

INTERNATIONAL INDIGENOUS DEMENTIA RESEARCH NETWORK (IIDRN) ANNUAL CONFERENCE

2025 PROGRAM



OCTOBER 20-23, 2025

Waikiki Beach Marriott Resort & Spa
2552 Kalakaua Avenue, Honolulu, Hawai'i 96815



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A WELCOME MESSAGE FROM THE IIDRN CO-CHAIRS

KRISTEN JACKLIN, PHD & MAKARENA DUDLEY, PHD

To the Indigenous people, the First Nations people, the Original people, the Aboriginal people, the Native people, the People of the Land, and non-Indigenous friends and colleagues, “e komo mai” - welcome to the 3rd year of the International Indigenous Dementia Research Network (IIDRN) annual conference!

The IIDRN has served the Indigenous dementia community since 2010 and has experienced rapid growth as a network since 2020. We aim to create spaces and opportunities to bring those with an interest in Alzheimer’s disease and related dementias (ADRD) in Indigenous populations together to share ideas, knowledge and experience and to inspire collaborations and ultimately to accelerate science in the field.

This year’s theme, “Deepening Connections,” is designed to continue important collaborations and conversations that began in Years 1 and 2. We continue to showcase excellence in research and community engagement through volunteered paper and poster sessions and invited research presentations; this year’s conference will also include a special session dedicated to successful international collaborations that grew out of connections made at the previous two IIDRN conferences. Here are some important highlights in this year’s program:

- 2 esteemed plenary speakers
- Expanded 2-part Elder panel discussion
- Caregiver panel discussion
- 8 scientific research sessions
- 23 poster presentations
- Networking, collaboration and mentoring opportunities
- **NEW!** “Parade of Nations” opening session, for attendees to showcase and learn about each other’s cultures
- **NEW!** Featured presentation on advances in Indigenous-led health research
- **NEW!** “International Collaborations in Action” session
- **NEW!** Group planning session for the future of IIDRN Special Interest Groups (SIGs)

We hope you will fully engage with the different elements of the program and that you leave feeling better connected, inspired and energized! Thank you for spending your time with us in Hawai’i and we wish you all a productive conference.

Interested in getting connected with IIDRN and other conference attendees? Join our online community on [Wix Groups!](#)
www.iidrn.org/group/international-indigenous-dementia-research-network





MEET THE CO-CHAIRS

KRISTEN JACKLIN, PHD, IIDRN CO-CHAIR

Kristen Jacklin, PhD, is a Professor in the Department of Family Medicine and Biobehavioral Health as well as the Director of the Memory Keepers Medical Discovery Team at the University of Minnesota Medical School, Duluth campus. Dr. Jacklin is a medical anthropologist with an extensive background in community-based Indigenous health research and health equity. She has worked avidly in Indigenous dementia research for the last 25 years. Dr. Jacklin leads the NIA-funded Indigenous Cultural Understandings of Alzheimer's Disease and Related Dementias – Research and Exchange (I-CARE) program of research and the American Indigenous Cognitive Assessment (AMICA) grant. She also co-leads the Center for Community Engaged Rural Dementia and Alzheimer's Research (CERDAR). Dr. Jacklin is the founder and co-Chair of the International Indigenous Dementia Research Network (IIDRN) and the Indigenous Cognition Awareness and Aging Awareness Research Exchange (I-CAARE.com).



MAKARENA DUDLEY, PHD, IIDRN CO-CHAIR

Dr Makarena Dudley, (Te Rarawa, Te Aupōuri, Ngati Kahu), is Deputy Director Maori at the Centre for Brain Research and a Senior Lecturer in the School of Psychology at the University of Auckland. She is currently involved in several research projects involving Māori and mate wareware (dementia). Her projects include the development of a Māori-appropriate diagnostic tool, a mate wareware website, and a mate wareware app. She has also adapted Cognitive Stimulation Training to be culturally appropriate with Māori. Makarena is also the Principal Investigator on a nationwide prevalence study of mate wareware in Māori. Makarena is passionate about working with Māori elders to help minimise the impact of mate wareware on families.



LAND ACKNOWLEDGMENT

“As guests on this ‘āina, visiting for the purpose of this conference, we would like to begin by acknowledging that the ‘āina on which we gather, O‘ahu, is part of the larger territory recognized by Indigenous Hawaiians as their ancestral grandmother, Papahānaumoku. We recognize that her majesty Queen Lili‘uokalani yielded the Hawaiian Kingdom and these territories under duress and protest to the United States to avoid the bloodshed of her people. We further recognize that Hawai‘i remains an illegally occupied state of America. We recognize that each moment we are in Hawai‘i, she nourishes and gifts us with the opportunity to breathe her air, eat from her soils, drink from her waters, bathe in her sun, swim in her oceans, be kissed by her rains, and be embraced by her winds. We further recognize that generations of Indigenous Hawaiians and their knowledge systems shaped Hawai‘i in sustainable ways that allow us to enjoy these gifts today. For this we are grateful, and as guests, we seek to support the varied strategies that the Indigenous peoples of Hawai‘i are using to protect their land and their communities, and we commit to dedicating time and resources to working in solidarity.”

-Adapted from the suggested land acknowledgment language from the University of Hawaii

(https://www.youtube.com/watchv=L5JLOptSDIU&ab_channel=UHMedJABSOM)



2025 IIDRN Annual Conference Agenda At A Glance

	Monday 20 October 2025		Tuesday 21 October 2025	Wednesday 22 October 2025	Thursday 23 October 2025	
8:00am –8:20am	Breakfast (provided; optional)	IIDRN Executive Committee Mtg (invitation only)	Breakfast (provided; optional)	Breakfast (provided; optional)	Breakfast (provided; optional)	
8:20am –8:40am						
8:40am –9:00am						
9:00am –9:20am	Opening Protocol		Morning Announcements	Morning Announcements	Morning Announcements	
9:20am –9:40am	Land Acknowledgments & Parade of Nations		Featured Presentation: <i>Chelsea Gabel</i>	Paper Session <i>Dementia & Public Health</i>	Paper Session <i>Assessment</i>	
9:40am –10:00am			International Collaboration In Action:			
10:00am –10:20am			Opening Remarks		Examples from Australia & Canada	
10:20am –10:40am						
10:40am –11:00am					Caregiver Panel	
11:00am –11:20am	Opening Plenary: <i>Julie Wharewera-Mika</i>			Paper Session: <i>Current Topics in Indigenous Dementia Research (Session C)</i>		
11:20am –11:40am						
11:40am –12:00pm						
12:00pm –12:20pm	Lunch (provided)		Paper Session: <i>Current Topics in Indigenous Dementia Research (Session A)</i>			
12:20pm –12:40pm					Lunch (provided)	
12:40pm –1:00pm						
1:00pm –1:20pm						
1:20pm –1:40pm	Hula Presentation					
1:40pm –2:00pm					Paper Session: <i>Dementia Care</i>	
2:00pm –2:20pm						
2:20pm –2:40pm			Paper Session: <i>Cultural Safety</i>	Elder Panel, Part 1		
2:40pm –3:00pm	Paper Session: <i>Cultural Considerations in Dementia Research</i>					
3:00pm –3:20pm					Closing Plenary: <i>Monique Pyrrho</i>	
3:20pm –3:40pm						
3:40pm –4:00pm	Poster Session		Paper Session: <i>Current Topics in Indigenous Dementia Research (Session B)</i>	Elder Panel, Part 2	Closing Remarks	
4:00pm –4:20pm						Closing Protocol
4:20pm –4:40pm						
4:40pm –5:00pm			Setting the Path Toward Our Collective Future: Facilitated Discussion & Re-Envisioning IIDRN Special Interest Groups (SIGs)	Mentoring Session (mentors/mentees only)	Farewell Reception (refreshments provided)	
5:00pm –5:20pm	Welcome Reception (refreshments provided)			Elder Social		
5:20pm –5:40pm						
5:40pm –6:00pm						
6:00pm –6:20pm						
6:20pm –6:40pm						
6:40pm –7:00pm						
7:00pm			Trainee Mixer			



CONFERENCE POLICIES

A. ID badge policy

Please wear your IIDRN Conference ID name badges at all times while attending conference events, including during meals provided by the conference.

