared and self-paced breaks.

Individuals interested in participating are encouraged to fill out the survey, which is linked below:

SURVEY

What does the study involve (interview)?
The study involves a virtual interview including questions about how participants' experiences in pediatric rare condition clinical trials, and how participants view sex and gender. Participants will also complete a demographics survey. The study takes approximately 60-90 minutes to complete, depending on level of detail shared.

Individuals interested in participating are encouraged to fill out this expression of interest form linked below:

INTERVIEW INTEREST FORM

To learn more, please reach out to madeleine.matthews@camh.ca. If you have any questions or require any additional information, please don't hesitate to reach out.

SURVEY POSTER

INTERVIEW POSTER

All the best,
Madeleine Matthews, on behalf of Meng-Chuan Lai

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

Courriel de recrutement pour l'étude des besoins de la sous-plateforme Sexe et Genre
Évaluation des considérations relatives au sexe et au genre dans les essais cliniques pédiatriques sur les maladies rares : une évaluation des besoins de la sous-plateforme Sexe et Genre du réseau RareKids-CAN
Cette étude, qui fait partie de la sous-plateforme Sexe et Genre du réseau RareKids-CAN, a pour but de mieux comprendre les expériences et les besoins des enfants atteints de maladies rares ayant participé à des essais cliniques pédiatriques, de leurs proches aidants ainsi que des chercheurs, en lien avec le sexe, le genre et l'analyse différenciée selon le sexe et le genre (ADSG+). Cette étude aidera à développer un soutien plus ciblé pour la conception d'essais cliniques pédiatriques sur les maladies rares, favorisant l'équité, la diversité et l'inclusion liées au sexe et au genre au Canada.

Nous recrutons des participants pour répondre à un sondage ou à une entrevue. Une compensation sera offerte aux participants qui complètent l'étude.

Nous cherchons à recruter :

- Des jeunes diagnostiqués avec une maladie rare ayant participé à un essai clinique sur une maladie rare avant l'âge de 18 ans.
- Des parents ou aidants d'un enfant diagnostiqué avec une maladie rare ayant participé à un essai clinique sur une maladie rare avant l'âge de 18 ans.
- Des investigateurs (clinicien, scientifique, coordonnateur ou gestionnaire de recherche) ayant de l'expérience dans la conduite ou la conception de recherches sur les maladies rares.

En quoi consiste l'étude (sondage) ?
L'étude consiste en un sondage en ligne qui comprend des questions démographiques ainsi que des questions sur la façon dont le sexe et le genre sont pris en compte dans les essais cliniques pédiatriques portant sur les maladies rares. Le sondage dure environ 30 minutes, selon le niveau de détail apporté et la possibilité de faire des pauses à son rythme.

Si vous souhaitez participer, vous pouvez remplir le sondage en cliquant sur le lien ci-dessous :

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

SONDAGE

En quoi consiste l'étude (entrevue) ?
L'étude comprend une entrevue virtuelle portant sur les expériences des participants dans les essais cliniques pédiatriques sur les maladies rares et sur leur perception du sexe et du genre. Les participants complèteront également un sondage démographique. L'entrevue dure environ 60 à 90 minutes, selon le niveau de détail partagé.

Les personnes intéressées à participer sont invitées à remplir ce formulaire d'expression d'intérêt, accessible via le lien suivant :

FORMULAIRE D'INTÉRÊT POUR L'ENTREVUE

Pour toute question ou pour en savoir plus, n'hésitez pas à contacter madeleine.matthews@camh.ca.

AFFICHE DU SONDAGE

AFFICHE D'ENTREVUE

Cordialement,
Madeleine Matthews, au nom de Meng-Chuan Lai

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

Supporting the Journey Home:

Growing the Community Bundle to Care for those with Serious illness

Supporting the Journey Home: Growing the Community Bundle to Care for those with Serious Illness is an educational program designed from a First Nations lens. The goal is to promote the early integration of a palliative care approach in community care teams. It is intended for community care providers (not palliative care specialists) who want to embed palliative care approaches into their practice.

THE MODULES

1. Gathering Early in the Journey

2. Communicating in an Honest, Clear & Healing Way

3. Strengthening Connections among Community Helpers

WHAT YOU CAN EXPECT:

- Opening and Closing from a Language Speaker in each module
- Indigenous knowledge and wellness practices
- Features knowledge from First Nations community resource helpers who co-designed this program
- Circle Reflections to share successful strategies and how to overcome challenges
- Case studies depicting care in First Nations communities
- Language that is appropriate for community care providers in First Nations communities

COMMITMENT:

- 9 weekly 1.5-hour sessions (offered twice per week)
- Virtual learning (Zoom with audio and video)
- Participate in Circle Reflections and complete weekly exercise
- Provide feedback on the modules
- Access to an online learning platform (Moodle)

WHO IS IT FOR:

- Eligibility for this program includes those who primarily serve and collaborate with First Nations, Inuit, or Metis (FNIM) individuals, families, and communities - Anyone involved in the care of FNIM community members experiencing serious illnesses

E.g. Physicians, nurse practitioners, nurses, social/mental wellness workers, patient coordinators, personal support workers, community health representatives, cultural workers, Elders.

FUNDED BY:

- First Nations and Inuit Home and Community Care-National Branch, Indigenous Services Canada-Government of Canada

CONTACT US:

Kathlene Bartlett: bartlk4@mcmaster.ca

Bethany Bocchinfuso: bocchinb@mcmaster.ca

SJH

www.palliativecareinnovation.com

Ver 6 12.17.2025

PALLIATIVE CARE INNOVATION

Canada Revenue Agency (CRA) Clinic

This CRA clinic offers one-on-one help. **Register to reserve a spot. You can register by phone, online or at any Winnipeg Public Library.**

This clinic helps with the following services only:

- Applying for benefits (CCB, GST, DTC)
- Answering personal tax questions (no trusts, business or farming)
- Updating information (address, direct deposit, contact information)
- Printing letters or Proof of Income Statements (Option C)

Registration opens 2 weeks prior to event date at 10 a.m. You can register for one CRA clinic only at a time. On the day of the CRA Clinic, the order of when you are seen will depend on when you check in at the branch. Check in starts 30 minutes prior to the clinic start time. Limited walk-ins will be taken if time allows, or if spots are not yet filled.

