



8th Annual Science Policy Awards of Excellence





Introducing the 8th Annual Science Policy Awards of Excellence – Youth Category

CSPC is proud to present its 8th Annual Science Policy Awards of Excellence – Youth Category.

This award recognizes a young individual (student, postdoctoral fellow, researcher, entrepreneur, etc.) under the age of 35 who developed an innovative and compelling evidence-based policy that will make a positive difference to Canadians. Proposals were to be connected to one or more of the themes for the 2021 CSPC Conference. This award is designed not only to highlight innovative, evidence-driven policy ideas, but also to encourage innovative young people who may not currently be studying, or working on, public policy to develop and share their policy ideas.

The Selection Committee was impressed by the quality of the submissions and the dedication of the applicants so they wanted to share the best of these innovative evidence-based policy proposals with the CSPC community.

Please join us in congratulating our 2021 winner **Shaarika Sarasija** for her proposal “**Finding respite care for persons living with dementia among students of Canadian health professions**” and our runners-ups, **Taylor Reidlinger** and **Hannah Rahim**.



2021 Winner
Shaarika Sarasija
Post Doctoral Fellow, University
of Ottawa



2021 Runner-Up
Taylor Reidlinger
Masters Student,
Environment and
Management at Royal
Roads University



2021 Runner-Up
Hannah Rahim
Management Consulting,
Boston Consulting Group



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CSPC would like to extend very warm thanks to the distinguished members of our 2021 Youth Award Selection Committee for their valuable time, commitment and enthusiasm for encouraging young people to consider how they might contribute to evidence-based policy.

Proposals were blind-reviewed and the Committee enjoyed learning about the incredible diversity and passion of the applicants once the winners had been selected and the applicants were revealed.

2021 CSPC Youth Award Selection Committee



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Professor; Vice President Research & Innovation, Dalhousie University



Elizabeth Douville
Founder & Managing Partner, AmorChem



Hannah Harrison
Postdoctoral Scholar, University of Guelph; Science Director, SSHRC Coastal Routes Project; CSPC 2020 Youth Award Winner



John Hepburn
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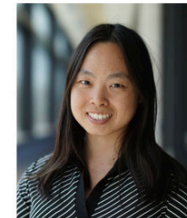
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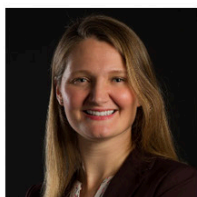
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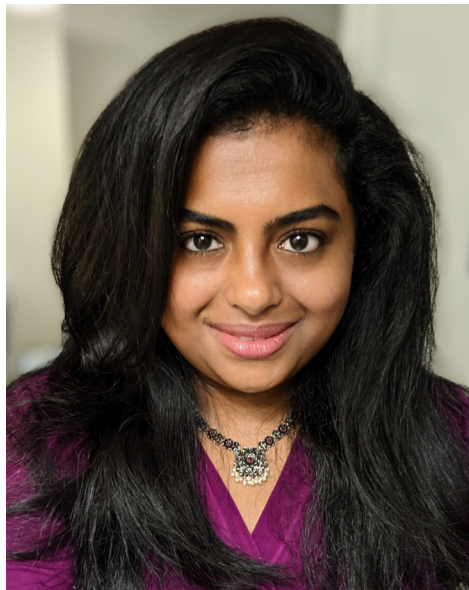
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PhD, Policy Analyst, Health Canada



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Senior Policy Advisor
National Research Council Canada

2021 WINNER – Shaarika Sarasija

Finding respite care for persons living with dementia among students of Canadian health professions.