B. Code of conduct and safety plan

The IIDRN Annual Conference is committed to providing a safe, accessible, and equitable experience for all participants. Discrimination or harassment of any kind will not be tolerated. By attending this conference, participants agree to abide by the following code of conduct.

The following behaviors are examples of discrimination or harassment and will not be tolerated:

- **Visual conduct** such as leering; making sexual or offensive gestures; displaying sexually explicit or suggestive images or objects; or displaying images or objects that show hostility towards, perpetuate negative stereotypes about, or could otherwise be offensive to groups of people, especially minoritized racial/ethnic groups, sexual or gender minorities, those living with disabilities, and other protected classes and minoritized groups
- **Verbal or written abuse or conduct** such as the use of epithets/slurs; sending or making sexual or suggestive comments/messages, jokes, or invitations; sending or making comments/messages about another's physical appearance; or sending or making otherwise derogatory, harassing, or threatening comments/messages, including those that show hostility towards, perpetuate negative stereotypes about, or could otherwise be offensive to groups of people, especially minoritized racial/ethnic groups, sexual or gender minorities, those living with disabilities, and other protected classes and minoritized groups
- **Physical abuse or conduct** such as assault; impeding/blocking movement; or any unwanted or offensive physical contact of a threatening or sexual nature including touching another's body or touching/display of one's own body
- **Retaliation** of any kind, including retaliation for negative responses to sexual advances or retaliation for reporting, or threatening to report, harassment
- **Sustained disruption** of any portion of the event, such as, but not limited to, verbally or physically disrupting speakers or other attendees or damaging or taking property.
- **Other behavior** that could reasonably impact the ability of other attendees to fully and freely participate in the event, regardless of whether the behavior occur during the event, at one of the event's social functions or on the event premises, such as, but not limited to, intoxication, loud use of electronic devices, and shouting.

Any attendee who experiences or observes discrimination or harassment should report this behavior as soon as possible to a member of the IIDRN Annual Conference staff. Reports may be made in person to any conference staff member (wearing IIDRN conference T-shirts labeled STAFF), or by email to iidrn@d.umn.edu.

CONFERENCE POLICIES

Such reports will remain confidential and only be shared among the IIDRN Annual Conference organizers (including the Conference Planning Committee and IIDRN Executive Committee) who will determine appropriate actions. Conference organizers will discuss further with the reporting party if needed and meet to assess the allegations and collect additional evidence as appropriate (e.g., copies of any harassing messages). Conference organizers will take all reasonable actions to manage attendees who are determined to violate this code of conduct during conference events, up to and including removal from the conference, cancellation of any membership in the IIDRN organization, and denying access to future IIDRN events.

Attendees may also file a complaint of discrimination or harassment with the United States Department of Health and Human Services (HHS) Office for Civil Rights (OCR): <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>. Making a report to the IIDRN Annual Conference staff is not required in order to file a complaint with HHS OCR, nor does making a report to or seeking assistance from the IIDRN Annual Conference staff prohibit filing a complaint with HHS OCR. Attendees may also notify the National Institutes of Health (NIH) of any concerns related to discrimination or harassment at this conference online at <https://public.era.nih.gov/shape/public/index.era> or by phone at +1 (301) 480-6701.

If there is an immediate threat to your physical safety, or if you believe you have been the victim of a crime, contact local law enforcement by calling 911.

This code of conduct applies to all IIDRN Annual Conference events, including any preconference activities, all conference sessions, breaks, meals, and receptions. Any questions or concerns related to harassment or this code of conduct may be directed to IIDRN Annual Conference staff—either in person to any conference staff member or by email to iidrn@d.umn.edu—or to the HHS OCR (<https://www.hhs.gov/ocr/about-us/contact-us/index.html>).

Thank you in advance for creating a safe, accessible, and equitable environment to support the advancement of Indigenous dementia research worldwide.

C. Photo and audio/video recording policy:

Photographs and/or videos may be taken throughout the conference, both by IIDRN staff and by other conference attendees. Attendees and presenters may indicate their preferences for photography/videography in two ways:

1. If you prefer not to be photographed or recorded, you may place a “no photos” sticker on your conference badge. See the Check-In & Information Table (outside of the Kona Moku Ballroom) or a member of the conference staff for a sticker.



No photographs or videos of me

2. For presentations, presenters may indicate their preferences via verbal announcement or displaying the following symbols:



No photographs or videos of my presentation/poster



Photographs or videos of my presentation/poster are okay for your own personal use



Photographs or videos of my presentation/poster and sharing are okay

If you indicate a preference for you and/or your presentation to not be photographed or recorded, IIDRN staff will not intentionally photograph or record you or your presentation. However, please note that we cannot guarantee the omission of your presence or your presentation from the background of all photographs or videos of the conference.

All conference attendees are asked to respect the wishes of their fellow attendees and presenters with regard to photography/videography. Because of the proprietary nature of data and the reporting of preliminary, unpublished research, any photography, filming, taping, recording or reproduction in any medium of any of the programs, talks or data/posters/slides presented at the IIDRN conference is prohibited unless the presenter clearly indicates their permission verbally or by displaying the appropriate symbol. If a presenter indicates that they are open to photography or recording, please use common courtesy and do not be disruptive or distracting, either to the presenter or fellow audience members. Similarly, the subsequent dissemination of any photograph, video, or other recording in any medium of any of the programs, talks, or data/posters/slides presented at the IIDRN conference is prohibited unless the presenter clearly indicates their permission verbally or by displaying the appropriate symbol.

Sharing your experience on social media is encouraged to add to the discussion and excitement of the IIDRN conference, as long as it complies with this and other conference policies. Sharing images on social media that contain discernable research data (i.e., image of a poster or slide) is prohibited unless the presenter clearly indicates their permission verbally or by displaying the appropriate symbol.

Violation of this policy may result in appropriate penalties, up to and including removal from the IIDRN conference and denial of entry to future IIDRN conferences and events. Please direct questions regarding this policy to iidrn@d.umn.edu.

D. Conflict of interest disclosure:

Presenters are asked to clearly disclose any potential conflicts of interest (COIs) that could be reasonably perceived as related to the content of their presentation. The purpose of COI disclosure is to improve transparency and allow the audience to make their own assessments about whether certain factors or relationships may increase risk of bias in the work being presented. COI disclosures should name the conflicting organization and explain the nature of the potential conflict and its relevance to the presentation content. The format of the disclosure may vary depending on the type of presentation.

E. Accessibility best practices:

It is our policy to make arrangements and accommodations such that no person feels excluded due to disabilities, allergies, or personal preferences. We recognize that some disabilities are invisible and that not all disabilities require accommodation. We do not require attendees to disclose their needs, but you are free to contact conference staff to request individualized support: Tracy Kemp may be reached by SMS, WhatsApp, or phone call at +1 [REDACTED] or by email at tkemp1@d.umn.edu, or you may seek out a member of conference staff in person at the conference. We encourage attendees to make these requests prior to the conference to ensure appropriate accommodations, but we will do our best to fulfill requests made on-site.

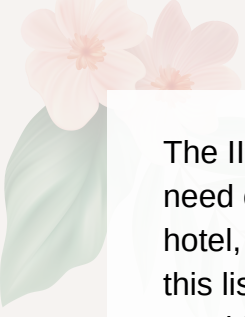
We encourage attendees and presenters to consider the needs of others when planning their presentations, communications, and interactions. We promote the use of inclusive language throughout the conference and sponsored events.

As a courtesy to those with sensitivities to chemicals and scents, we ask that attendees refrain from using perfume/cologne or other scented products.

We ask that all attendees respect smoke-free environments, respect accessibility-designated rows in presentation rooms, and use a microphone when speaking publicly.