Bill and Helen Norrie Library 204-986-4936
Wednesdays, May 13 and June 17 from 1-4 p.m.

St. Boniface Library 204-986-4331
Thursday, May 14 from 1-4 p.m.
Thursday, June 18 from 1-4 p.m.

Charleswood Library 204-986-3072
Wednesday, May 13 from 1-4 p.m.

Henderson Library 204-986-4314
Monday, May 25 from 1-4 p.m.
Monday, June 15 from 1-4 p.m.

Louis Riel Library 204-986-4573
Wednesday, May 20 from 1-4 p.m.

Millennium Library 204-986-6489
Wednesday, May 6 from 11 a.m. - 2 p.m.
Wednesday, June 3 from 11 a.m. - 2 p.m.
***Drop-in only. No registration.**

Osborne Library 204-986-4775
Monday, June 8 from 1-4 p.m.

Pembina Trail Library 204-986-4369
Thursday, May 7 from 1-4 p.m.
Tuesday, June 16 from 1-4 p.m.

St. James-Assiniboia Library 204-986-3424
Friday, May 29 from 11 a.m.-4 p.m.
Friday, June 19 from 11 a.m.-4 p.m.

St. John's Library 204-986-4689
Wednesday, May 6 from 1-4 p.m.
Wednesday, June 3 from 1-4 p.m.

Sir William Stephenson Library 204-986-7070
Monday, May 11 from 1-4 p.m.
Monday, June 1 from 1-4 p.m.

Transcona Library 204-986-3950
Thursday, May 21 from 1-4 p.m.
Thursday, June 11 from 1-4 p.m.

Unable to register or have an urgent need? CRA offers services by phone.

- General Enquiries: 1-800-959-8281 (for general questions)
- Benefits Enquiries: 1-800-387-1193 (for questions related to GST and CCB)
- Business Enquiries: 1-800-959-5525 (for questions related to businesses)
- **canada.ca/taxes-help** (to find someone to get your taxes done for free)

Scan to register.

Winnipeg

Canada Revenue Agency
Agence du revenu du Canada

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

DIABETES CANADA

CSEM The Canadian Society of Endocrinology and Metabolism SCEM La Société canadienne d'endocrinologie et de métabolisme

Diabetes Canada and the Canadian Society of Endocrinology and Metabolism (CSEM) invite submissions for the 2026 Diabetes Canada/CSEM Professional Conference in Vancouver (November 18–21, 2026).

Help us build a dynamic program showcasing innovative research and compelling case studies in diabetes, endocrinology, and related fields. Please share this email with your network, and let's make the 2026 conference a big success.

Submission rates and deadlines:

Early bird: $49 per abstract (until May 21, 11:59 p.m. EDT)
Regular: $99 per abstract (May 22–June 15, 11:59 p.m. EDT)

This is your opportunity to share your ideas.

SUBMIT ABSTRACT

New this year: Diabetes Canada Early Career Oral Abstract Award and Diabetes Canada Trainee Poster Award. Visit **Diabetes Canada/CSEM Professional Conference** to learn more and for conference details.

THE COALITION
FOR HEALTHY SCHOOL FOOD

LA COALITION
POUR UNE SAINE ALIMENTATION SCOLAIRE

The National School Food Act, as part of Bill C-15, received Royal Assent on Thursday, March 26, 2026. This makes the National School Food Program permanent for generations to come.

We invite you to read the government's announcement here.

The Coalition for Healthy School Food, alongside its members and endorsers, recognizes this as a transformative milestone for children, youth, and families in Canada.

This achievement reflects years of collaboration among communities, organizations, Indigenous partners, and governments and serves as a powerful reminder of what is possible when we work together.

It is also a moment to thank the Government of Canada for their school food leadership and to celebrate and thank everyone who helped make this possible: from advocates and educators to partners and communities in Canada.

As we celebrate this milestone, we also look ahead.

Continued investment, strong partnerships, and ongoing accountability will be key to ensuring the program continues to grow and reach its full potential, in alignment with **Canada's National School Food Policy**.

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

Health Canada approves expanded compatibility for mylife Loop with iOS and Abbott's FreeStyle Libre 3 Plus Sensor

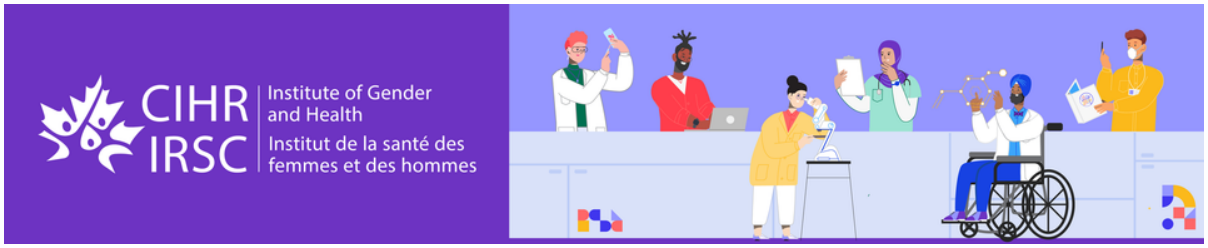
Health Canada has approved mylife Loop for use with iPhone and with Abbott's FreeStyle Libre 3 Plus sensor. This approval opens access to more choice and more flexibility in automated insulin delivery for people living with type 1 diabetes.

mylife Loop was Canada's 1st smartphone-based automated insulin delivery system and is now the only system compatible with 2 glucose monitoring systems: Dexcom G6 and FreeStyle Libre 3 Plus. It is also the 1st system approved for use with Abbott's most recent sensor.