BIOGRAPHY

Dr. Shaarika Sarasija is a postdoctoral fellow with the Faculty of Medicine at the University of Ottawa. A neuroscientist with over 17 years of research experience, Dr. Sarasija's work has been published in various high-impact journals and presented at regional and international conferences. She has been the recipient of numerous awards during her career, including a CIHR postdoctoral fellowship award in 2021. Her research has focused on the mechanism behind the development of Alzheimer's disease with a focus on the impact of calcium signaling, metabolism, and oxidative stress on neurodegeneration. Currently, she is spearheading a project that strives to understand the mechanism responsible for the prevalence of Alzheimer's disease in women. Dr. Sarasija believes that her scientific training and acumen can be used most effectively in public service and plans to work in science and health policy development.

INSPIRATION

As a researcher studying the pathogenesis of Alzheimer's disease, dementia is a topic that is rarely out of my mind. However, the human toll of the disease came more into focus when I began volunteering with the Dementia Society of Ottawa and Renfrew County (DSORC). I am part of their "Make a Connection, Take a Break" program aimed at providing meaningful social interactions for persons living with dementia (PLWDs) and respite for their caregivers. Unfortunately, this program is usually limited to about one hour of engagement per week. Given increased life expectancy, a concurrent increase in PLWDs is inevitable. Therefore, it is critical to form a system to prevent caregiver burnout. Most students enrolling in programs in health sciences already volunteer to receive patient care experience. Therefore, I believe an internship program where students provide respite care can offset the physical, mental, and economical burden on primary caregivers of PLWDs.

OPPORTUNITY FOR ACTION

In 2019, the Public Health Agency of Canada (PHAC) published Canada's first national dementia strategy in which it called attention to that about 432,000 Canadians are currently living with dementia and that this number is poised to grow dramatically with a growing and aging population [1]. Dementia can be defined as a chronic and progressive condition that affects brain function resulting in symptoms affecting mood, personality, language skills, and/or cognitive decline. While dementia associated with Alzheimer's disease is the most common form, it can also be brought on by other neurodegenerative diseases like Lewy body, frontotemporal, or vascular dementias, or due to traumatic brain injuries. Progressive decline in persons living with dementia (PLWD) could adversely affect even their ability to perform basic daily tasks required for normal living like bathing or getting dressed. Recent studies have shown that the global cases of dementia may triple by 2050 [2]. Therefore, it is imperative that action be taken to reduce the dramatic toll dementia is set to unleash on Canadian society.

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In “A Dementia Strategy for Canada: Together We Aspire”, the PHAC identified three major national objectives: First, set into place measures to prevent dementia; second, advance therapeutic strategies and find a cure; and third, improve the quality of life of PLWDs and their caregivers. As part of the third objective, the dementia strategy pledges to focus on “Improving support for family/friend caregivers, including through access to resources and supports” [1]. PLWDs rarely live alone, and their caregivers tend to be primarily family members, with children accounting for 58% and spouses 32% of caregivers, with friends or neighbors making up the rest. They ensure that the daily essential needs of PLWDs are met and commonly are a PLWD’s sole source of social interaction or emotional support. There is a higher likelihood for caregivers for people living with dementia to experience distress (45%) compared to caregivers of other seniors (25%). They are also 60% more likely to report distress if the person receiving their care displays verbal or physical aggression. This is not surprising given that caregivers for PLWD work on average 26 hours per week, which is significantly higher than the 17 hours per week provided by caregivers for seniors without dementia. This can adversely affect not just their emotional well-being but employment status and financial well-being [3]–[4]. Caregivers also face out-of-pocket expenses for home modifications, transportation, rehabilitation services, and medications for PLWDs which the CIHI estimated to be \$1.4billions in 2016, with it rising to \$2.4 billions by 2031.

Federal tax measures are available to alleviate the toll caregiving expenses may have, as are tax credits and financial support at the provincial level. Newfoundland and Labrador have policies that allow the PLWD to pay their caregiver. The Nova Scotia Caregiver Benefit provides financial support to caregivers of high-need, low-income adults, while the Manitoba Primary Caregiver Tax Credit provides a refundable credit. However, some of these currently benefit only caregivers with taxable income and could be difficult to access [5]. There are also local support groups, adult day programs, and regional dementia societies like chapters of The Alzheimer’s Society of Canada and the Alzheimer’s Association, aimed at assisting caregivers. Veterans Affairs Canada also provides day programs for PWLDs [1]; however, these are meant to complement or supplement programs available in the community or provided by the provincial or territorial health plan. While useful, the need to provide further respite to caregivers remains critical and unmet. The establishment of an internship program asking those planning to pursue educational degrees to enter Canada’s regulated health professions to step up could address this need.

