MEMORIAL UNIVERSITY
FACULTY OF MEDICINE

2025 INDIGENOUS HEALTH RESEARCH SYMPOSIUM

PROGRAM

Thursday, March 27

INDIGENOUS HEALTH RESEARCH SYMPOSIUM

MESSAGE FROM THE DEAN

Welcome to the Faculty of Medicine's 2025 Indigenous Health Research Symposium. It is an honour to gather once again to share knowledge, strengthen connections, and advance research that supports the health and well-being of Indigenous communities.

This symposium is a celebration of collaboration, bringing together researchers, Elders, community members, students, and leaders from diverse backgrounds. It is an opportunity to learn from one another, highlight strength-based and solution-focused approaches, and honour the holistic nature of health—one that encompasses physical, mental, emotional, social, and spiritual well-being.

This marks our first Indigenous Health Research Symposium since 2019, and so much has changed in the world and in the landscape of Indigenous health research. As we move forward, we remain committed to research that is community-driven, culturally safe, and grounded in respect, reciprocity and reconciliation.

I extend my gratitude to all those who have contributed to making this event possible. Your dedication to Indigenous health research and knowledge-sharing is invaluable, and I hope today's discussions will inspire continued partnerships, action and meaningful change.
Thank you for being here, and I wish you a meaningful and enriching symposium.

Dr. Dolores McKeen
Dean, Faculty of Medicine
Memorial University

INDIGENOUS HEALTH RESEARCH SYMPOSIUM

AGENDA

Lecture Theatre B - HSC

Time	Session	Speaker
8:45 am	Coffee and tea	
9:00 am	Introduction and welcome	
9:30 am - 12 pm	Understanding root causes of Indigenous health outcomes and how to move forward in a good way	Dr. Nicole Blackman, DNP, MN, RN
	Considering Health Wholistically: the process of operationalizing the IQI model of Inuit health	Morgen Bertheussen
	Strategies to Combat Anti-Indigenous Racism in Ontario's Health Systems	Caroline Lidstone-Jones
	The Truth and Reconciliation Report Card Project	Kensington Renneberg Denna Flett Sydney Landrie
	Patshitinikutau Natukunisha Tshishennuat Uitshuau (a place for Elders to spend their last days in life): Innu perspectives on end-of-life care	Dr. Russell Dawe
12 pm	Lunch session: Fostering collaborative relationships with Indigenous communities	Susan Onalik
12:30 - 3 pm	The journey of the Kamlamunikk (Heart)	Dr. Erica (Samms) Hurley
	Increasing Indigenous Participation in the Physician Workforce – Insights from Members of Qalipu First Nation	Shaelynn Barry
	Climate Crisis and Youth Mental Health: Identifying Local and National Impacts and Solutions	Dr. Sabina Mirza Michael Brown Dr. Ethsi (Suzanne) Stewart
	The Coping Well Project: A model for integrating Indigenous data sovereignty in quality improvement initiatives.	Emily Simmonds Maxine Brown
	Intersecting Trends: Indigenous Peoples Aging with HIV Experience Higher Rates of Clinical Frailty at Younger Ages	Nicholas Bauer
	"Anxiety in School and Student Engagement - A Perspective from Whatì, NT Youth" [In progress, as part of the Master of Applied Health Services program]	Onyx Walker
3:00 pm	Closing	

UNDERSTANDING ROOT CAUSES OF INDIGENOUS HEALTH OUTCOMES AND HOW TO MOVE FORWARD IN A GOOD WAY

Nicole Blackman, DNP, MN, RN, Chief Operating Officer, Indigenous Primary Health Care Council

Contributing authors:
Dr. Curtis Hildebrandt, Director of Integrated Care & Clinical Services, IPHCC
Julia Creglia, Program Coordinator, IPHCC

When presenting Indigenous health issues, whether through research, clinical settings, or to the general population, it is usually through a deficit-based approach which often results in portraying the Indigenous population as the problem without understanding the layers of context. Looking at health outcomes without understanding or appreciating the root causes of colonization and anti-Indigenous racism further stigmatizes the population and contributes to continuation of negative stereotypes. Unfortunately, negative Indigenous health statistics has dominated research and health data sets for decades. This is harmful as the constant focus on glaring health inequities has drawn attention away from the strengths and resilience of Indigenous communities. To address this and to change the narrative in how we present and look at Indigenous health, IPHCC has developed a series of resources that can implemented in all sectors of the health care system. These include wellness focused, wholistic, and strength-based population health indicators that centre around the foundation of cultural as healing. IPHCC strives to change the narrative on how Indigenous health is viewed and approached in mainstream healthcare; not only through incorporation of colonization and racism as deterrent factors to health but also focusing on protectant factors such as connection to culture and self-determination.

Outcomes: By the end of the session, attendees will be able to...

1. Connect root causes as contributing factors to poorer health outcomes among the Indigenous population.
2. Describe the importance of protectant factors for wholistic health for Indigenous peoples.

Explore alternative approaches to collect Indigenous health data through strength-based indicators.