This matters because daily life with type 1 diabetes involves many decisions and a constant level of vigilance. Data from Europe, where mylife Loop has been available for more than 3 years now, shows that people using the system report a meaningful reduction in mental load, and in the dQ&A survey[1], mylife Loop was ranked #1 for reducing perceived mental burden among automated insulin delivery systems.

Commercial availability will come soon, but we truly believe this represents a positive step forward for the community, and we wanted to share it with you directly.

For reference, here is the **full press release** and the coverage from La Presse Canadienne as seen in La Presse: **Le choix de pompes à insuline se multiplie, mais l'accès demeure un enjeu | La Presse** featuring Dr. Rémi Rabasa-Lhoret.



Canadian Institutes of Health Research

CIHR REDI Early Career Transition Award 2025
(CIHR Research Excellence, Diversity and Independence Early Career Transition Award 2025)

The CIHR Institutes of Infection and Immunity (III), Indigenous Peoples' Health (IIPH),Aging (IA), Cancer Research (ICR); Circulatory and Respiratory Health (ICRH); Gender and Health (IGH), Health Services and Policy Research (IHSPR), Human Development, Child and Youth Health (IHDCYH); Musculoskeletal Health and Arthritis (IMHA); Neurosciences, Mental Health and Addiction (INMHA), Nutrition, Metabolism and Diabetes (INMD); Population and Public Health (IPPH); the Centre for Research on Pandemic Preparedness and Health Emergencies (CRPPHE); and the CIHR HIV/AIDS and Sexually Transmitted and Blood-borne Infections (STBBI) Research Initiative (RI) in partnership with Heart and Stroke Foundation of Canada and Breakthrough T1D Canada

ResearchNet - RechercheNet

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

2026 Early Career Researchers in Human Development, Child and Youth Health Grants

INMD is pleased to partner with the CIHR Institute of Human Development, Child and Youth Health (IHDCYH) to support the 2026 Early Career Researchers in Human Development, Child and Youth Health Grants. The goal of this funding opportunity is to support early career researchers in initiating and conducting independent research, generate new knowledge, and facilitate knowledge exchange and translation between early career researchers and other stakeholders in human development, child and youth health.

Registration deadline: September 15, 2026
Application deadline: October 20, 2026

Learn more

Healthy Youth Team Grants (2025)

The specific objectives of this funding opportunity are to:

- Create new knowledge through youth-led and/or youth-engaged research to improve the health and well-being of youth in Canada.
- Enhance interdisciplinary, cross-sectoral, and multi-systems approaches to youth health research and knowledge mobilization to strengthen research, shape policy, and support the relevance and uptake of research evidence.
- Increase capacity for youth-led and/or youth-engaged research, including researcher career pathways and among youth from a diversity of backgrounds to improve efficiency, amplify impact, and nurture a thriving, inclusive, and equitable health research environment.

Application deadline: June 16, 2026 **Read more**

Your Ideas Can Help Improve Obesity Treatment
The Endocrine Society's Clinical Practice Guideline Development Panel is seeking input from people living with obesity who have either used GLP-1 medications or had bariatric surgery.
Join a paid, online listening session. Learn more: **https://www.endocrine.org/clinical-practice-guidelines/obesity/obesity-focus-group**

Tenure-Track Faculty Position
Open to rank of Associate or Full Professor
Canada Research Chair Tier 1 in Indigenous Well-Being and Biodiverse Food Systems

Faculty: Agricultural and Environmental Sciences
Department/School: School of Human Nutrition
Research Area: Public Health, Indigenous Health, Food Systems, Biodiversity, Nutrition, Food Composition and Dietary Assessment, Governance and Advocacy

The Canada Research Chair is also open to internal candidates who already hold a tenure-track or tenured professor position at McGill University.

Position Description

McGill University (Montreal, Canada) seeks to hire a tenure track faculty member who has lived experience and expertise in Indigenous knowledges, epistemologies, methodologies, traditions, and languages to deepen Indigenous expertise within the Centre for Indigenous Peoples Nutrition and Environment (CINE) at the Faculty of Agricultural and Environmental Sciences. Through multidisciplinary knowledge co-production, sharing, reciprocal learning, and capacity-building, CINE seeks to promote wholistic well-being; physical, emotional, mental, and spiritual health, Indigenous self-determination, culture, and language. The successful candidates will have a research program focused on responding to Indigenous Peoples' concerns and priorities about their traditional food systems and environment through research, education and initiatives conducted in partnership with Indigenous communities and organizations. A strong track record in ethical engagement with First Nation, Inuit, and Métis communities, in bridging Indigenous and western knowledge systems, and/or in the application of decolonizing research methodologies or Indigenous methodologies is required. This position carries the possibility of a Canada Research Chair (CRC) nomination at the Tier 1 level. Strategic research areas for the CRC include, but are not limited to:

- Public Health
- Food Systems
- Biodiversity and Environment
- Nutrition
- Governance and Advocacy
- Food composition and dietary intake assessment

A successful candidate's profile should demonstrate the potential for research excellence leading to national and international recognition. CRCs are expected to engage in innovative programs of research that help train the next generation of highly-skilled people through student supervision, teaching and community outreach.

A successful candidate that satisfies the eligibility conditions of the Canada Research Chair (CRC) program may be supported by the University for nomination to a CRC. Candidates for the CRC will be assessed based on demonstrated evidence of existing outstanding original research, and clear recognition as an original researcher of world-class calibre and as a leader in their field.

Applicants should review both the Eligibility and Selection Criteria for Tier 1 chairs.

Canada Research Chairs Program at McGill University

The Canada Research Chairs (CRC) Program provides an opportunity to nominate a diverse cadre of outstanding researchers for professorships in areas that align with McGill's Strategic Research Plan. Chairholders are nationally recognized as exceptional researchers and innovators in their discipline.

In pursuit of fulfilling McGill's Calls to Action as outlined in the final report of the Provost's Task Force on Indigenous Studies and Indigenous Education (2017), and in agreement with our obligations vis-à-vis the CRC Program's Institutional Equity, Diversity and Inclusion Action Plan Requirements, this call is open to new recruits and internal candidates at McGill University who are First Nations, Inuit or Métis. Consistent with its land acknowledgement and pathway towards reconciliation, McGill welcomes applicants whose positionality and expertise is connected to provincial and proximate/regional First Nations and Inuit.