F. Conference Guests and Childcare

To promote inclusivity for those attendees with caretaking responsibilities, we welcome children and adult dependents to attend conference sessions with registrants. Registrants may also bring other types of guests (including a spouse/partner, babysitter/caretaker, etc.) to conference sessions at no additional cost. **Please note that, while dependents or guests are welcome at all conference sessions, conference meals will be provided to registrants only.** Any dependents or guests must also be accompanied by a registrant who is wearing a conference badge at all times during conference sessions. For all conference attendees, we ask that you excuse yourself from any session if you or your dependent or guest needs space for activities that could be considered disruptive to presenters or other attendees.



The IIDRN Annual Conference does not directly provide childcare services. For registrants in need of childcare, several local options are available and able to come to the conference hotel, including those listed below. Please note that this list is provided as a courtesy only; this list is not comprehensive, nor is it an endorsement of any of the included childcare providers. Registrants must arrange and pay for childcare themselves.

- Aloha Sitters
Website: <http://alohasitters.com/>
Phone: +1 (808) 861-7294
Email: ContactAlohaSitters@gmail.com
- Island Kid Sitters
Website: <https://www.islandkidsitters.com/>
Phone: +1 (808) 354-0585
- Hawaii [Poppins] Keiki Waikiki
Website: <https://www.poppins.co.jp/educare/english/hawaii/>
Phone: +1 (808) 931-8086
Email: hawaii-info@poppins.co.jp
Note: Located at the conference hotel, but is open to the public

CONTACT AND VENUE INFORMATION

A. How to identify/contact conference staff:

- IIDRN conference staff will be present in and around the conference spaces during conference hours. Staff members will be wearing T-shirts with the conference logo and "STAFF" printed on the front and back of the shirt.
- For urgent conference-related issues that arise outside of conference hours, please contact Tracy Kemp at [REDACTED] via SMS, WhatsApp, or phone call.

B. WiFi & Social media

Please note that we **do not** have a dedicated conference WiFi network. The conference hotel offers free WiFi in public areas of the hotel (MarriottBonvoy_Public) which may be accessed by attendees without a password. For attendees staying at the conference hotel, free WiFi is also available in guest rooms (MarriotBonvoy_Guest).

Be sure to tag us and use our hashtags throughout the conference!



#IIDRN25, #IIDRNconference25



@IIDRNconference



@umnmemorykeepermdt.bsky.social

C. Wellness room

There is a hotel room that has been designated as a private wellness room and made available for all attendees, which may be used for lactation, quiet breaks, prayer, meditation, spiritual practices, or other wellness needs. This room may be reserved on a first-come-first-served basis for 30 minutes at a time. Go to the Check-In & Information Table outside of the Kona Moku Ballroom, or see another member of the conference staff, for access to this room.

D. Emergency Information

- Hotel Security: The conference hotel has a security team that is available 24 hours a day, 7 days a week. If you have a security concern, please call the manager on duty at +1 (808) 721-1276. For attendees staying at the conference hotel, security may also be contacted using a room phone at extension 5208.
- Hotel Evacuation & Safety Procedures: Please refer to the print-out in your conference folder for hotel evacuation and safety procedures in the event of a fire, active shooter, or natural disaster.
- For Other Emergencies: Call 911 for any emergencies requiring the police, fire department, or emergency medical care.

E. Map of relevant hotel areas



MARRIOTT RESORT
WAIKIKI BEACH

RESORT AMENITIES

ABC Store

Deli, Sundries, Coffee, Gifts
Kealahilani Tower 1F
Daily 7:00 a.m. - 11:00 p.m.
Paoakalani Tower 1F
Daily 6:30 a.m. - 11:00 p.m.

Pools

Paoakalani Adult Pool & Hot Tub 3F
Kealahilani Family Pool 3F
Daily from 7:00 a.m. - 10:00 p.m.
No outside food or beverage allowed

Fitness Center

Paoakalani Tower 3F
24-Hour Access

Parking

Valet Parking (\$60.00 + tax)
Self Parking (\$50.00 + tax)



Kealahilani Tower 2F
Daily 9:00 a.m. - 6:00 p.m.
(808) 369-8088

Waikiki Sand Bar

Kealahilani Tower 1F
Daily 8:00 a.m. - 7:00 p.m.

Nanea Game Room (21+)

Daily 1:00 p.m. - 9:00 p.m.
In Hotel Lobby

Laundry

Paoakalani Tower 2F
24-Hour Access

**Scan Here for Cabana &
Game Room Reservations:**



Pā'ina Waikīkī LŪ'AU

Everything that makes renowned Waikīkī a unique and exciting place is celebrated at Pā'ina Waikīkī! A unique dinner party lūau setting where the vibrant stories of Waikīkī's legendary eras come to life through festive nā mele (songs), hula, and the highest caliber of Polynesian performing arts.

Reserve now at the front desk,
or visit: Painawaikiki.com
M, W, F, Sun 5:30 p.m. - 8:30 p.m.



RESTAURANTS



Queensbreak Bar & Restaurant 3F

Restaurant 11:00 a.m. - 4:00 p.m.
5:00 p.m. - 10:00 p.m.
Bar 11:00 a.m. - 11:00 p.m.
Happy Hour 4:00 p.m. - 6:00 p.m., 10:00 p.m. - 11:00 p.m.
Queensbreak.com



Kuhio Beach Grill

Kealahilani Tower 2F
Breakfast Daily 5:00 a.m. - 11:00 a.m.
(808) 921-5171
No Reservations



Nanea Lounge

Lobby 1F
Daily: 4:00 p.m. - 10:00 p.m.
Entertainment: 6:00 p.m. - 9:00 p.m.



Arancino di Mare (Italian)

Kealahilani Tower 1F
Nightly 5:00 p.m. - 9:00 p.m.
(808) 931-6273



d.k. Steak House

Kealahilani Tower 3F
Nightly 5:30 p.m. - 9:30 p.m.
(808) 931-6280



Sansei Seafood Restaurant & Sushi Bar

Kealahilani Tower 3F
Nightly 5:30 p.m. - 9:30 p.m.
(808) 931-6286



Starbucks Coffee (2 locations)

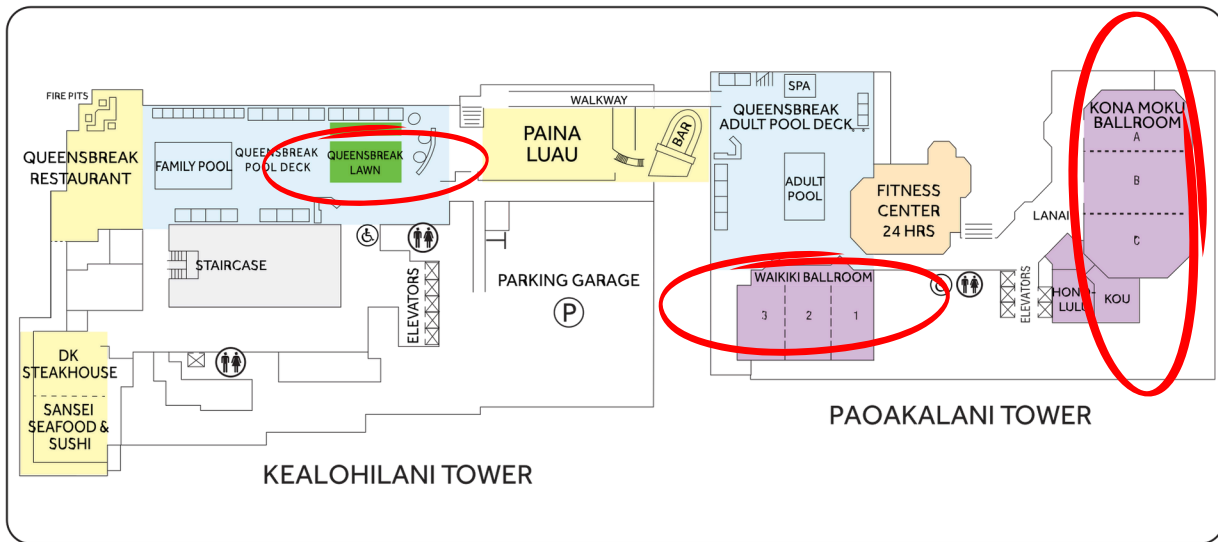
Kealahilani Tower 1F
Daily 5:00 a.m. - 9:00 p.m.
Paoakalani Tower 1F
Daily 4:30 a.m. - 8:00 p.m. (Sun 6 p.m. close)