PROPOSED ACTION

While many non-profit organizations do exceptional work in finding volunteers to provide respite care to PLWDs, it is unfortunately not enough to fully address the challenges associated with providing consistent care to them. There is an urgent need for this crisis to be addressed as the numbers of PLWDs are set to multiply over the coming decades [1]–[2] and caregivers of PLWDs tend to report heightened levels of emotional and financial stress when compared to caregivers of other seniors [3]–[4]. Here, I propose the introduction of a voluntary, financially incentivized internship program, urging students planning to enter a regulated health profession in Canada, to step to provide respite care to PLWDs.

Health professions across Canada are governed at the provincial or territorial level through public legislations. While there is variability across the provinces in the number of health professions that are regulated, each province has enacted independent versions of an act regulating health professions in their jurisdiction (Tables 1–10; [1]–[21]). Based on these acts, self-governing, autonomous institutions (normally referred to as colleges – not to be confused with post-secondary educational institutions) have been established for individual health professions. These colleges are responsible for setting out the eligibility criteria for licensure approval (required for practicing said profession in each province), registering/licensing of health professionals under their purview, and if necessary, addressing complaints against them. In the Northwest Territories and Nunavut, health professionals

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register with the Office of the Registrar responsible for Professional Licensing within the Department of Health and Social Services for their license [Table:11-12, [22]–[23]]. In Yukon, profession-specific, registrars appointed by the Minister carry out this function [Table:13, [24]].

Students in these regulated health professions receive years of anatomy, physiology, and patient care training, and more importantly, are encouraged to develop the empathy required to provide respite care to PLWDs. It is also worth noting that most students interested in health professions already volunteer at medical clinics, hospitals, long-term care homes, and hospices for patient-care experience prior to enrolling in educational degrees required for their health profession of choice. Therefore, regulatory bodies for the various health professions, with financial and logistical support from their corresponding provincial governments could institute an internship program where students would provide respite care for PLWDs. The numbers of hours of respite care experience provided by students could be adjusted depending on the need for respite care in a particular province; this need in the community could be ascertained by collaborating with local dementia societies, support groups, and practicing medical professionals. These societies, groups and professionals could also provide insight into the level of care required by each PLWD, ranging from just requiring some additional social interaction versus needing more intensive life-sustaining support. The timeframe to acquire this experience can be set to start a year before the student's enrollment in the educational program required for their health profession. This will allow the students of health professions multiple years to accrue the required hours of experience and for their assignment to be staggered to persons living with more advanced dementia as their healthcare training progresses. Given that this internship program has the potential to cause financial, time, and emotional stress on the health professionals-in-training, it could be incentivized with discounted licensing fees, tax-breaks on future income (for a predetermined number of years), and free psychological counselling as needed. With this program, permanent caregivers would receive support and respite, while students planning to enter various regulated health professions will receive additional first-hand experience in patient care. Please refer to the attached PowerPoint for the tables identified in the proposal.

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2021 RUNNER-UP – Taylor Reidlinger

A Call to Modernize Canadian Fisheries Policy: for Better Community Well-being, Food Security, Climate Resilience, and Economic Prosperity



BIOGRAPHY

Taylor grew up in Treaty 7 lands in Okotoks, Alberta. As a curious child, she was constantly outside exploring. On her first visit to Victoria, BC, Taylor was enchanted by the diversity of ecological niches and species. She moved west and completed her BSc in Biology at the University of Victoria.