McGill University, a national and global academic leader, acknowledges it has a crucial role to play in responding to the Truth and Reconciliation Commission (TRC) of Canada's Calls to Action. To this end, the Provost's Task Force calls upon the University to set a target of at least 35 Indigenous tenure-track or tenured professors for appointment by 2032 (Call to Action 44 and Call to Action 46). This recruitment provides impetus to move toward this target and may stimulate opportunities for a cluster hire of faculty members in the tenure stream who have lived experience and expertise in Indigenous knowledges, epistemologies, methodologies, histories, traditions, languages, or systems of laws and governance. McGill University may elect to use the CRC Program's corridor of flexibility to change the tier or research area for its vacant chairs to accommodate outstanding applicant~~s who are recruited~~ through this job posting.

Tier 1 CRCs are for established scholars who have demonstrated recognition as outstanding and original researchers of world-class calibre who are leaders in their field.

The results of this recruitment process may be used to nominate additional Canada Research Chairs should additional chair positions become available within the next twelve months. All individuals who may be interested in a Canada Research Chair position and meet the requirements as outlined in this job posting are encouraged to apply.

Job Duties

Successful candidates will teach both undergraduate and graduate courses, develop courses at all levels in their areas of specialization, supervise and mentor graduate students, and contribute to the intellectual life of the University. Candidates at the Tier 1 level will contribute to the development of Indigenous academic leadership capacity at the University and support CINE's mission and development.

Qualifications and Education Requirements

Applicants for tenure-track positions at McGill University must have a PhD in hand at the time of appointment or be within a year of completion (in which case, a deferred starting date can be arranged). This appointment is anticipated to begin August 2026.

McGill University is an English-language university where most teaching and research activities are conducted in English, thereby requiring strong English communication skills, both verbally and in writing.

Candidates who do not satisfy the CRC eligibility criteria for a Tier 1 CRC are nonetheless invited to apply for the available tenure-track position.

Job Details

Job Type:	Tenure-track
Rank:	Associate or Full Professor for CRC Tier 1
Salary:	Salary will be commensurate with qualifications and experience.

Posting Period

Applications will be accepted within 30 days of the date of posting of this advertisement, or until position is filled.

Application Process and Required Documents

External applicants

Please submit your application via McGill's HR system Workday:
https://mcgill.wd3.myworkdayjobs.com/en-US/McGill_Careers/job/MacdonaldStewart-Bld/Associate-Professor_JR0000072698

Please refer to the How to Apply for a Job (for External Candidates) job aid for instructions on how to apply.

Internal applicants

If you are an active McGill employee (i.e.: currently in an active contract or position at McGill University), do not apply through this Career Site. Login to your McGill Workday account and apply to this posting using the Find Jobs report (type Find Jobs in the search bar).

For external applicants only:

A cover letter and curriculum vitae.
A statement of research interest.
One writing sample.
A statement of teaching philosophy and a sample course syllabus.
Evidence of teaching success (e.g., teaching evaluations, if available).
The names and contact information of three referees (who would only be contacted in the advanced stages of the process and only with the applicant's permission)

For internal applicants only:

1. A joint recommendation (one letter) from the Dean and Chair/Director. This letter is used only for the internal review process.
2. **CV details** (Education, Affiliation and employment, Funding history, Interruptions and Special circumstances), a Word template is provided.
3. A shortened version of the **CRC Supporting documents for nominations:**
    a. An executive/lay summary (100 words) (Section 2a of the instructions)
    b. A description of the proposed research program (3 pages max. following the instructions of Section
    c. A description of the quality of the institutional environment, institutional commitment and fit with the McGill Strategic Research Plan (2 pages max. following the instructions of Section 3a-c).
4. CV documents: follow the instructions found here (Sections 1-6).

Commitment to Equity and Diversity

McGill University is committed to equity and diversity within its community and values academic rigour and excellence. We welcome and encourage applications from racialized persons/visible minorities, women, Indigenous persons, persons with disabilities, ethnic minorities, and persons of minority sexual orientations and gender identities, as well as from all qualified candidates with the skills and knowledge to engage productively with diverse communities.

At McGill, research that reflects diverse intellectual traditions, methodologies, and modes of dissemination and translation is valued and encouraged. Candidates are invited to demonstrate their research impact both within and across academic disciplines and in other sectors, such as government, communities, or industry.

McGill further recognizes and fairly considers the impact of leaves (e.g., family care or health-related) that may contribute to career interruptions or slowdowns. Candidates are encouraged to signal any leave that affected productivity, or that may have had an effect on their career path. This information will be considered to ensure the equitable assessment of the candidate's record.

McGill implements an employment equity program and encourages members of designated equity groups to self-identify. It further seeks to ensure the equitable treatment and full inclusion of persons with disabilities by striving for the implementation of universal design principles transversally, across all facets of the University community, and through accommodation policies and procedures. Persons with disabilities who anticipate needing accommodations for any part of the application process may contact, in confidence, accessibilityrequest.hr@mcgill.ca.

All qualified applicants are encouraged to apply; however, in accordance with Canadian immigration requirements, Canadians and permanent residents will be given priority. For the purposes of a nomination for a Canada Research Chair through this Open Call, we will select qualified applicants who self-identify as a First Nations, Inuit or Métis. Applicants who are shortlisted will be asked to validate such self-identification in accordance with McGill's Policy on Indigenous Membership/Citizenship Validation.

Date of Posting: January 9, 2026

Poste de professeur(e) menant à la permanence
Poste de professeur(e) agrégé(e) ou titulaire
Chaire de recherche du Canada de niveau 1 en bien-être autochtone et biodiversité des systèmes alimentaires

Faculté : Faculté des sciences de l’agriculture et de l’environnement
Département/École : École de nutrition humaine
Domaines de recherche : santé publique, santé autochtone, systèmes alimentaires, biodiversité, nutrition, composition des aliments et évaluation de l’apport alimentaire, gouvernance et défense des intérêts

Cette chaire de recherche est également ouverte aux personnes candidates qui occupent déjà un poste permanent ou menant à la permanence au sein du corps professoral de l’Université McGill.