CONSIDERING HEALTH WHOLISTICALLY: THE PROCESS OF OPERATIONALIZING THE IQI MODEL OF INUIT HEALTH

Morgen Bertheussen, McGill University

Many Indigenous cultures conceptualize health wholistically, whereby physical, mental, spiritual, and relational dimensions of health are interconnected. For Nunavimmiut (Inuit living in Nunavik), being healthy and well requires a balance between Ilusirsusiarniq ('bodily health'), Qanuinngisiarniq ('well-being'), and Inuuqatigiitsianiq ('quality of social relationships') (IQI). Together, these interconnected concepts represent the foundation of health, which are grounded in language and culture. Yet, quantitative approaches to representing Indigenous health tend to remain anchored in western perspectives, that separate the different dimensions of health. To consider health wholistically, this work sought to operationalize a wholistic indicator of health based on the IQI model. The IQI model was developed within the community component of the QANUILIRPITAA? 2017 Nunavik Regional Health Survey (N=1196). Variables from the health survey were selected based on their representativeness of IQI model. Exploratory Latent Class Analysis was used to identify wholistic health profiles. Latent Class Analysis is a statistical method used to measure an unobservable variable through two or more observable variables. Here, wholistic health was measured through variables most closely corresponding to the foundational concepts of the IQI model. This talk focusses on the process of operationalizing this wholistic indicator that corresponds to a cultural definition of health. Integrating culturally relevant models of health can support improved health status assessments and identify opportunities for health promotion across Inuit Nunangat.

STRATEGIES TO COMBAT ANTI-INDIGENOUS RACISM IN ONTARIO'S HEALTH SYSTEMS

Caroline Lidstone-Jones, Chief Executive Officer, Indigenous Primary Health Care Council

Contributing authors:
Dr. Nicole Blackman, Chief Operating Officer, IPHCC
Dr. Curtis Hildebrandt, Director of Integrated Care & Clinical Services, IPHCC
Julia Creglia, Program Coordinator, IPHCC

The Indigenous Primary Health Care Council (IPHCC) plays a pivotal role in addressing systemic anti-Indigenous racism in Ontario's health systems, focusing on First Nation, Inuit, and Métis communities. This presentation will delve into the multifaceted strategies implemented by the IPHCC to confront and mitigate racism, promoting a more inclusive and respectful healthcare environment. Central to the IPHCC's approach is the integration of trauma-informed Indigenous Cultural Safety (ICS) training. This training is designed to educate healthcare providers on the historical and ongoing impacts of colonization, enhancing their cultural competency and sensitivity towards the unique experiences of Indigenous peoples.

Furthermore, the IPHCC has launched the Safespace Network, an innovative anonymous reporting and learning tool. This platform enables individuals to report incidents of racism and discrimination without fear of retaliation, fostering a safer and more supportive healthcare setting. The data collected through the Safespace Network serves as a critical resource for advocacy and policy development. By analyzing trends and patterns in the reports, the IPHCC effectively holds health systems accountable and advocates for necessary reforms.

This presentation will highlight the successes and challenges faced by the IPHCC in its ongoing efforts to decolonize Ontario's health systems. Through a detailed examination of the training programs and the effectiveness of the Safespace Network, the presentation aims to shed light on the transformative potential of these initiatives. The goal of the IPHCC's endeavors is to establish a healthcare landscape in Ontario that is free from racism and discrimination, where Indigenous peoples can access care with dignity and respect.

Outcomes: By the end of the session, attendees will understand...

1. The importance of trauma-informed care and education
2. Anonymous reporting as a tool for change
3. Advocacy for policy reform and decolonization of health systems

THE TRUTH AND RECONCILIATION REPORT CARD PROJECT

Kensington Renneberg, University of British Columbia, **Denna Flett,** University of British Columbia
Sydney Landrie, University of British Columbia

Contributing authors:
Dr. Emily Green
Dr. Celine Hounjet
Maddie Elder
Madeson Todd
Priscilla Lawson-Pires

Background & Objective
In 2015, the Truth and Reconciliation Commission (TRC) urged medical schools across Canada to enhance Indigenous representation by increasing Indigenous physician numbers, ensuring their retention in Indigenous communities, offering cultural competency training, and mandating Indigenous health curriculum. Recognizing the vital role of Indigenous medical students' perspective, our project aims to provide schools with feedback on their implementation of TRC Calls to Action 23 and 24, as seen through the lens of the Indigenous student experience.

Methods
For five consecutive years, a survey was administered to Indigenous medical students across Canada. It gathers insights on their experiences and perspectives regarding their school's implementation of the TRC's 23rd and 24th Calls to Action. Questions are scored using a 5-point Likert scale and binary scoring system. Data analysis utilizes standard descriptive statistics and UBC grading standards to produce a report card for each school. The report cards contain letter grades, student feedback, and tangible recommendations for how the school can improve their program. Two report cards are created for each school – one containing direct student quotes, and one without. The former is confidential and only distributed to the Deans of Medicine to ensure student anonymity. A National Summary Report is also written, containing key findings and recommendations based on significant themes and responses identified. The Summary Report and appropriate report cards are subsequently distributed to the Deans and Indigenous liaisons of each medical school.