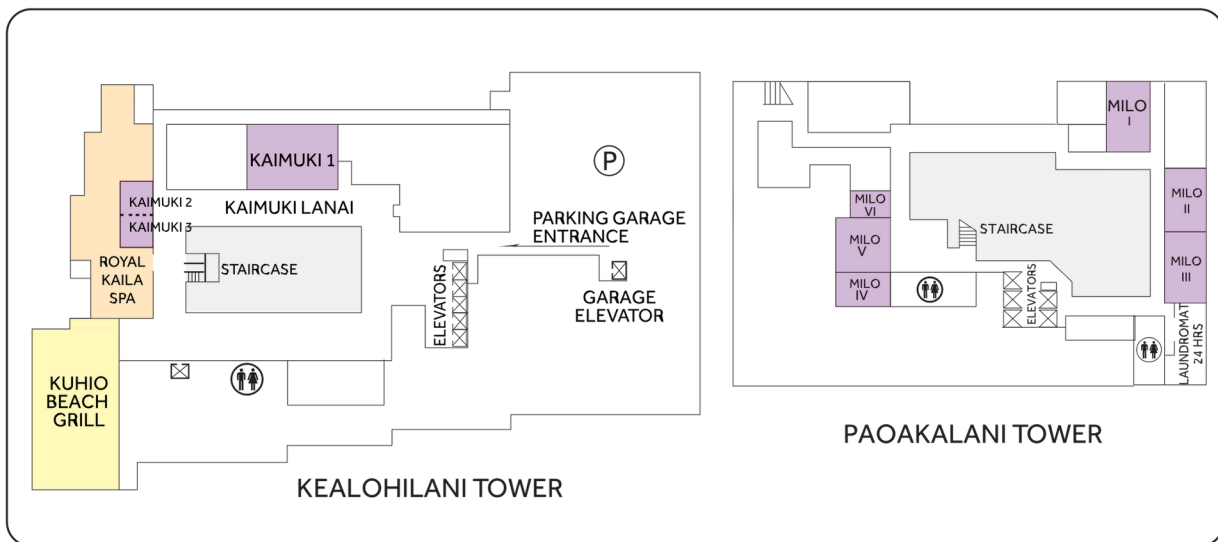
Island Vintage Shave Ice

Kealahilani Tower 1F
Daily 7:00 a.m. - 10:00 p.m.

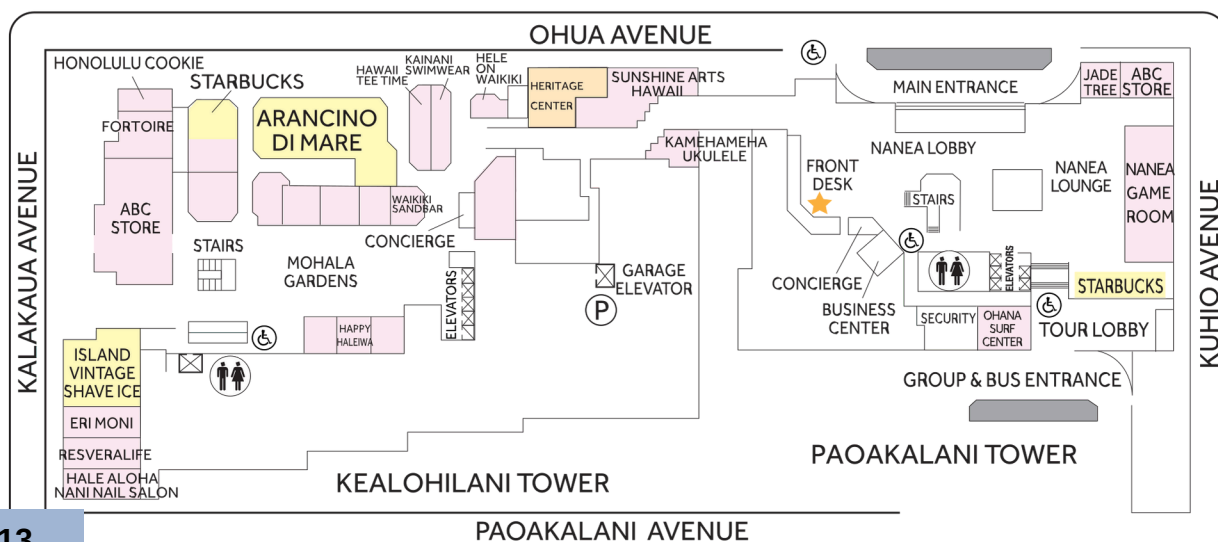
THIRD FLOOR - QUEENSBREAK



SECOND FLOOR



FIRST FLOOR



Pre-Conference: Sunday 19 October 2025

6:00pm – 8:00pm

Check-In & Information Table
(outside Kona Moku Ballroom)

Attendee Badge & Conference Information Packet Pick-Up

(no on-site registration available)

Day 1: Monday 20 October 2025

7:00am – 4:40pm

Check-In & Information Table
(outside Kona Moku Ballroom)

Attendee Badge & Conference Information Packet Pick-Up

(no on-site registration available)

8:00am – 9:00am

Waikiki Ballroom

Breakfast

(provided; optional)

8:00am – 9:00am

Kou

IIDRN Executive Committee Meeting

(for members of the IIDRN Executive Committee only)

9:00am – 9:20am

Kona Moku Ballroom Salon B/C

Opening Protocol (Oli)

Oli are Hawaiian chants that once served as the primary method of recording and memorizing oral history, tradition, genealogies, prayers, and more, prior to the introduction of written language in Hawai'i. Oli have persisted through time and great change, and although their role in the recording of history has diminished, they remain an essential part of Hawaiian culture and identity. Oli serve different purposes depending on the circumstances in which they are used. They tell us who someone is, where they come from, and whom they represent. They call upon the winds that blow and the rains that fall upon their beloved homelands. Regardless of context, oli represent a higher form of communication—one that fuses ancestral, spiritual, and cultural elements, and instills sanctity and ceremony in the hearts and minds of both the chanter and the listener. We invite you to enter this sacred space and allow our connection to form with openness, reverence, and aloha.

9:20am – 10:20am

Kona Moku Ballroom Salon B/C

Land Acknowledgments & Parade of Nations

To recognize and honor the historic and ongoing relationship of the Kānaka Maoli (Native Hawaiian people) to the land on which this conference takes place, we are dedicating time for formal land acknowledgments.

Following land acknowledgments, conference attendees will have an opportunity to represent their countries, nations, and cultures in a "Parade of Nations." This is a space for attendees to celebrate and showcase something about where they are from—whatever it is they would like to share—such as stories, songs/chants, dances, teachings, etc.

- Please note that attendees who wish to present should contact the IIDRN conference planning committee (iidrn@d.umn.edu) **no later than 17 October 2025.**

10:20am – 10:40am Opening Remarks from the IIDRN Co-Chairs

Kona Moku Ballroom Salon B/C

Kristen Jacklin, *Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus, Duluth, USA*

Makarena Dudley, *University of Auckland, Auckland, New Zealand*

11:00am – 12:00pm Opening Plenary: He Oranga Ngākau, He Oranga Wairua (the wellbeing of the heart, the wellbeing of the spirit): Nourishing Indigenous Systems of Care and Knowledge in Mate Wareware (Dementia) Research

Julie Wharewera-Mika, *Manu Arahi - Clinical Psychology & Research Consultancy; Aotearoa Brain Project*

Mate wareware (dementia) is increasingly recognised within Indigenous communities not only as a biomedical condition affecting memory and cognition, but as a complex disruption to identity, intergenerational connection, and whakapapa—the genealogical and relational fabric that sustains Indigenous ways of being. While clinical frameworks offer important insights into the neurobiological progression of dementia, they often overlook the broader socio-cultural and spiritual dimensions that shape Indigenous understandings of wellbeing and cognitive decline.