Description du poste

L’Université McGill (Montréal, Canada) souhaite recruter, pour un poste menant à la permanence, un ou une professeur(e) possédant un vécu expérientiel et une expertise dans les sphères du savoir, de l’épistémologie, des méthodologies, des traditions et des langues autochtones afin d’enrichir l’expertise autochtone du Centre d’études sur la nutrition et l’environnement des peuples autochtones (CINE) de la Faculté des sciences de l’agriculture et de l’environnement. Par la coproduction de savoirs multidisciplinaires, le partage des connaissances, l’apprentissage réciproque et l’amélioration des compétences, le CINE œuvre en faveur du bien-être holistique, de la santé physique, émotionnelle, mentale et spirituelle ainsi que de l’autodétermination, de la culture et des langues autochtones. Les personnes retenues mèneront un programme de recherche axé sur les préoccupations et les priorités des peuples autochtones à l’égard de leurs systèmes alimentaires traditionnels et de leur environnement, sur lesquelles elles se pencheront par le biais d’études, d’activités d’enseignement et d’initiatives réalisées en partenariat avec des communautés et des organisations autochtones. Les personnes candidates doivent posséder une solide feuille de route en engagement éthique auprès des communautés des Premières Nations ainsi que des communautés inuites et métisses, dans l’instauration de dialogues entre les systèmes de savoir autochtone et occidental ou dans l’application de méthodes de recherche décolonisatrices ou autochtones. Ce poste peut conduire à une nomination à une chaire de recherche du Canada de niveau 1. Les domaines de recherche stratégiques à explorer dans le cadre de ces chaires sont, notamment :

la santé publique;
les systèmes alimentaires;
la biodiversité et l’environnement;
la nutrition;
la gouvernance et la défense d’intérêts; et
la composition des aliments et l’évaluation de l’apport alimentaire.

La personne retenue devra démontrer un potentiel d'excellence en recherche qui lui permettra de s'illustrer à l'échelle nationale et mondiale. Les titulaires de chaires de recherche du Canada doivent mener des programmes de recherche novateurs concourant à la formation de la prochaine génération de personnes hautement qualifiées grâce à la direction de mémoires et de thèses, à l'enseignement et aux relations avec les collectivités.

Si la personne retenue répond aux critères d'admissibilité du Programme des chaires de recherche du Canada, elle pourrait recevoir l'appui de l'Université en vue de sa nomination à une telle chaire. Les personnes candidates aux chaires de recherche du Canada seront évaluées en fonction de l'excellence de leurs travaux de recherche originaux et de leur reconnaissance pleine et entière à titre de chercheurs ou chercheuses de calibre mondial et chefs de file dans leur domaine. Les personnes souhaitant soumettre leur candidature sont invitées à lire les critères d'admissibilité et de sélection aux chaires de niveau 1.

Le Programme des chaires de recherche du Canada à l'Université McGill

Dans le cadre du Programme des chaires de recherche du Canada, l'Université McGill a la possibilité de nommer divers chercheurs et chercheuses d'exception à des chaires professorales dans des domaines en adéquation avec son Plan stratégique de recherche. Les titulaires de chaire sont reconnu(e)s à l'échelle nationale pour leurs travaux exceptionnels et avant-gardistes.

En réponse aux appels à l'action lancés, en 2017, dans le rapport final du Groupe de travail du provost sur les études et l'éducation autochtones, et conformément à nos obligations au titre des exigences en matière d'équité, de diversité et d'inclusion du Programme des chaires de recherche du Canada, le présent appel de candidatures s'adresse aux membres du personnel de l'Université McGill et à des personnes candidates externes membres des Premières Nations, des Inuits ou des Métis. L'Université McGill reconnaît les territoires autochtones et est engagée sur la voie de la réconciliation, et c'est pourquoi elle invite les personnes dont l'expertise et la positionnalité sont liées aux peuples des Premières Nations et des Inuits du Québec ou de régions avoisinantes à postuler. En sa qualité d'établissement universitaire de premier plan au Canada et dans le monde, l'Université McGill a un rôle essentiel à jouer dans la réponse aux appels à l'action lancés par la Commission de vérité et réconciliation du Canada. C'est pourquoi le Groupe de travail du provost exhorte l'Université à se fixer pour objectif d'embaucher au moins 35 professeur(e)s autochtones à un poste permanent ou menant à la permanence d'ici 2032 (appels à l'action 44 et 46). Le recrutement au présent poste nous rapproche de cet objectif et pourrait mener à l'embauche d'un groupe de professeures et professeurs candidats à la permanence possédant un vécu expérientiel et une expertise dans les sphères du savoir, de l'épistémologie, des méthodologies, des histoires, des traditions, des langues ou des systèmes de droit et de gouvernance autochtones.

L'Université McGill pourrait se prévaloir de la marge de flexibilité du Programme des chaires de recherche du Canada pour modifier le niveau ou le domaine de recherche de ses chaires vacantes et pouvoir ainsi les attribuer à des personnes recrutées par l'entremise du présent affichage de poste.

Les **chaires de recherche du Canada de niveau 1** sont destinées à des chercheuses et chercheurs chevronnés reconnus partout dans le monde pour l'excellence et l'originalité de leurs travaux, et considérés comme des chefs de file dans leur domaine.

L'Université McGill pourrait avoir recours aux résultats du présent processus de recrutement si de nouvelles chaires de recherche du Canada devaient être pourvues au cours des 12 mois à venir. Nous encourageons toutes les personnes désireuses de se voir octroyer une chaire de recherche du Canada et répondant aux critères de la présente offre à soumettre leur candidature.