Outcomes
Our data establishes a baseline for evaluating how schools are responding to the TRC Calls, while pinpointing areas for improvement such as Indigenous cultural safety training and recruitment/retention efforts. It also serves to hold schools accountable in implementing meaningful change. More broadly, this project fosters dialogue within Indigenous medical communities regarding institutional evaluation, community inclusion, and how we define success.

PATSHITINIKUTAU NATUKUNISHA TSHISHENNUAT UITSHUAU (A PLACE FOR ELDERS TO SPEND THEIR LAST DAYS IN LIFE): INNU PERSPECTIVES ON END-OF-LIFE CARE

Dr. Russel Dawe, Faculty of Medicine, Memorial University

Contributing authors:
Jack Penashue, Innu Nation
Mary Pia Benuen, Sheshatshiu Innu First Nation
Anastasia Qupee, Innu Nation
Andrea Pike, Memorial University
Hiliary Hasan, Memorial University
Nathaniel Pollock, Memorial University

Background
End-of-life care is important but sometimes challenging to deliver, given the many cultural, social and medical factors involved. Indigenous persons approaching end-of-life bring a variety of their own strengths and practices to this setting. It is therefore essential to consider Indigenous values and traditions when preparing to deliver culturally safer care for Indigenous people. Innu community members from Sheshatshiu, Labrador have identified this as an area in need of further research.

Objectives
The objective of this research is to: (1) describe the cultural practices of the Innu of Sheshatshiu in relation to death and dying; (2) describe how the current end-of-life care services are meeting or could better meet the cultural needs of the Innu in this context; and (3) explore ways to integrate Innu cultural and spiritual practices with existing end-of-life care services.

Methods
This qualitative study has been co-led by Innu community members and faculty from Memorial University. At the very beginning, an Innu Advisory Committee was formed to guide this work. A focus group was conducted of 5 Innu Elders in Sheshatshiu, as well as 5 semi-structured interviews with healthcare providers and 6 with decision-makers serving this community. The focus group and interviews were transcribed verbatim and thematic analysis was conducted. Review and approval from the Innu Advisory Committee was sought at every stage, including the resulting themes, and co-authorship of a published manuscript.

Key Findings
Findings were described in seven themes: relationships and visitation support a "peaceful death"; traditional locations of death and dying; the important role of friends and community in providing care; flexibility and communication regarding cultural practices; adequate and appropriate supports and services; culturally-informed policies and leadership; and Innu care providers and patient navigators.

FOSTERING COLLABORATIVE RELATIONSHIPS WITH INDIGENOUS COMMUNITIES

Susan Onalik, Avaanz Ltd.

Trust, communication, cooperation, and a solution-focused approach to problem-solving are hallmarks of collaborative, meaningful, and respectful relationships. Fostering these types of relationships with Indigenous people and communities is an extremely important part of information gathering and reporting. Join Susan Onalik, a Socio-economic Consultant at Avaanz Ltd., as she shares stories and discusses how site selection, project timelines, compensation, Elder protocols, follow up, and more can be considered to foster and maintain good relationships with Indigenous people and communities.

THE JOURNEY OF KAMLAMUNIKK (HEART)

Dr. Erica (Samms) Hurley (Mi'kmaq), Memorial University, Assistant Professor PhD RN CCNE

"We know what we need but no one is listening". This strong statement was made by a participant in the research work which examine what Mi'kmaw women from the west coast of Newfoundland thought about the word heart. The work stemmed from an awareness of how Indigenous women are disproportionately affected by heart disease when compared to non-indigenous individuals and Indigenous men. Additionally, there was a lack of research examining heart health specifically with Mi'kmaq women. Therefore, as a Mi'kmaq woman from the west coast with lived experience, the work was grounded in a, place based, Mi'kmaq methodological approach and resulted in myself journeying along with four other Mi'kmaw women. The journey allowed for the women to choose the methods and approaches used within the work. Additionally, the women not only encouraged, but expected me to also share in stories and experiences as an individual; recognizing the and valuing my position as not only a researcher but also as a community member. Knowledge was created through dreams, art, and cultural understanding. Thus, the women wanted me to not only listen but to utilize my community ethical responsibility to share their stories in regards to their thoughts to heart while uplifting me in my truths and insights as a Mi'kmaq scholar.

INCREASING INDIGENOUS PARTICIPATION IN THE PHYSICIAN WORKFORCE – INSIGHTS FROM MEMBERS OF QALIPU FIRST NATION

Shaelynn Barry, Memorial University

Contributing authors:
Dr. Jennifer Shea PhD, Associate Professor, Memorial University
Dr. Carolyn Sturge-Sparkes PhD, Clinical Assistant Professor (Retired), Memorial University
Dr. Maria Matthews PhD, Professor, Schulich School of Medicine and Dentistry, Department of Family Medicine, University of Western Ontario

Background: The TRC has called upon the Canadian government to increase the number of Indigenous healthcare professionals. In response, post-secondary institutions have launched programs encouraging Indigenous peoples to pursue careers in health professions. Since 2008, MUN's Faculty of Medicine has offered the Indigenous Health Initiative; one of its goals is to recruit more Indigenous students into its medical program. This study examined Qalipu First Nation Indigenous community members' perceptions of the available programming at MUN and their suggestions for improvement.