This research draws on Māori knowledge systems and te ao Māori (the Māori worldview) to reconceptualise dementia within a holistic, relational paradigm. Central to this approach are the interrelated concepts of whakapapa (genealogy and interconnectedness), whenua (land and place), wairua (spiritual essence), and whanaungatanga (kinship and relationality). Together, these underpin ngā pūnaha pāpori—the social ecosystems of reciprocity, care, and collective wellbeing that maintain balance across generations. Within this framework, responses to mate wareware require more than clinical intervention; they demand culturally grounded, relationally sustained systems of care that restore connection, dignity, and meaning for individuals and their whānau (families).

This presentation is informed by kaupapa Māori research principles and is aligned with the International Indigenous Dementia Research Network (IIDRN), whose symbol: a flourishing tree with roots embracing a brain, represents the integration of cognitive health with cultural depth and continuity. Drawing from both lived experience and applied systems change work in Aotearoa New Zealand, this study explores how Indigenous-led approaches to brain health can inform new pathways for care and prevention. Key areas of focus include:

- Culturally responsive models of whānau-centred care
- The application of Indigenous ecological and relational frameworks to cognitive ageing
- Reframing dementia as an opportunity for reconnection to *wairua*, *whakapapa*, and *te taiao* (the natural world), and
- Strategies for embedding Indigenous knowledge into research, policy, and practice to enhance equity and cultural safety.

In advocating for Indigenous systems of care, this work challenges reductionist, deficit-based paradigms and instead advances a vision of cognitive wellbeing grounded in interdependence, ancestral knowledge, and whānau flourishing. The implications extend beyond dementia research, offering a decolonising framework for reimagining ageing, memory, and care in ways that are life-affirming and culturally sustaining.

Bio: Dr Julie Wharewera-Mika (Ngāti Awa, Ngāi Tūhoe, Te Whānau ā Apanui) is a senior clinical psychologist, Māori researcher, and Indigenous systems leader from Aotearoa New Zealand, with over 25 years of experience in mental health and wellbeing. Her work is grounded in a culturally responsive, family-centred (whānau-centred) approach to brain health across the lifespan.

During her postdoctoral research with Brain Research New Zealand, Dr Wharewera-Mika investigated Māori experiences of mate wareware (dementia) in her tribal region, an area of inquiry shaped both by community needs and personal experience. During this time, her son was diagnosed with a rare neurological condition, deepening her insight into the

Day 1: Monday 20 October 2025

For full abstracts & author lists, see online Appendix

complex challenges families (whānau) face when navigating brain health systems. These experiences continue to drive her commitment to transforming health and social systems to better reflect Indigenous values and perspectives.

As co-lead of the Aotearoa Brain Project, she champions a co-leadership model between tangata whenua (Indigenous Māori, or "people of the land") and tangata Tiriti (Treaty partners, referring to non-Māori who are citizens under the Treaty of Waitangi). This initiative brings together research, clinical practice, policy, and community expertise, with a shared vision of collective wellbeing—rooted in Māori knowledge systems and a commitment to health equity throughout life.

Alongside this work, Dr Wharewera-Mika engages with Indigenous ecological frameworks grounded in te ao Māori (the Māori worldview). Her focus is shifting from addressing isolated clinical conditions to nurturing the deeper cultural and relational foundations that sustain wellbeing—including whakapapa (genealogy and relational identity), whenua (land and place), and wairua (spiritual wellbeing). Within this worldview, mate wareware is not just a medical condition but a doorway into restoring memory, revitalising mauri (life essence or vitality), and reconnecting with intergenerational knowledge.

Dr Wharewera-Mika holds multiple national leadership roles across philanthropy, governance, and commissioning. She is also the co-founder of a kaupapa Māori (Māori-led and Māori values-based) psychology and research consultancy and has led Indigenous strategy and co-governance initiatives across various sectors.

In honour of her late son, she and her family (whānau) established the Rise & Shine Josiah Mika Foundation, which supports Māori children (tamariki) and youth (rangatahi) to overcome adversity, build resilience, and thrive. This work reflects her deep belief in the importance of nurturing early brain development as a foundation for lifelong wellbeing.

12:00pm – 1:20pm

Waikiki Ballroom

Lunch

(provided)

1:20pm – 2:20pm

Kona Moku Ballroom Salon B/C

Hula Presentation

Hanakia Tui & Hoakalei Hina Kamau'u



Hannah Hanakia (Kaneakua) Tui, alaka'i and daughter to her mother, Kumu Hula Hannah Kia (Kalilimoku) Kaneakua-Basso, was born and raised in Papakōlea where she was trained under her mother for many years learning hula, 'ukulele, Hawaiian mele, culture, arts and crafts, and Hawaiian values. Hanakia enjoys sharing many of her mother's compositions and hula with kūpuna in her community of Papakōlea Homestead. Hanakia, her husband, Michael Tui, along with her mother, were able to raise their children and grandchildren in her mother's legacy. They are very talented musicians, composers, and hula dancers. Deeply committed to uplifting kupuna and sharing Hawaiian values, Hanakia lives by the principle of *Aloha kekahi i kekahi* (love one another).



Hoakalei Hina Kamau'u is a third-generation hula practitioner from Papakōlea who began her training under the guidance of her mother, Hoakalei Kamau'u. She is dedicated to preserving and sharing the art of hula, teaching kūpuna (elders) and keiki (youth) within her homestead community through programs provided by Kula No Nā Po'e Hawai'i. Through hula and mele, she nurtures cultural continuity and inspires future generations to deepen their connection to Hawai'i's traditions.

Together, Hanakia & Hoakalei Hina put together this year's hula presentation honoring the life & legacy of kūpuna Hannah Kia Kalilimoku Kaneakua-Basso, a beloved cultural practitioner whose teachings continue to uplift her community of Papakōlea. In alignment with the conference theme *Deepening Connections*, this presentation celebrates the bonds between generations, community, and cultural practice. Their presentation highlights the vital role of kūpuna as bridges to ancestral knowledge, grounding us in tradition while guiding future generations forward.

2:40pm – 3:40pm

Paper Session: Cultural Considerations in Dementia Research

Kona Moku Ballroom Salon B/C

Moderator: **Antonio Paniagua Guzman**, *Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus, Duluth, USA*

1. Weaving threads of intention – the creative force of cultural storytelling

Dianne Baldock, *University of Tasmania, Hobart, Australia*

Yasmine Abdullah, *University of Western Australia, Perth, Australia*

Leslie Dick, *University of Tasmania, Hobart, Australia*

Lindy Moffatt, *Neuroscience Research Australia, Sydney, Australia*

Elders will share the development of podcasts, and segments that can be packaged for Instagram, Facebook and social media, to promote stories of Country, creation, and tradition that are essential to culturally respectful and safe dementia care.

2. Discussing preliminary outcomes from the “Therapeutic poetry program for Indigenous people living with dementia”

Antonio Paniagua Guzman, *Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus, Duluth, USA*

This study explores how poetry can support Indigenous people living with dementia (PLWD) and their caregivers. In collaboration with the Fond du Lac Band of Lake Superior Chippewa Tribe, 10 poetry sessions with an average of 10 participants were facilitated by two community members in summer 2025. Early findings suggest that poetry helped strengthen relationships, support communication, and reflect the lived experiences of PLWD and their caregivers.

3. Navigating Language and Meaning: Cultural Understandings of “Good Life” and “Quality of Life” from Four Indigenous Communities in the Great Lakes Region

Josyaah Budreau, *Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus, Duluth, USA*

Karen Pitawanakwat, *NAADNWECHIGE-GAMIG Wikwemikong Health Centre, Wiikwemkoong, Canada*

Through our research we understand how maintaining connections to traditional cultural practices for Aboriginal This presentation highlights findings from the Indigenous Cultural Understandings of Alzheimer’s Disease and Related Dementias (ICARE) project. Healthy Older Adults (HOAs) from Indigenous communities talked about aging and dementia, showing how complicated language can affect conversations. Concepts like "Good Life" and "Quality of Life" mean different things to different groups: "Good Life" fit better with Anishinaabe ideas about community, while Oneida Nation members connected more with "Quality of Life." Translating these terms into Indigenous languages added more confusion. Researchers changed questions during interviews to make them clearer. Using language that's easy to understand and culturally meaningful helps communities share real experiences, making dementia and aging resources better suited to Indigenous people's values and needs.