Taylor has now lived in coastal BC for a dozen years. Her past work spans research, education, and project management roles. Engaging in intersectional spaces taught Taylor the power of bringing science together with other ways of knowing to find generative solutions. She is now pursuing her Masters of Environment and Management at Royal Roads University. Her research focuses on innovations in marine food systems: how people are finding new pathways to positive marine food futures. Taylor can usually be found in or around the ocean: walking her dog on the beach, surfing, free diving, or sailing.

INSPIRATION

I have long been interested in food as a major connector. We interact with food daily, our recipes hold generations of tradition, and food dictates many of our relationships to the earth. During my master's degree, I took systems thinking courses. I was inspired that small leverage points in complex systems could influence exponential positive change. Working in fisheries policy has allowed me to attempt just that. By supporting individuals on the issues that matter to them, their communities, and our ecosystems. I work to understand these needs and generations of coastal knowledge, then I try to leverage our fisheries-related systems to be more aligned with modern values. Recent events in Canadian fisheries reminded me of how complicated the fisheries industry can be, how citizens are trying to make the best food decisions for their health, their communities, and our ecosystems, and how impactful policy is in food systems.

OPPORTUNITY FOR ACTION

The interconnected challenges of food security, climate change, and sustainable socio-economic systems will only become more complex and put under more pressure in coming years [1], [2]. Coastal ecosystems and communities are especially susceptible to these challenges [3]–[7]. Mounting evidence shows how Canadian fisheries policies increasingly undermine the industry's potential for positive social, environmental, and economic outcomes – especially in the Pacific region [8]–[10]. With the longest coastline in the world, as well as a rich and diverse marine resource base, Canada can make resounding positive impacts on coastal communities and the nation by changing current fisheries policies.

Current Fisheries Policy Failure

A lack of strong, modern policies have allowed Canadian fisheries to become increasingly consolidated and

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controlled by a few large corporations and foreign interests [11]. Attempts have been made to slow this trend in Atlantic Canada with owner-operator requirements. However, in the Pacific region, anyone can still buy, sell, and rent the right to fish. Licence and quota continue to be scooped up and consolidated by speculative investors [12]. As this happens, local communities lose their connection to local fisheries and the tangible (i.e. harbour infrastructure and incomes) and intangible (i.e. community relationships and connection to the sea) benefits associated with the industry [13], [14]. The Individual Transferable Quota system was introduced to help with resource sustainability, but the current system has failed to protect Canada's iconic fish species (like Pacific salmon), while also failing to fulfill its mandate for equitable distribution of benefits [10], [11], [15].

Threats to Food Security

Increasing global populations and changing incomes and food preferences will only increase demand for nutritious foods in coming decades [16]. Meanwhile, the climate crisis is placing more pressure on food systems, as well as land and water resources. Food security is a high priority issue worldwide [2], [16]–[19]; and as such, fish and marine foods play a critical role [20], [21].

COVID-19 limitations highlighted how Canadian fisheries have become too export focused [22]. The value of seafood no longer adequately supports local cultural, economic, and nutritional needs. Canada exports approximately 85% of its seafood, while also importing approximately 63% of the seafood consumed locally [23]. Additionally, Canadian seafood is largely processed elsewhere, which undermines food security and coastal economies [24]. The lack of value-added processing prior to export results in a loss of local jobs, while also directing local seafood products away from Canadian food supplies. Canada needs a proactive vision for food security and nutrition within its fisheries approach.

A Harvester's Dilemma

The current fisheries management system makes it difficult for harvesters to incorporate their knowledge into innovations that shift the status-quo. If harvesters cannot afford to own their own vessel, licence, or quota, they have limited say in how they fish. When COVID-19 interrupted global markets, fish harvesters' ideas to adapt were encumbered by both bureaucracy and by the policies that sell control and ownership to corporations and investors [25]. While Active harvesters hold intimate local knowledge of ecosystems and fishing practices, their experience is ultimately undervalued at the decision-making table [14], [26].