Methods: This research used a mixed methods design centered on participatory research with Indigenous communities to enable program evaluation. We conducted two qualitative interviews with five community partners with ties to Qalipu First Nation. We asked each participant about their perceptions of the current pathway programs offered at MUN and how resources and efforts should be prioritized moving forward. Interview transcriptions were analyzed using thematic analysis.

Results: An emphasis on engaging youth earlier in their schooling during junior and senior high school was the number one cited timeframe for when efforts should be prioritized. Participants valued numerous pathway programs, including information sessions about careers in healthcare, assistance with acceptance into university, and assistance with preparing for medical school. A pervasive theme was funding for both Indigenization initiatives and for Indigenous student education.

Conclusions: We documented diverse solutions and suggestions for MUN and the NL Health Services for engaging Indigenous peoples in healthcare careers. Our findings highlight the importance of offering many pathway programs that aim to increase the number of Indigenous physicians in Canada. These programs are part of larger initiatives to address the disparity in health status between Indigenous and non-Indigenous peoples.

CLIMATE CRISIS AND YOUTH MENTAL HEALTH: IDENTIFYING LOCAL AND NATIONAL IMPACTS AND SOLUTIONS

Dr. Sabina Mirza, Waakebiness Institute for Indigenous Health
Michael Brown, Waakebiness Institute for Indigenous Health
Dr. Ethsi (Suzanne) Stewart, Waakebiness Institute for Indigenous Health

Background/Objectives: Canadian Indigenous youths mental health is a complex problem with roots in historical oppression and current discrimination; research shows that challenges related to cultural identity, culture clash between biomedical service and Indigenous ways of healing, and failure of Canada's health policy are factors that underpin and mediate ongoing Indigenous mental health problems. Indigenous youth have identified the climate crisis as being in factor in their current mental health status, and identify their views on the climate crisis as an opportunity to exert some autonomy in a world where they often feel disempowered. The research question, developed with Indigenous youth and Elders using a community-based research approach is: What are the mental health impacts of climate change for Indigenous youth & what services are needed to support youth?

Methodology: The research question was answered by working with providers of urban Indigenous mental health care and Indigenous Elders in Toronto, ensuring that Indigenous ethics guided the project, which was carried out as a consultation and collaborative process. A mixed methods approach included Indigenous talking circle focus groups with youth (aged 13-29) and social service providers who have worked with Indigenous youth, including surveys (150+) as well.

Key Findings/Next Steps: Four major themes emerged from research with Indigenous youth: Anxiety, Fear and Powerlessness; Finding Voice and Using Voice; Autonomy and Decolonization in Government; Education, Educating and Training Youth. Additional themes include Ecological Grief, Health, Systemic Change, Community Solutions, and The Future. Survey results show significance in terms of the impact of climate crisis on youth mental health and the importance of youth voice & autonomy in mental health services. Working with our community partners, we aim to create workshops with Elders to support and improve Indigenous youth mental health and advance policy & and to further contribute solutions to the climate crisis.

THE COPING WELL PROJECT: RECLAIMING DATA, REFRAMING CHRONIC PAIN CARE, AND ADVANCING INDIGENOUS SOVEREIGNTY IN QUALITY IMPROVEMENT

Emily Simmonds, Research Lead, **Maxine Brown,** Project Manager,
Ganawishkadawe Center for Wise Practices in Indigenous Health at Women's College Hospital

Contributing authors:
Miki Peer, PhD, Scientific Associate, Transitional Pain Service, University Health Network
Anna Lomanowska, PhD, Scientific Associate, Transitional Pain Service, University Health Network
Dr. Lisa Richardson, Associate Dean, Inclusion & Diversity, Faculty Medicine UofT, Strategic Lead, Ganawishkadawe Center for Wise Practices in Indigenous Health at Women's College Hospital
Dr. Hance Clarke, Staff anesthesiologist and the Director of Pain Services at the Pain Research Unit at the Toronto General Hospital
The Grand Council Treaty #3 Health Transformation Team

Background:
Quality Improvement (QI) initiatives are essential for improving patient experiences for Indigenous communities. Despite increased use of community engagement models and equity frameworks (Institute of Medicine [IOM], 2001), many QI efforts fail to implement Indigenous data sovereignty principles, limiting alignment with nation-defined priorities and governance structures (Hayward et al. 2021; Smylie et al. 2020; Thambinathan and Kinsella 2021)

Historically, colonial deficit-based narratives have pathologized Indigenous communities, overlooking structural causes of health inequities and erasing community strengths (Sherwood 2010; Allan & Smylie 2015). Implementing Indigenous data sovereignty principles counters these narratives by ensuring community control over data and prioritizing strengths-based approaches.

The Coping Well Project, co-led by the Ganawishkadawe Centre for Wise Practices in Indigenous Health (GCWP-IH), Grand Council Treaty #3 (GCT#3), and Transitional Pain Services (TPS), illustrates how these principles advance community-defined health priorities by respecting nation-specific governance structures.