3:40pm – 4:40pm

Poster Session

Kona Moku Ballroom Salon A

Refer to the list of poster presentations on page 30. All presenters should be physically present at their poster during the poster session to answer questions and talk with attendees.

5:00pm

Welcome Reception

Queensbreak Lawn

(refreshments provided)

Day 2: Tuesday 21 October 2025

7:30am – 5:40pm

Check-In & Information Table
(outside Kona Moku Ballroom)

Attendee Badge & Conference Information Packet Pick-Up

(no on-site registration available)

8:00am – 9:00am

Waikiki Ballroom

Breakfast

(provided; optional)

9:00am – 9:20am

Kona Moku Ballroom Salon B/C

Morning Announcements

9:20am – 10:00am

Kona Moku Ballroom Salon B/C

Featured Presentation: Deepening Connections: Indigenous-Led Research, Networks, and Community Well-Being in Canada



Chelsea Gabel, *Scientific Director, Institute of Indigenous Peoples' Health, Canadian Institutes of Health Research; Associate Professor, Indigenous Studies Department and the Department of Health, Aging and Society, McMaster University; Canada Research Chair in Indigenous Well-Being, Community-Engagement, and Innovation, McMaster University*

Dr. Chelsea Gabel, Scientific Director of the Institute of Indigenous Peoples' Health at the Canadian Institutes of Health Research, will share a Canada-focused perspective on advancing Indigenous health research and the central role of Indigenous-led networks. Her work, grounded in community-engaged and arts-based methodologies, emphasizes Métis health

and well-being, data governance, digital storytelling, and intergenerational connections. Drawing on this expertise, Dr. Gabel will reflect on how Indigenous-led research networks are fostering capacity, strengthening partnerships, and shaping ethical approaches to health priorities, including brain health and dementia, across Canada. Framed within the theme of Deepening Connections, her presentation highlights how community-driven research advances both knowledge and self-determined wellness.

Bio: Dr. Chelsea Gabel, a Red River Métis scholar from Rivers, Manitoba and citizen of the Manitoba Métis Federation, is the Scientific Director of the Canada Institutes of Health Research (CIHR) Institute of Indigenous Peoples' Health (IIPH), and an Associate Professor in the Department of Health, Aging and Society and the Indigenous Studies Program at McMaster University in Ontario, Canada. She also holds a Canada Research Chair in Indigenous Well-Being, Community-Engagement, and Innovation. Dr. Gabel's research is rooted in community-engaged and arts-based methodologies, with a focus on Métis health and well-being, Indigenous policy, data governance, digital storytelling, and intergenerational relationships. She has led national initiatives including the Indigenous Mentorship Network of Ontario and co-led the National Coordinating Centre for the Network Environments for Indigenous Health Research. Her work exemplifies "deepening connections" by foregrounding research with, by, and for Indigenous communities, building lasting collaborations and pathways toward shared wellness and knowledge.

10:00am – 11:00am

Kona Moku Ballroom Salon B/C

International Collaboration in Action: Examples from Australia and Canada

Part 1: Building on strengths: International collaboration to advance Indigenous and strengths-based approaches to frailty and cognitive impairment

Jesse Zanker, *Geriatrician, Royal Melbourne Hospital and Aboriginal Community Elders Services; Senior Research Fellow, OnTRACK University of Melbourne, Australia*

Jennifer Walker, *Professor, Department of Health Research Methods, Evidence, and Impact & Indigenous Health Learning Lodge, McMaster University*

In this panel presentation, we will describe our new four-year research project and our team's international collaboration between researchers and community organizations in Canada and Australia. Our primary common research goal is to understand frailty among older people, in the context of cognitive impairment, from First Nations and strengths-based perspectives in Canada and Australia. To address our project's research objectives, we have co-designed an approach where we will work in parallel paths, connected through sharing and learning between communities and across nations. In this panel presentation, we will share the journey that we took to establish this collaboration and the challenges and opportunities of collaborating across diverse Indigenous perspectives, health systems, and funding structures. We will highlight our growth and learning as we developed our overall methodology and approach to our project and share details of our objectives and plans for this four year project, which has been funded by the Canadian Institutes of Health Research (as part of the Canadian Consortium for Neurodegeneration in Aging) and the National Health Medical Research Council in Australia.

Part 2: Joining the circle: An international collaboration to enhance health communication for Indigenous peoples along the dementia journey

Pamela Roach, Associate Professor, Family Medicine and Community Health Sciences, University of Calgary

Kate Smith, Associate Professor, Centre for Aboriginal Medical and Dental Health, School of Medicine, University of Western Australia

Lianne Gilchrist, Centre for Aboriginal Medical and Dental Health, School of Medicine, University of Western Australia

This panel presentation describes the collaborative work and relationships built between researchers and communities in Canada and Australia to co-design culturally-centred resources to strengthen health communication for Indigenous people in Canada and Australia along the dementia assessment journey, specifically for risk reduction and cognitive assessment. Indigenous peoples are experiencing disproportionate rates of dementia due to ongoing colonization, yet culturally safe health communication to improve the dementia assessment process for Indigenous peoples remains under-resourced. Our research uses an Indigenous adaptation of participatory action research while ensuring Indigenous Ways of Knowing, Being, and Doing are woven throughout. We will present our planned approach to this four year project and describe the ways in which we worked with communities in two different countries to co-develop the proposal while building and maintaining our relationships at IIDRN and beyond. Our work is supported by the Canadian Institutes of Health Research (as part of the Canadian Consortium for Neurodegeneration in Aging) and the National Health Medical Research Council in Australia.

11:20am – 12:20pm Paper Session: Current Topics in Indigenous Dementia Research

Kona Moku Ballroom Salon B/C **(Session A)**

Moderator: **Jueta McCutchan**, VA Pacific Islands Healthcare System, Pago Pago, American Samoa

4. The feasibility and efficacy of ‘Auamo Ke Kuleana O Nā Ma’i Poina: An adaptation of the Savvy Caregiver Program with the Native Hawaiian community

Alexandra Malia Jackson, Pacific University, Forest Grove, USA; **Laulima Grant Writing and Evaluation**, Portland, USA

Mahealani Mahiai Austin, Kula No Nā Po’e Hawai’i, Honolulu

Caregivers often provide care for their loved ones with dementia at their own expense. To reduce the negative outcomes of caregiving, we tested a culturally tailored program for caregivers with the Native Hawaiian community. While we saw significant improvements in caregivers who participated in the program, additional changes to the program are necessary to better fit the needs of the caregivers of loved ones who identify with Native Hawaiian culture.

5. Lack of sleep among elders racialized as American Indian or Alaska Native is associated a history of stroke

Paris Adkins-Jackson, Columbia University, New York, USA

Lack of sleep is an emergent health problem as it is linked with dementia. Stroke is a well known risk factor for dementia. This study is among the first to determine there is a relationship between lack of sleep and a history of stroke for older adults racialized as American Indian or Alaska Native

6. “A logo tai ua logo uta (what is felt in the ocean is felt in the land)”: An examination of the impact of mindfulness on mood amongst older adults in American Samoa

Jueta McCutchan, VA Pacific Islands Healthcare System, Pago Pago, American Samoa

Researchers sought to identify any protective factors that may help buffer against effects of depressed mood amongst older Samoan adults. Mindfulness, or the act of paying attention in the present moment, was determined to be the most robust factor. This has implications for examining traditional forms of healing and managing intense emotions for older indigenous Samoan adults in the future.