A Call to Government Action

Current Canadian fisheries policies reduce the benefits to local communities and income to harvesters. Because active harvesters capture only a small portion of the value of Pacific fisheries [27], they have less financial capacity and liberty to invest in other local businesses. Additionally, the lack of transparency in the fisheries industry and inadequate data tracking by the Department of Fisheries and Oceans (DFO) only exacerbates public confusion and lack of trust around the sustainability of seafoods [28]–[31]. The government fails to track beneficial ownership

PROPOSED ACTION

Fisheries are a unique resource. They intersect economic, social, cultural, and ecological elements of grand challenges, such as food security, climate adaptation, and economic progress [33], [34]. The Canadian government needs to boldly modernize fisheries policy to better protect Indigenous and Canadian interests and ecosystems.

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It is an important moment in Canadian history; an election has been called amid the COVID-19 pandemic and Canada is developing its first Aquaculture Act and a Federal Blue Economy Strategy. It is an opportune time to define a new path forward for resilient coasts and communities.

Key policy changes needed in Canada's fisheries industry are: 1) bringing control and access rights back to local communities and active harvesters; 2) prioritizing fisheries as a local food, not just a trade commodity; 3) supporting harvesters and coastal communities to innovate, adapt, and add value to the fishery supply chain; and, 4) taking a more collaborative and regional approach to management.

1) Bringing Access Back to Community

Moving forward, only those who actively fish should be able to hold licence and quota. The rentier class of "slipper skippers" only drive-up prices and make it less tenable for active harvesters to own their own business. Access rights should be vetted, not simply sold to the highest bidder. Beneficial ownership in fisheries need to be tracked by the Department for Fisheries and Oceans, to ensure industry transparency and exclude investors simply looking to control the supply chain. Instead of policy which "facilitates the drain of revenue from active fishers" [10, p. 20], local, active harvesters should be protected by policies that limit the marketization of resource access.

2) Prioritizing Fish as Food

Fisheries policy must embrace fish as a food product, not just as a trade resource [35]. The Federal government, which has jurisdiction over fisheries, needs to ensure fishing access rights are held by bona fide harvesters. Provincial governments need to hold the Federal government to account, and, enhance fisheries elements within their jurisdiction, including food processing and safety, coastal environmental protection, and local labour forces [24].

Canadian seafoods – from kelp to tuna – should be central in discussions and decision-making around food security, community well-being, and 'blue growth'. Instead, they are often left out of the picture [19], [36]. Canadian seafood can and should be local, sustainable, and traceable. Shorter supply chains and increased local processing better respect fishery resources and maximize co-benefits, such as: increased nutritional quality, reduced carbon footprints, and enhanced cultural and community ties [35].

3) Investing in Fisheries

Fisheries innovation can play a role in climate change mitigation and adaptation. Federal and provincial investments in fisheries need to match the scope of the issues faced. For example, in the Pacific region, Federal funding currently focuses only on salmon. Investments that support local fisheries-related enterprises can increase the locality and traceability of fish, and encourage spending in adjacent industries, such as mechanics and vendors. Policies which have hurt independent harvesters' profits and ownership have restricted their financial ability to take risks, develop new fishing technologies, and keep their business spending local [24], [27].

4) Improving Collaborative Management

The diversity of Canada's coastal ecosystems and communities demands fisheries management that is regional, collaborative, and iterative. This approach can empower fish harvesters as essential workers and knowledge keepers, improve detection and responsiveness to unexpected changes, increase innovation, and support better

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planning, visioning, and stewardship [37]. Increasing federal and provincial staff will be key to engaging with diverse regions with varied needs; especially as marine industries grow with the blue economy [38] [39].

If Canada seeks to create resilient coastal communities, increase national food security, and have a sustainable, prosperous seafood industry, then Canadian fisheries policies and regulations must be promptly modernized.