Objective:
To co-create chronic pain educational resources reflecting the experiences, values, and priorities of Grand Council Treaty #3 members, designed for:

- Community members living with chronic pain
- Healthcare providers and leaders serving First Nations communities

Methods:
Following a four-direction model rooted in Anishinaabe wellness, data collection involved talking circles and interviews (May–August 2023) across GCT#3 communities, engaging (n=46) people with lived experience (PWLE), (n=33) healthcare providers and Traditional Healers, and (n=4) caregivers. Discussion guides were co-designed for relevance, and materials were iteratively reviewed with community members and governing bodies.

Discussion/Reflections:

Implementing Indigenous data sovereignty frameworks is transformative but complex. Institutional barriers, resistance to power-sharing, and capacity gaps limit engagement. Data-sharing and relationship agreements are critical for trust-building and aligning QI initiatives with community priorities. Sustained collaboration, clear communication, and long-term commitment foster culturally relevant, community-driven outcomes.

INTERSECTING TRENDS: INDIGENOUS PEOPLES AGING WITH HIV EXPERIENCE HIGHER RATES OF CLINICAL FRAILTY AT YOUNGER AGES

Nicholas Bauer, University of Toronto, Temerty Faculty of Medicine, Toronto, Canada; Ontario HIV Treatment Network (OHTN), Toronto, Canada

Contributing authors:
Kristen O'Brien, Ontario HIV Treatment Network (OHTN), Toronto, Canada
Lucia Light, Ontario HIV Treatment Network (OHTN), Toronto, Canada
Dr. Luxey Sirisegaram MD, University Health Network and Sinai Health Systems, Division of General Internal Medicine and Geriatric Medicine, Department of Medicine, Toronto, Canada
Randy Jackson, McMaster University, Department of Health & Aging and the School of Social Work, Hamilton, Canada
Meghan Young, Ontario Aboriginal HIV/AIDS Strategy (OAHAS), Barrie, Canada
Dr. Abigail Kroch PhD, Ontario HIV Treatment Network (OHTN), Toronto, Canada
Dr. Sean Hillier PhD, York University, School of Health Policy & Management, Toronto, Canada

Background: Two emerging trends in Canadian HIV epidemiology include an aging population and increased prevalence among Indigenous Peoples. The aging experiences of Indigenous older adults living with HIV (IOALWH) involve systems of colonial violence, intergenerational trauma, service inaccessibility, and socioeconomic disadvantage. Owing to both their HIV status and Indigenous identity, IOALWH may face disproportionate burdens while aging. This study aims to characterize clinical frailty in a cohort of IOALWH.

Methods: The Ontario HIV Treatment Network Cohort Study (OCS) is an open longitudinal cohort of people living with HIV at 15 clinical sites in Ontario, Canada. The study includes data abstraction from clinical records, laboratory reports, and an annually administered questionnaire. We assessed clinical frailty using the modified frailty index, approximated with aggregations of ICD-10 diagnostic codes. Presentation of a frailty-related condition contributes to a frailty score. A score of 0 represents no frailty, 1-2 is pre-frailty, and ≥3 is clinical frailty. Data from 6582 participants (n=330 Indigenous) and diagnostic reports from 1940-2018 were included.

Results: IOALWH faced 1.2 times the rates of pre-frailty and 1.5 times the rate of clinical frailty. On average, IOALWH acquired pre-frailty four years earlier and clinical frailty five years earlier. Certain frailty indicators were overrepresented among IOALWH, including impaired sensorium (+21.1%), COPD/pneumonia (+7.6%), diabetes (+2.3%), and functional dependency (+2.3%). Female sex, AIDS, and intravenous drug use (IVDU) were more prevalent among IOALWH. In a multivariate logistic model, Indigenous identity was a significant predictor of frailty (OR 1.56, CI 1.24-1.96, p<.0001) independent of IVDU, AIDS, age, and time living with HIV.

Conclusions: IOALWH face disproportionate burdens of aging-related co-morbidities and acquire clinical frailty at earlier ages compared to non-Indigenous OALWH. Healthcare delivery must address underlying colonial inequities by co-evolving HIV and geriatric care to respond to earlier and more complex care in a culturally responsive way.

ANXIETY IN SCHOOL AND STUDENT ENGAGEMENT - A PERSPECTIVE FROM WHATÌ, NT YOUTH

Onyx Walker, Memorial University of Newfoundland

This research uses a critical lens to explore how anxiety impacts student engagement among middle and high school students aged 12-22 within the rural, Indigenous Tlìcho Community of Whati, Northwest Territories. Centering youth voices, participants must identify as having anxiety, either diagnosed or self-described and attend Mezi Community School in Whatì, NT. This research incorporates tenets of academic safety including psychological safety, anti-discrimination, inclusive learning environments and student use of support systems.

The lack of formal research on this topic, especially among a Northern Canadian Indigenous population, has significant implications within communities and affects the academic experience of many students in an environment with limited academic alternatives (Bellamy & Hardy, 2015). Utilizing narrative episodic interviews to uncover what helps and what exacerbates anxiety among students, I have developed a discussion guide for interviews which relies on open ended questions to elicit personal and varied responses from participants.

Based on the findings of this research, I aim to present recommendations to school personnel to encourage a more supportive environment for students. At present, I have received ethics approval for this project from both Memorial University of Newfoundland's Interdisciplinary Committee on Ethics in Human Research and a scientific research license from The Northwest Territories' Department of Education Culture and Employment.