12:20pm – 1:40pm

Waikiki Ballroom

Lunch

(provided)

1:40pm – 3:00pm

Kona Moku Ballroom Salon B/C

Paper Session: Cultural Safety

Moderator: **Vaatausili Tofaeono**, *American Samoa Community Cancer Coalition, Pago Pago, American Samoa*

7. Building Trust and Equity: The Role of the Native Hawaiian and Pacific Islander Workgroup in Shaping Inclusive Health Research within the CARE Registry

Vaatausili Tofaeono, *American Samoa Community Cancer Coalition, Pago Pago, American Samoa*

The CARE Registry is a national initiative that promotes the inclusion of Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPI) in health research, particularly in aging and dementia, using culturally tailored, community-driven strategies. To address historical research exploitation and underrepresentation of Native Hawaiians and Pacific Islanders (NHPI), CARE established a NHPI workgroup that integrates Indigenous frameworks like the Samoan Talanoa and Two-Eyed Seeing approaches into research design. This collaborative model fosters trust, shared power, and culturally respectful practices to enhance NHPI engagement and improve health equity.

8. Sharing resources to improve the health literacy of the Māori community in New Zealand for the condition of mate wareware

Makarena Dudley, *University of Auckland, Auckland, New Zealand*

Richard Faull, *University of Auckland, Auckland, New Zealand*

Māori, the Indigenous people of Aotearoa New Zealand do not have access to culturally appropriate information and knowledge about mate wareware dementia. This gap is possibly a significant factor in the negative statistics emerging for Maori living with this condition. Going out into the community particularly to remote areas of the country is a strategy the Centre for Brain Research at the University of Auckland has committed to in order to improve health literacy about mate wareware and reduce those negative statistics.

9. [withdrawn]

10. Co-creating Culturally Relevant Dementia Prevention Materials with Métis Communities in Alberta, Canada

Lisa Zaretsky, *University of Calgary, Calgary, Canada*

Shanaya Fischer, *University of Calgary, Calgary, Canada*

We engaged with Métis community members to explore the cultural relevance of Brain Health PRO. Brain Health PRO is web-based educational program focused on dementia prevention. The purpose of this talk is to share our findings and discuss next steps.

3:20pm – 4:20pm

Paper Session: Current Topics in Indigenous Dementia Research

Kona Moku Ballroom Salon B/C **(Session B)**

Moderator: **Cliff Whetung**, *Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus, Duluth, USA*

11. The importance of environmental stewardship: Treatment as a State (TAS) designation and improved decision making among people racialized as American Indian or Alaska Native

Yoshira Ornelas Van Horne, *University of California Los Angeles, Los Angeles, USA*

Adults racialized as American Indian/Alaska Native aged 45 and older living in states with no tribes with TAS designation are more likely to report difficulty concentrating, remembering, or making decisions than those living in states with at least one tribe with TAS designation. Investment in programs such as TAS that uphold Indigenous sovereignty are likely to produce cognitive health benefits for residents racialized as American Indian or Alaska Native.

12. Associations between rurality and dementia risk among Indigenous older adults in the United States: An Exploratory Analysis

Cliff Whetung, *Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus, Duluth, USA*

Research suggests that both rural and Indigenous populations are independently at higher risk for dementia. However, no existing US study has examined how these characteristics might interact. We used 22-years of nationally representative data to ask whether Indigenous older adults who lived in rural communities were at higher risk for dementia than those who lived in cities, but did not find that dementia risk differed across these settings.

13. Dementia in Indigenous Peoples of Latin America: A Critical Synthesis to Advance Equity in Cognitive Aging Research

Juliana Souza-Talarico, *University of Iowa College of Nursing, Iowa City, USA*

Indigenous communities in Latin America are often left out of dementia research, even though they face unique risks and challenges. This study synthesized existing knowledge, including new research from Mexico, Bolivia, Peru, and the Brazilian Amazon, and highlighted the importance of using culturally appropriate tools and collaborating closely with communities. These efforts can help ensure fairer diagnosis, care, and support for Indigenous older adults.

4:40pm – 5:40pm

Setting the Path Toward Our Collective Future: Facilitated

Kona Moku Ballroom Salon B/C **Discussion & Re-Envisioning IIDRN Special Interest Groups (SIGs)**

Moderators: **IIDRN Executive Committee members**

At the inaugural IIDRN conference in 2023, we held an “incubator” session to determine priority areas for research among the IIDRN membership, which we envisioned as Special Interest Groups (SIGs). This year, we want to revisit those identified research priority areas and continue to work with IIDRN members to discuss paths that move us collectively forward as researchers, community members, and Elders who want to address Alzheimer’s disease and related dementias among Indigenous populations.

7:00pm

Trainee Mixer

Kealohilani Tower, Suite 2432

This is an informal event to network with other IIDRN trainees. Join us - **all trainees are welcome to attend!**

Day 3: Wednesday 22 October 2025

7:30am – 5:20pm **Attendee Badge & Conference Information Packet Pick-Up**
Check-In & Information Table (outside Kona Moku Ballroom) *(no on-site registration available)*

8:00am – 9:00am **Breakfast**
Waikiki Ballroom *(provided; optional)*

9:00am – 9:20am **Morning Announcements**
Kona Moku Ballroom Salon B/C

9:20am – 10:40am **Paper Session: Dementia & Public Health**
Kona Moku Ballroom Salon B/C

Moderator: **Brittany Skov**, Lakehead University, Thunder Bay, Canada

14. Measuring Behavioral and Cognitive Complaints of Native American Participants: Data from the Wisconsin Alzheimer's Disease Research Center's Clinical Core

Carey E. Gleason, University of Wisconsin, Madison, Madison, USA; Wm. S. Middleton Memorial VA Hospital, Madison, USA

Understanding the earliest symptoms of Alzheimer's disease and related dementias will help us identify the illness in its early and mild stages. Behavioral changes and subtle memory and thinking changes may be some of the first changes noticed by the person with the disease and their family. We sought to describe the available data related to these symptoms in a cohort of American Indian participants in the Wisconsin Alzheimer's Disease Research Center's Clinical Core.

15. Advancing Brain Health with the Healthy Brain Initiative Road Map for American Indian and Alaska Native (AI/AN) Peoples

Megan Dicken, International Association for Indigenous Aging, Silver Spring, USA

Elders are deeply respected in Native communities, but memory loss and dementia are affecting more Native people than ever before. The Healthy Brain Initiative Road Map gives tribal and urban communities practical, culturally grounded ways to support brain health. It includes tools and actions developed by Native leaders to reflect Indigenous values and community strengths.

16. A Public Health Road Map on Dementia was Published: Is Anyone Using it?

Michael Splaine, Splaine Consulting, Columbia, USA

In May 2019 the CDC and Alzheimer's Association (US) published recommendations for public health actions on dementia and related caregiving, which has inspired a flurry of tribal and tribal organization activity on dementia. This poster documents where and what has been happening.

17. The Anishinabek brain aging in older adults' study: Perspectives on dementia risk reduction, assessment, and post-diagnosis care among Anishinabek in Northwestern Ontario

Brittany Skov, Lakehead University, Thunder Bay, Canada

Dementia rates are expected to rise among First Nations in Canada, yet there is limited research on culturally grounded understandings of dementia care in Northwestern Ontario. This community-based project, done in partnership with Dilico Anishinabek Family Care, explored Indigenous perspectives on dementia risk reduction, assessment, and post-diagnosis care. Findings show that dementia care must address wholistic risk factors, strengthen relationships and cultural continuity, and include wraparound, culturally safe, and community-connected supports across the care journey.

11:00am – 12:20pm Paper Session: Current Topics in Indigenous Dementia Research
Kona Moku Ballroom Salon B/C **(Session C)**

Moderator: **KD King**, *University of Alberta, Edmonton, Canada*

18. The relationship between biological aging and dementia assessment performance in Indigenous participants of the Wisconsin Alzheimer's Disease Research Center

Kyle Conniff, *University of Wisconsin, Madison, USA*

Practicing Indigenous culture in our lives may make us feel connected with one another and feel younger than others born at the same time. This study does not look at when we are born, or “chronological age”, but looks at the role of our lived experiences by measuring “biological age” on the risk of developing dementia. By measuring telomere length, a marker of biological age, and associating performance on tests commonly used to identify dementia, we aim to determine the use of this blood based marker for Indigenous populations to screen for dementia risk.