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The need for community-driven phenomenological research to address the suicide crisis among Indigenous peoples in Canada



BIOGRAPHY

Hannah is an Associate at Boston Consulting Group with an interest in the intersections between population health, management, and social justice. She completed her Bachelor of Health Sciences degree at the University of Calgary as a Schulich Leader Scholar, receiving the President's Award for Excellence in Student Leadership and the Cumming School of Medicine Gold Medal upon her graduation in 2020. During her degree, she conducted several health research projects on topics including birth tourism, medical cannabis and transplant immunology and has published peer-reviewed papers in academic journals.

Hannah is passionate about social impact and served as the CEO of STEM Fellowship – a national charity that works to increase diversity and educational innovation in STEM through mentorship and experiential learning. She has also interned with the Office of the United Nations High Commissioner for Human Rights, where she conducted research on the rights to water and sanitation.

INSPIRATION

I was inspired to propose policy recommendations relating to the Indigenous suicide crisis, as it is one of the many longstanding consequences of Canada's history of cultural genocide of Indigenous peoples. Recent discoveries of over 1,300 unmarked graves at the sites of four former residential schools in Canada are a harrowing reminder of the widespread and systematic abuse of Indigenous peoples during colonization. This reprehensible treatment of Indigenous peoples contradicts principles of multiculturalism that Canadians value as part of our national identity. The Indigenous suicide crisis is of critical importance, for it reflects Canada's failure to rectify our past injustices towards Indigenous communities.

OPPORTUNITY FOR ACTION

Colonization of Indigenous peoples left a legacy of violence and abuse, reduced social cohesion and collective identity, loss of language and culture, fragmented political and economic structures, and intergenerational transmission of trauma [1–3]. These experiences have been accompanied by profound socioeconomic inequities in income, employment opportunities, housing, and food security as well as pervasive systemic racism [2,4–6]. As a consequence of these factors, Indigenous populations have the poorest health outcomes in Canada [7].

SuiRcide is a leading cause of death for First Nations, Métis and Inuit peoples – the main Indigenous groups in Canada [8]. The rate of suicide is three times higher among First Nations, two times higher among Métis, and nine times higher among Inuit, compared to the general population in Canada [1]. First Nations youth face a suicide rate five to seven times higher than non-Indigenous youth, while the rate of suicide among Inuit youth is eleven times greater than the national average [9]. 24% of First Nations living off-reserve, 23.5% of Inuit and 19.6% of Metis

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individuals reported ever having suicidal thoughts [10].

Existing literature demonstrates that suicide in Canadian Indigenous populations is associated with socioeconomic disadvantage [8,11] disruptions to family life [11,12] cultural stress (including loss of land, suppression of belief systems, racism and weakening of social institutions) [11], a history of abuse [13–15], depression and psychological distress [12,14–18] and substance abuse [13,14,17,19,20]. Familial exposure to the residential school system has been strongly associated with lower self-rated health and an increased frequency of suicide attempts [21–23]. Protective factors against suicide have also been identified, including cultural continuity [24] hunting [15] frequent church attendance [13,17] and academic achievement [13]. Contextual, cultural, structural and social factors have been shown to have a larger impact on Indigenous suicides than individual-level factors, but predominant prevention approaches continue to focus on the latter [11,19,25].

Chandler and Lalonde [24,26] discovered a high variability between suicide rates among First Nations in British Columbia: some communities experienced no suicides over a 14 year period while others faced rates up to 800 times the national average. The authors observed an inverse correlation between suicide rates and community involvement in practices to preserve cultural identity [24,26]. They suggested that when the culture of a group is threatened, the resulting loss of shared values and ties to the past can decrease an individual's commitment to their future well-being, which can increase suicide risk [24,26]. Additional studies that compare Indigenous communities across Canada to identify protective factors against suicide are needed to validate these findings and understand how they can inform suicide prevention interventions. Although many papers mention suicide as a problem in Indigenous communities, there is a knowledge gap regarding culturally-relevant interventions that can address the issue [27].