Fonctions

Les personnes retenues enseigneront au premier cycle et aux cycles supérieurs, créeront des cours pour tous les niveaux dans leurs domaines de spécialisation, dirigeront et mentoreront des personnes étudiantes aux cycles supérieurs et contribueront à la vie intellectuelle de l'Université. Les personnes candidates à une chaire de niveau 1 contribueront au leadership académique autochtone à l'Université ainsi qu'à l'enrichissement de l'apport du CINE et à la réalisation de sa mission.

Compétences et formation

Les personnes candidates à un poste menant à la permanence de l'Université McGill doivent posséder un doctorat au moment de leur embauche ou être en voie de l'obtenir dans l'année à venir (auquel cas on pourra fixer une date d'embauche différée). La nomination au titre du présent affichage de poste est prévue pour août 2026.

L'Université McGill est un établissement de langue anglaise où les activités d'enseignement et de recherche se déroulent principalement en anglais et où, par conséquent, la faculté de bien communiquer en anglais, à l'oral comme à l'écrit, est nécessaire.

Les personnes qui ne répondent pas aux critères d'admissibilité du Programme des chaires de recherche du Canada à une chaire de niveau 1 sont invitées à soumettre néanmoins leur candidature au poste menant à la permanence.

Renseignements sur le poste

Type de poste :	Poste menant à la permanence
Rang :	Professeur(e) agrégé(e) ou titulaire détenteur(-trice) d'une chaire de recherche du Canada de niveau 1
Salaire :	Le salaire est fonction des compétences et de l'expérience.

Date limite de dépôt des candidatures

Les candidatures doivent être soumises dans les 30 jours suivant la date de publication de cette annonce, ou jusqu'à ce que le poste soit pourvu.

Dépôt de candidature et dossier de candidature

Les personnes candidates externes

Les candidatures doivent être soumises via le système Workday des ressources humaines de McGill :
https://mcgill.wd3.myworkdayjobs.com/fr-CA/McGill_Careers/job/MacdonaldStewart-Bld/Associate-Professor_JR0000072698

Veuillez consulter le document Postuler à l'Université McGill – Guide pour les candidats de l'extérieur pour obtenir les directives relatives au dépôt de votre candidature.

Les personnes candidates internes

Si vous êtes membre du personnel de l’Université McGill (c’est-à-dire si vous occupez présentement un poste ou si votre contrat est en vigueur), veuillez soumettre votre candidature non pas par le présent site d’emploi, mais plutôt par l’intermédiaire de votre compte Workday. Inscrivez « Trouver un emploi » dans la barre de recherche et repérez cet appel de candidatures parmi les options proposées.

Les personnes candidates externes doivent soumettre les documents suivants :

Les candidatures doivent être soumises par l’entremise de Workday, système de gestion des Ressources humaines de l’Université McGill.

Postuler à l’Université McGill – Guide pour les candidats de l’extérieur :
https://www.mcgill.ca/mining/files/mining/workday_guide_for_candidates_external_fr.pdf

lettre de présentation et curriculum vitæ;
énoncé sur les sphères d’intérêt en recherche;
échantillon de texte;
énoncé sur la philosophie d’enseignement et échantillon de plan de cours;
attestation des compétences en enseignement (p. ex., évaluation de l’enseignement, si possible);
nom et coordonnées de trois personnes disposées à fournir des références (s’il y a lieu, nous ne communiquerons avec elles qu’à un stade avancé du processus et avec l’autorisation de la personne candidate)

Les personnes candidates internes doivent soumettre les documents suivants :

1. lettre de recommandation conjointe du doyen ou de la doyenne et du directeur ou de la directrice de programme ou de département, qui sera examinée uniquement dans le cadre du processus d’évaluation interne;
2. **renseignements détaillés du CV** (formation, affiliation et emploi, financement de la recherche, interruptions et circonstances spéciales) (modèle Word fourni);
3. Version abrégée des **documents à l’appui de la nomination à la CRC** :
    a. résumé en langage profane (100 mots) (partie 2a des instructions);
    b. description du programme de recherche proposé (maximum de 3 pages, conformément aux instructions de la partie 2b-e);
    c. description de la qualité du milieu offert par l’établissement, de l’engagement de l’établissement et de la concordance entre la chaire proposée et le Plan stratégique de recherche de l’Université McGill (maximum de 2 pages, conformément aux instructions de la partie 3a-c).
4. Documents accompagnant le CV : suivre les instructions figurant ici (parties 1-6).

Adhésion aux principes d’équité et de diversité

L’Université McGill s’engage fermement à respecter les principes d’équité et de diversité au sein de sa communauté, tout en valorisant la rigueur et l’excellence académiques. Elle accueille favorablement les demandes d’emploi des personnes racisées et des minorités visibles, des femmes, des personnes autochtones, des personnes en situation de handicap, des minorités ethniques, des personnes de toute orientation sexuelle et identité de genre, ainsi que toute personne possédant les aptitudes et les connaissances nécessaires pour interagir au sein de groupes diversifiés.

McGill valorise et encourage la recherche qui reflète des traditions intellectuelles, des méthodologies ainsi que des modes de dissémination et de traduction diversifiés. Les personnes candidates sont invitées à démontrer la portée de leur recherche, aussi bien au sein de leur champ universitaire que dans un contexte interdisciplinaire, notamment dans les secteurs gouvernemental, communautaire et industriel.