I am also delighted to conduct this work under the supervision of Dr. Sylvia Moore, Dr. Rick Audas and Dr. Nick Harris.

Keywords: anxiety, Indigenous mental health, youth mental health, academic safety, school

INDIGENOUS HEALTH RESEARCH SYMPOSIUM

SPEAKER BIOS:

Nicole Blackman, DNP, MN, RN, identifies as an urban Indigenous Kwe (woman) with both Anishinaabe and German ancestry. She is a proud member of the Algonquins of Pikwakanagan First Nation and actively involved in health equity advocacy efforts at the provincial level, as well as within her local community of Durham Region.

Nicole is a Registered Nurse holding a Doctor of Nursing Practice attained through Walden University in Minneapolis, MN, and has focused her academic and professional career on Indigenous health and the incorporation of the model of wholistic health and wellbeing.

She has over 15 years' experience working in leadership positions with an Indigenous focus, including Director of Professional Practice for Weeneebayko Area Health Authority in the James and Hudson Bay region of northeastern Ontario, Indigenous Lead at the Durham Region Health Department, and Health Director for the Mississaugas of Scugog Island First Nation. Nicole is currently the Chief Operating Officer for the Indigenous Primary Health Care Council.

She has dedicated her advanced practice nursing career towards working collaboratively with the Indigenous population to strengthen health and social outcomes, recognizing the importance of culture as healing in all forms of Indigenous health care.

Morgen Bertheussen is the daughter to a French-Canadian Mother and Norwegian Father. She grew up in Montréal, Québec with her mother and spends part of her summers on a small island in the Norwegian Arctic with her father. Morgen is currently pursuing a PhD in health geography at McGill University. Her doctoral research focuses on identifying and supporting the social and environmental determinants of health and well-being across Arctic coastal communities who are facing and adapting to landscape changes. Over the past three years, she has been collaborating with the Inuvialuit Hamlet of Tuktoyaktuk. In the last year, she has joined the Alaska Coastal Cooperative, bringing together coastal communities across Alaska and Tuktoyaktuk together to facilitate knowledge exchange and support community research needs. Before being involved in climate change research, Morgen's Master's sought to operationalize a wholistic indicator of Nunavimmiut health based on a locally developed model of health. Through her work, she aims to deepen our collective understanding of ways to bridge boundaries across disciplines and knowledge systems to support community health and well-being.

Caroline Lidstone-Jones is Ojibway and a proud member of Batchewana First Nation located in the province of Ontario, Canada. She holds a Master's of Industrial Relations from the University of Toronto and a Bachelor of Arts, Sociology from York University. Caroline also completed a Fellowship in Health System Transformation at the University of Alberta in the School of Public Health.

Caroline is an accomplished executive with 18 plus years' experience in hospital management and administration, and has extensive knowledge in public health, working with First Nations and the northern health care delivery systems. She is the current Chief Executive Officer of the Indigenous Primary Health Care Council. Prior to this she was the Chief Quality Officer and Chief Operating Officer for the

Weeneebayko Area Health Authority where she worked with the First Nations along the James and Hudson Bay region to design and implement a public health framework. The framework ensured service was more culturally responsive to the unique needs of the communities, and included community programming, regional public policy, health data and surveillance needs, and highlighting community infrastructure components for successful implementation.

Caroline also served as the Provincial lead and Director of the Aboriginal Cancer Care Unit at Cancer Care Ontario (CCO), where she oversaw the development and implementation of the Aboriginal Cancer Care Strategy. She worked collaboratively to advance Indigenous issues within the cancer system across Ontario, with a focus on health promotion, disease prevention and early detection strategies.

Hello! My name is **Onyx Walker** and I am enrolled in the Master of Applied Health Services Research program at Memorial University of Newfoundland. Currently living in northern Alberta, I have previous experience working as a Social Worker in the Northwest Territories where my passion for youth mental health and community programming blossomed. My current research interests include youth, anxiety, education and school engagement within a northern Canadian context.

Dr. Russell Dawe is an Associate Professor with the Discipline of Family Medicine at Memorial University. His Family Medicine clinical practice is based at the Health Sciences Centre and he is a Palliative Care consultant with the L.A. Miller Centre's Palliative Care Program. Dr. Dawe was the founder and Program Director of Memorial's Care of Underserved Populations Enhanced Skills Program from 2016 – 2020. In the course of establishing this program, Dr. Dawe began to collaborate with Indigenous community partners from Sheshatshiu to research Innu end-of-life care. From 2020 – 2025, Dr. Dawe has been the Program Director for the Family Medicine Residency Program, providing support and leadership to the program's five streams offering rural, distributed Family Medicine education throughout Newfoundland and Labrador and Nunavut. His scholarly interests include Indigenous health, palliative care, rural medical education, program evaluation, and global health.