While a few investigations employed qualitative methods such as focus groups or semi-structured interviews [18,19,28,29] the majority of the literature consists of epidemiological investigations utilizing surveys or medical charts to quantify the strength of correlations between suicide rates and various risk factors [12–17,20]. Suicide is often studied from a biological lens as a psychiatric issue that results from causes that exist within individuals [11,30]. This framing of suicide as a personal issue is discordant with Indigenous values of interdependence with their community, ancestors and environment and does not consider how suicide is shaped by situational and social factors including history, politics, identity, culture and power [11,29,31,32].

The literature also lacks narrative accounts of Indigenous perspectives on self- and cultural-continuity, culturally-relevant suicide mitigation strategies and the ways in which traditional healing can reduce suicide prevalence. One of the few research articles written by an Indigenous author emphasizes that the dominant notion of suicide as a direct consequence of mental illness obscures the impact of structural violence and societal problems on the suicide crisis [11,33].

PROPOSED ACTION

Suicide in Indigenous communities needs to be recognized as a public health priority and allocated comparable resources to other major public health issues [34]. In particular, policies should be enacted to support funding of suicide prevention research through a lens that amplifies the voices of Indigenous communities. Although Indigenous health policy frameworks in Canada have recognized the importance of structural dimensions of suicide in Indigenous communities, most research approaches have not yet encompassed these dimensions [11].

Many interventions in Indigenous communities place external health professionals in positions of paternalistic

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authority, threatening communities' autonomy and self-determination [35]. These interventions are disempowering to communities and the imposition of Western knowledge systems is reminiscent of colonial efforts [35]. To ensure that future interventions respect communities' priorities, approaches and knowledge systems, further research surrounding suicide in Indigenous communities is critical.

It is recommended that phenomenological research be used as a tool to explore how Indigenous participants perceive mental health in their communities and to understand the role of Indigenous culture and knowledge in addressing the suicide crisis. Phenomenology is a form of qualitative research that seeks to understand individuals' lived experiences, emphasizing the subjective meaning of an experience to a group of people over broad and generalizable findings [36,37]. Phenomenology can be useful to understand suicide in the sociocultural context of Indigenous communities rather than relying on standard biopsychosocial frameworks [11]. Phenomenology can also allow for the needed focus on personal stories and viewpoints of Indigenous participants, separated from researchers' existing knowledge and assumptions [36,37].

Indigenous perceptions of health are holistic, incorporating mental, physical, emotional and spiritual health as well as an interconnectedness with nature [29,31,32,38]. Phenomenological approaches will be useful to capture the multidimensionality of Indigenous experiences, to a depth not possible with reductionist approaches used in previous epidemiological studies of suicide [25]. Due to the use of oral storytelling as a method to capture data, phenomenological approaches also align with Indigenous knowledge-sharing traditions [37].

Phenomenological approaches offer the opportunity to investigate how upstream protective factors like cultural continuity can mitigate suicide. Highlighting these positive characteristics of communities with low suicide rates can facilitate the creation of interventions based on existing strengths of communities. This strengths-based approach aligns with Indigenous strengths-based constructions of health [39].

In light of Canada's shameful history of unethical research on Indigenous peoples [40] it is imperative that research initiatives be developed through long-term partnerships with Indigenous communities. Policies to ensure ethical conduct of research and provide Indigenous communities with ownership over their data will be key to inform this research. Existing frameworks such as the First Nations Mental Wellness Continuum [41] should be considered in designing research approaches. Additionally, current funding models that require institutional affiliation to receive funding serve as a barrier for Indigenous organizations to obtain funding. Eligibility guidelines should be modified to ensure equitable access to research funding for Indigenous organizations [42].

In summary, phenomenological research to understand suicide in the context of Indigenous culture and experiences is essential to tackle the suicide crisis. Stark inequities in Indigenous health outcomes will persist unless we change the status quo of Indigenous suicide research.

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