En outre, McGill reconnaît et prend équitablement en considération l'incidence des congés (p. ex., obligations familiales ou congés pour raisons de santé), qui peuvent entraîner des interruptions ou des ralentissements de carrière. Quiconque pose sa candidature est encouragé à signaler tout congé ayant eu une incidence sur son rendement et pouvant avoir modifié son parcours de carrière. Ces renseignements seront pris en compte aux fins d'évaluation équitable du dossier. L'Université McGill dispose d'un programme d'équité en matière d'emploi et invite

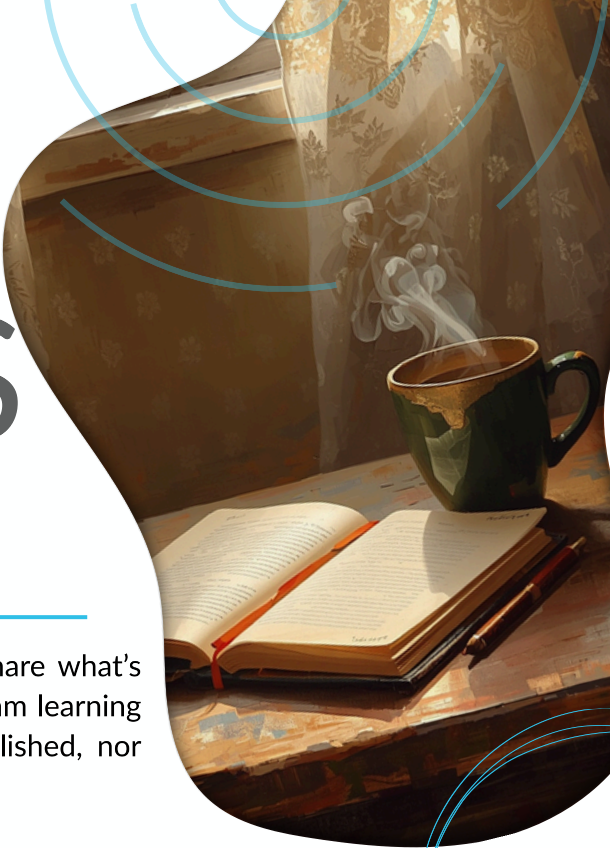
les membres des groupes visés
à indiquer leur appartenance à ces derniers dans leur dossier de candidature. Elle tient également à s'assurer que les personnes en situation de handicap reçoivent un traitement équitable et puissent pleinement s'intégrer à la vie universitaire en ayant à cœur de mettre en œuvre les principes de conception universelle dans toutes les sphères d'activité de l'Université, conformément aux politiques et procédures relatives aux aménagements. Les personnes en situation de handicap qui pourraient avoir besoin de certains aménagements pour soumettre leur candidature sont invitées à communiquer en toute confidentialité par courriel accessibilityrequest.hr@mcgill.ca. Nous

encourageons tous les candidats qualifiés à postuler; veuillez noter que conformément aux exigences de l'immigration canadienne, la priorité sera toutefois accordée aux personnes détenant la citoyenneté canadienne ainsi que le statut de la résidence permanente. Toutes les personnes qualifiées sont encouragées à postuler.

Toutefois, conformément aux exigences de
l'immigration canadienne, la priorité sera accordée aux personnes qui détiennent la citoyenneté canadienne ou la résidence permanente. Aux fins de l'attribution d'une chaire de recherche du Canada dans le cadre de cet appel de candidatures, nous sélectionnerons les personnes candidates qualifiées qui indiquent leur appartenance aux Premières Nations, aux Inuits ou aux Métis. Les personnes candidates présélectionnées devront valider cette appartenance, conformément à la Politique sur la validation de la citoyenneté et de l'appartenance autochtones de l'Université McGill.

Date de l'affichage : 9 janvier 2026

THINKING IN CIRCLES



A REFLECTION FROM THE NIDA EXECUTIVE DIRECTOR, CÉLESTE THÉRIAULT

Thinking in Circles is a space for my unedited thoughts... To share what's been on my mind lately, what keeps me up at night, and what I am learning as we move through this work at NIDA together. It is not polished, nor scripted. It is just me, thinking out loud.

This section was inspired by the response to an opinion piece I wrote following the United Nations General Assembly in our Fall 2025 NIDA newsletter. After sharing those reflections, I realized there is immense value in creating more space for the thinking behind the work, not just outcomes, but the questions, tensions and moments that shape how I lead NIDA.

As Executive Director, I often find myself navigating many different facets of leadership at once. Some of that work is visible, but most of it is not. There are conversations happening behind the scenes, relationships being nurtured quietly over time, decisions carrying emotional and systemic weight, and constant reflections about how we move forward in a good way as a national Indigenous health charity. Not to mention the countless hours I spend asking questions and learning from the Elders in our NIDA circle, who continue to mentor and guide me in ways I cannot fully put into words. It is a privilege I can't even begin to explain and I am grateful.

Sometimes what I write here may not seem directly connected to NIDA's day-to-day work at first glance. That said, I always find my way back to why those contexts matter, to us as Indigenous people, to Indigenous health and to the systems we are trying to change. Whether I am reflecting on policy, leadership, relationships, health, diabetes, hope, burnout, systems change or the world around us, these thoughts all influence how I approach the work that I do and how I envision NIDA's role within it.

In many ways, this space is also about making the invisible more visible. Putting words to thoughts that are often moving much faster than I can even articulate them. Slowing down long enough to reflect each season, question and connect the dots between what we experience individually and what are are trying to build collectively.

In our ways of knowing, circles represent life and the interconnection between all things. Our relationships, responsibilities, teachings, and journeys in continuous motion. We revisit and we return to ideas with new understanding. We move together not linearly, but relationally, in circle. That is the spirit behind this space.

Céleste Thériault
Executive Director
NATIONAL INDIGENOUS DIABETES ASSOCIATION

That's what I've been thinking about this season –
THE CIRCLE CONTINUES.

Thinking in Circles n°1: Beyond a Diabetes Diagnosis

Thinking in Circles is a space for my raw, unedited thoughts as NIDA's Executive Director. My honest reflections on leadership, Indigenous health, the systems we are trying to change, and everything in between.
— Céleste Thériault, Executive Director, NIDA

When I think back to the International Society for Pediatric and Adolescent Diabetes (ISPAD) conference, hosted in Montreal from November 5-8, 2025, I do not just think about presentations, research posters, or sessions. I think about the feeling that stayed with me afterward. The conversations in hallways. The stories shared quietly between Indigenous people living with diabetes, caregivers, clinicians, researchers, and advocates. The moments where science and lived experience collided in ways that felt deeply human.

For me, one of the things that kept resurfacing was the experience of diagnosis itself.