Susan Onalik, a socio-economic consultant at Avaanz Ltd., brings over a decade of experience in Inuit and Indigenous engagement, facilitation, and collaboration to the projects she supports. A Nunatsiavummiuk Inuk and beneficiary, Susan sees her role as a helper that draws on her lived experience and community involvement to guide her professional work. Susan uses a strength-based and solution-focused approach when working for and within Inuit communities and utilizes every opportunity to help promote individual, social and community well-being. As a former elected Ordinary member of the Nunatsiavut Government, and Speaker of the Assembly, Susan brings knowledge in collective rights, advocacy, self-governance, and Inuit self-determination. Susan creates safe, practical, and relevant spaces for knowledge sharing. She has experience supporting Inuit and multi-level governments, organizations, and institutions through socio-economic research, policy, engagement, facilitation, program development, strategic planning and implementation.

Dr. Erica (Samms) Hurley is a Mi'kmaw scholar from Newfoundland and Labrador, holding degrees from Memorial University, Athabasca and the University of Alberta. With a strong focus on Indigenous health, education, and cultural revitalization, Erica's work highlights the importance of Mi'kmaw knowledge systems

in both academic and community spaces. She is committed to advancing Indigenous-led research, policy development, and advocacy to promote the well-being of Mi'kmaq communities. She examines the intersections between wellness and contemporary healthcare, ensuring Indigenous voices are essential in various spaces.

Shaelynn Barry (she/her) is a proud member of the Qalipu First Nation Band in beautiful Newfoundland and Labrador. She is completing her final year of medical school at Memorial University. Next year she will be completing her residency training in Family Medicine in Western Newfoundland and Labrador with Memorial University. In 2023-2024, she served as the Director of Student Affairs with the Indigenous Medical Students Association of Canada. She has a passion for Indigenous health and caring for underserved populations.

Dr. Sabina Mirza holds a PhD in Education from York University, with her research interests focusing on youth homelessness, education, mental health, and community-based research. Sabina has taught courses with an interdisciplinary lens on topics related to ethics, education, youth, families, mental health, social advocacy, and community engagement. She is currently a postdoctoral fellow at the Waakebiness Institute for Indigenous Health at the Dalla Lana School of Public Health. Through her postdoctoral fellowship, Dr. Mirza uses an anti-racist lens to focus on research that aims to Decolonize Indigenous homelessness and mental health, as well as issues related to climate justice and the impacts on Indigenous youth mental health.

Michael Brown is of First Nation/settler ancestry, having been raised in the western culture, now decolonizing himself through Spirit and ceremony. He has achieved an honour's undergraduate degree in Psychology at York University and a Master of Education degree at OISE. He is currently working on his PhD in Social and Behavioural Health Sciences at U of T for the improvement of mental health of Indigenous youth. As a research officer and cultural and spiritual events coordinator for Waakebiness Institute for Indigenous Health, he works with community and Elders to improve (Indigenize) academia.

Ethsi (Suzanne) Stewart, PhD, C.Psych., is the TC Energy Chair in Indigenous Health & Wellbeing and Director of the Waakebiness-Bryce Institute for Indigenous Health at the University of Toronto. She is a member of the Yellowknives Dene First Nation and a registered psychologist. Her research interests are Indigenous mental health and homelessness and Indigenous research ethics. She has over 20 years of experience with community driven research and clinical practice aimed at breaking barriers for Indigenous youth and families in mental health and healing.

Emily Simmonds is a critical scholar whose work bridges social science and environmental justice. She holds an MA in Social Anthropology and is a PhD candidate in Science and Technology Studies at York University. Her research examines the intersections of environmental health justice, governance, and Indigenous sovereignty. As a member of the Center for Wise Practices in Indigenous Health (Ganawishkadawe), she co-leads projects that support Indigenous wellness, strengthen community accountability, and advance First Nations, Inuit, and Métis data sovereignty at local and national levels. Emily is an alum of several critical justice research collectives focused on anti-racist and anti-colonial scholarship in the humanities and social sciences, including the Technoscience Research Unit (TRU),

the Digital Research Ethics Collaboratory (DREC), and the Civic Laboratory for Environmental Action Research (CLEAR). Her work is grounded in community collaboration, anti-colonial methodologies, and a commitment to Indigenous self-determination.

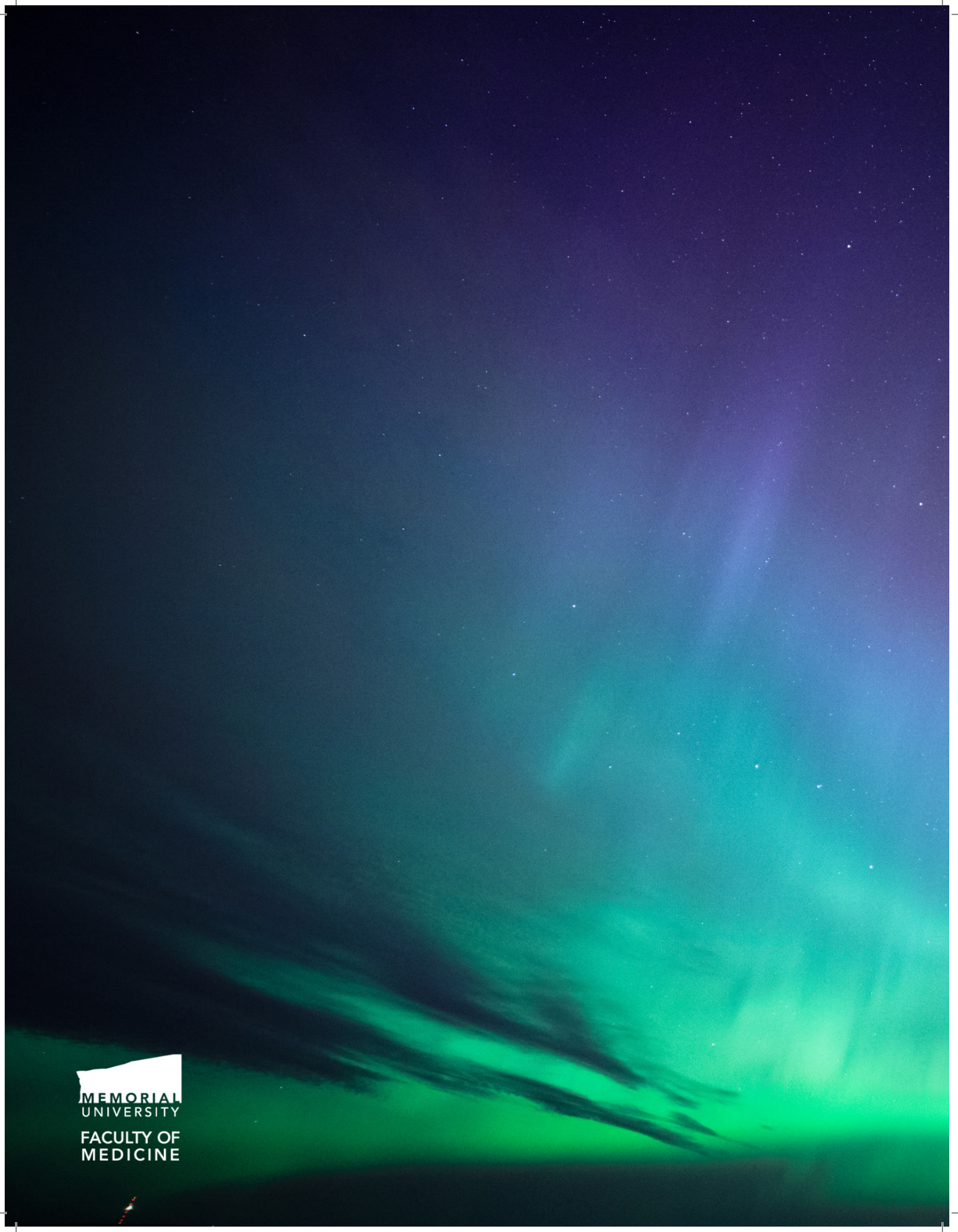
Maxine Brown is a Project Manager at Ganawishkadawe, the Centre for Wise Practices in Indigenous Health (GCWP-IH) at Women's College Hospital. Maxine is a critical social scientist with a background in Social Anthropology. In her work, she largely focuses on Indigenous data sovereignty and governance, and its operationalization in research projects with Indigenous communities. She engages in anti-colonial, rights, and strengths-based approaches to research that ensure the prioritization of community wants and needs. Maxine's portfolio includes various research projects at GCWP-IH that focus on Indigenous health and wellness, supporting anti-racism and cultural safety education initiatives, such as the Anti-Indigenous Racism eLearning module, and advancing Women's College Hospital's 2030 Corporate Strategy, Healthcare Revolutionized as it pertains to direction 2, Moving the Needle on Health Equity.

Nicholas Bauer (he/him) is a third-year Métis medical student at the University of Toronto. Nick was born and raised in Saskatoon, Saskatchewan and is of Red River Métis/Fransaskois ancestry on his mother's side and mixed Ukrainian/German ancestry on his father's side. His Métis family names are Ledoux and Moreau. Nicholas works alongside Dr. Sean Hillier from York University – a Mi'kmaw scholar and a registered member of the Qalipu First Nation – analyzing clinical frailty and aging outcomes among Indigenous Older Adults living with HIV in Ontario. More broadly, Nicholas' research interests centre around the social epidemiology of sexual health, frailty, and outcomes following critical illness, with a specific interest in Indigenous and 2SLGBTQ+ communities.

Kensington Renneberg (she/her) is Anishinaabe Cree Métis from Onion Lake Cree Nation and mixed European on her mother's side, and was born and raised in Kelowna, BC on the unceded lands of the Syilx (Okanagan) people. She is currently in her third year of medical school at UBC, and is passionate about Indigenous and LGBTQ2IA+ advocacy and representation in medicine.

Denna Flett (she/her) is a third year medical student at UBC. She is Cree from the Athabasca Chipewyan First Nation, located north of Fort McMurray, AB, where she grew up. Denna is an enthusiastic learner and passionate about how cultural practices can be incorporated into medicine.

Sydney Landrie (she/her) is Cree and Métis on her father's side and mixed white settler on her mother's side, and a member of the Métis Nation of British Columbia. She was born in Calgary on Treaty 7 territory and is currently grateful to reside on the traditional territories of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓ílwətaʔ/Selilwitulh (Tsleil-Waututh) Peoples. She is in her second year of medical school at UBC. She is passionate about Indigenous health and well-being and plans on being a strong advocate throughout her career.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