Not the clinical definition of diagnosis, nor the laboratory values, screening tools or treatment pathways, but the emotional, spiritual, relational, and systemic experience of being diagnosed with diabetes as an Indigenous person in Canada.

I have been thinking a lot lately about how many Indigenous people do not simply receive a diagnosis. Many receive a label layered with generations of trauma, blame, fear, grief, loss and shame. Sometimes the moment itself is rushed and clinical. Sometimes it comes after years of inaccessible care, medical mistrust, food insecurity, poverty, jurisdictional gaps, displacement, or trying to navigate systems that were never designed with Indigenous families in mind. Sometimes it arrives in childhood. Sometimes it arrives after watching parents, grandparents, aunties, uncles, siblings, or entire communities carry the weight of diabetes complications for decades.

And yet, despite all of this, the dominant narrative around diabetes still so often focuses on individual responsibility. Eat better. Exercise more. Manage your numbers. Try harder.

As though diabetes exists in isolation from colonialism. As though Indigenous Peoples woke up one day and collectively chose chronic disease, chose diabetes. As though residential schools, forced relocation, environmental dispossession, food system disruption, systemic racism in healthcare, intergenerational trauma, and chronic underfunding of Indigenous health systems have nothing to do with the realities we see today.

At ISPAD, I found myself reflecting deeply on how often Indigenous Peoples are discussed in healthcare spaces through deficit-based lenses. We become statistics. Risk factors. Burdens on systems. "Hard to reach" populations. Rarely do conversations begin from a place of strength, kinship, resilience, love, humour, culture, or community knowledge.

Yet those are often the very things that keep our people alive.

I think about how many Indigenous people carry diabetes while simultaneously carrying entire families, communities, languages, ceremonies, and responsibilities on their backs. I think about many of us making meals for everyone before caring for themselves. The grandparents raising grandchildren. The young people navigating identity, racism, mental health, food insecurity, and chronic disease all at once. I think about people trying their best within systems that often make wellness feel out of reach.

And I wonder what would happen if diagnosis itself became something different. What if diagnosis was not rooted in fear, shame, and individual blame? What if it became an entry point into relationship, support, community, culture, and care? What if people were told not only what diabetes is, but also that they are still whole? What if healthcare systems understood that blood sugar numbers cannot be separated from housing, food systems, water, language, ceremony, connection, and safety?

One of the tensions I continue to sit with is how often Indigenous Peoples are expected to fit ourselves into Western healthcare structures, while those systems rarely transform themselves to truly meet us where we are. We are asked to adapt constantly. To translate ourselves constantly. To explain ourselves constantly. To educate others constantly. Much of that work is invisible.

And Indigenous organizations like ours at NIDA often end up existing in the middle of those tensions.

Sometimes our work feels like advocacy. Sometimes it feels like systems navigation. Sometimes it feels like relationship building. Sometimes it feels like crisis response. Sometimes it feels like carrying stories that were never ours to carry alone.

Although in most moments, I feel immense hope. I see Indigenous researchers, clinicians, Knowledge Keepers, Elders, youth, and community leaders pushing conversations forward in ways that would have been unimaginable even a decade ago. I see distinctions-based approaches gaining ground recognizing its limitations. I see Indigenous-led research challenging old assumptions. I see people demanding better from systems that have historically expected Indigenous Peoples to settle for less.

At ISPAD, I was reminded that the future of diabetes care for Indigenous Peoples cannot simply be about better treatment pathways or more efficient systems, although those things matter. It must also be about restoring humanity to conversations that have become overly clinical and disconnected from lived reality and experiences. That there are moments that cut through all of the policy language, research terminology, and systems discussions entirely, moments that remind us why this work matters in the first place.

One of those moments came through Antonina Kandiurin's reflections shared earlier in this newsletter.

At ISPAD, Antonina shared openly about being diagnosed with type 2 diabetes at 16 years old while living in Churchill, Manitoba, and the years she spent navigating a healthcare system where she often felt ignored, shamed, and lost. But what stayed with me most was not simply the reality of her diagnosis, it was the way she chose to define her story beyond it.

While healthcare systems often frame youth-onset type 2 diabetes through projected complications and statistics, there were also moments at ISPAD where some within the international research community struggled to reconcile Antonina's diagnosis with their own assumptions about what type 2 diabetes is supposed to "look like." The reality is that rates of youth-onset type 2 diabetes among Indigenous youth in Manitoba are among the highest in the world, particularly in northern communities. Yet even within global diabetes spaces, physical appearance and stereotypes still too often shape perceptions of who is believed, who is taken seriously, and who is perceived as "fitting a diagnosis".

Antonina challenged those assumptions simply by existing in the space unapologetically and sharing her truth. She reframed ten years living with diabetes through advocacy, community, leadership, and hope. In doing so, she reminded an entire room at ISPAD that Indigenous people living with diabetes are not simply outcomes to be managed. We are people with futures.

I want to thank Antonina for sharing her story so openly and vulnerably. Maarsii for your courage, wisdom, and willingness to speak truth into spaces that so deeply need to hear it.

Because diabetes is never just about glucose, and it certainly is not defined by physical stereotypes.

It is about relationships. It is about history. It is about access. It is about grief. It is about resilience. It is about dignity. It is about community. And ultimately, it is about real people. With real diagnoses, who want better for themselves and their loved ones.

And now, after hearing stories like Antonina's, the responsibility no longer sits solely with Indigenous people living with diabetes to keep explaining these realities. The responsibility also sits with researchers, clinicians, policymakers, organizations, and governments to finally put words into action.

Céleste Thériault
Executive Director
NATIONAL INDIGENOUS DIABETES ASSOCIATION

That's what I've been thinking
about this season –
THE CIRCLE CONTINUES.

Free Community Membership

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www.nada.ca

NATIONAL INDIGENOUS DIABETES ASSOCIATION WINTER 2025 RECAP NEWSLETTER

We are always looking to share articles, community highlights, and other relevant information in our newsletters. If you'd like to contribute content for a future edition, please reach out to sylviasentner@nada.ca.