19. Associations between intraindividual variability of cognitive performance and dementia in aging American Indians: preliminary findings from the Strong Heart Study

Luciana M. Fonseca, *Washington State University, Spokane, USA; Rutgers University, New Brunswick, USA*

This study explored how differences in how an individual performs on memory and thinking tasks at one point in time could be connected to a future dementia diagnosis in older American Indian adults. We showed that greater variability in memory performance may precede dementia diagnosis. However, it may not offer additional value for predicting dementia than overall test performance.

20. Cognitive Health Disparities by Sex and Education in Shawi Indigenous Communities of the Peruvian Amazon: A Preliminary Analysis

Arantxa Sanchez Boluarte, *Universidad Peruana Cayetano Heredia, Lima, Peru; University of Washington, Seattle, USA*

We studied the thinking and memory abilities of older adults in Shawi Indigenous communities in the Peruvian Amazon. Our findings show that women and people with less education had lower scores on tests of thinking skills. This research shows differences in education and sex that can affect brain health in Indigenous communities and highlights the need for better support and services.

21. Indigenous 2SLGBTQIA+ Identities and Cognitive Decline: A Scoping Review

Skye Wilson, *The Community-based Research Centre, Vancouver, Canada*

KD King, *University of Alberta, Edmonton, Canada*

There is a need for more research into the effects of aging and memory, and brain health for 2SLGBTQIA+ Indigenous individuals. A scoping study was conducted to understand what had been done to consolidate existing research on this topic. Seven studies met the inclusion criteria. The results and recommendations are presented.

12:20pm – 1:40pm

Waikiki Ballroom

Lunch

(provided)

1:40pm – 2:40pm

Kona Moku Ballroom Salon B/C

Elder Panel Presentation & Discussion: Honoring Elders' Knowledge: Elders from Australia, Canada, Hawai'i, New Zealand, & the Continental USA (Part 1)

Elders from different parts of the world will share their experiences with dementia and dementia research in their communities.

Moderator: **Rick J. Smith**, *Elder in Residence, Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus, Duluth, USA*

Rick J. Smith, M.Ed., is the Memory Keepers Medical Discovery Team (MK-MDT) Elder in Residence. Elder Smith is a teacher and knowledge keeper who provides guidance, insight, and spiritual understandings to faculty, staff, and students of the MK-MDT. He is currently



providing guidance on the formation of an Indigenous Advisory Committee for MK-MDT. Rick has been the Director of the American Indian Learning Resource Center at the University of Minnesota Duluth for over 30 years. He is a citizen of the Red Cliff Band of Lake Superior Chippewa. He has a Bachelor of Social Work and Master of Education degrees from the University of Minnesota. In addition, he has served as an Independent Consultant for the Blandin Foundation for 17 years, as a Cultural Liaison for the Blandin Reservation Community Leadership Program. He has been involved with Indian Education for over 35 years, regionally and nationally.

Elder Panelists:



Christina Blackcloud, Director of Meskwaki Senior (Aging) Services/Title VI Director

Christina Blackcloud, a citizen of the Sac and Fox Tribe of the Mississippi in Iowa [USA], has over 20 years of experience in tribal government. She has played a key role in creating the Meskwaki Language Preservation Department and Meskwaki Food Sovereignty initiatives. Currently, as the Director of Meskwaki Senior (Aging) Services, she is focused on developing a culturally relevant care system, supporting caregivers and individuals with dementia, and raising dementia awareness in the community and workplace.

Christina, a mother of three and grandmother of four, is a proud indigenous Meskwaki/Ihanktonwan and enjoys gardening, foraging, and reading. She and her husband, Mike, grow traditional foods and drink herbal and mushroom teas.



Leslie Dick, Aboriginal Elder

"I was born in Burnie on the North West coast of Tasmania on Tommeginne country and grew up in the small town of Somerset. My mother was a fourth great granddaughter to the Trawlwoolway/Pairrebenne clan Chieftain and Clever Man Mannalargenna of the coastal plains nation which today is in the Cape Portland area of North-East Tasmania. I am a fifth great grandson of Mannalargenna. I am a sacred fire keeper and Aboriginal smoker which I inherited through blood and spirit from Mannalargenna who was also a fire keeper. My grandfather, Mannalargenna has been guiding and protecting me from birth and I inherited a spiritual sensing ability from him also which I constantly use and apply to my everyday practices.

My Tasmanian Aboriginal grandmother was born at Emu Bay which is now Burnie in 1884 and lived two doors from my family home. I spent about 8 years around my great grandmother where I was taught culture from observing and listening and hunting and gathering which I practiced on the country where I lived. I observed my great grandmother communicating with two large hairy black spiders that she could call in their webs in Aboriginal language that she called her spirit helpers, she would consult with her spirit helpers when she had a problem. I have been performing Tasmanian Aboriginal smoking ceremonies for community and government events like NAIDOC week and other special gatherings and events around Tasmania for nearly 25 years. I brought my grandfather Mannalargenna's smoking ceremony back where I made and used a smoking stick to perform a smoking ceremony. I have also made many Aboriginal fire hearths for community and government organisations around Tasmania.

I have also studied and practiced culture with Native American medicine people in South Dakota in the United States and Australia."



Connie Hassan, Kaitaka (supporter and advisor) at Te Hiku Hauora

Connie has a long history of working across the health sector with children, adults and kaumātua (elders) both as a clinician and at management level. She is an active member of her community in the Far North of Aotearoa New Zealand and works tirelessly with the church supporting and advocating for whānau (families) through illness and grief, including mate wareware.

Connie currently works for Te Hiku Hauora, the largest primary care service in the Far North, as kaitiaka (supporter and advisor) following up on patients in the community when required.

In 2001 Connie was celebrated as the New Zealand Toastmaster of the Year.



Kitty RLYnn

Kitty RLYnn is a grandma, auntie, mother, sister, friend, storyteller and lover of life. Kitty is Bearfoot Onondaga from Six Nations of the Grand River. Kitty's life path has offered the opportunity to see, live and share the many facets of how our life is impacted by the health of our brain/mind, body and spirit. Kitty also engages in every kind of food activity that leads toward access, sustainability and sovereignty in our food systems because of her belief in food being our medicine. Kitty believes in cooking, growing, eating, preserving, and sharing good food with everyone. Kitty teaches part time at McMaster University, homeschools her granddaughter, works within her community and many regional organizations. She strives toward sovereignty while recognizing and teaching about the importance of connections, soil health, water, seed saving and climate to our well-being.



Savina "Savy" Makalena

Savina "Savy" Makalena is a life-time Caregiver, a Daughter, Mother and Mentor with a Bachelor of Arts degree in Business Management. Savina is currently the Founder/CEO of Gimme A Break, Producer/Creator/Host of the Caring Caregiver Show and Publisher of Givers Guides Magazine. She serves as Board President for Hawaii Family Caregivers Coalition, a member of Hawai'i Dementia Initiative Coalition and the Inspire Core Team. She is the winner of the 2021 Ruby Award, 2022 Remarkable Women, a 2023 Andrus Award nominee.

The past 11 years she has devoted her time as a Caregiver for her Father and Mother who is in her final stage of Dementia. Currently she cares for her Mother-in-Law and stands steadfast at the side of her Spouse in their battle with Cancer.

3:00pm – 4:00pm

Kona Moku Ballroom Salon B/C

**Elder Panel Presentation & Discussion: Honoring Elders' Knowledge:
Elders from Australia, Canada, Hawai'i, New Zealand, & the
Continental USA (Part 2)**

The Elder Panelists (above) will continue to share their experiences with dementia and dementia research in their communities.

4:20 pm – 5:20pm

Kona Moku Ballroom Salon B/C

Mentoring Session

Moderator: **Pamela Roach**, University of Calgary

Speakers:

Pamela Roach, University of Calgary

McKenna Knox, University of Victoria

Hayley Casey, University of Victoria

Mentees and mentors meet to introduce themselves and discuss topics related to career development or shared areas of research. The speakers will give a short presentation on the results of a mentor/mentee survey circulated to IIDRN members. **All interested trainees—or anyone else interested in receiving mentorship—and mentors are invited to attend!**

5:20pm – 7:00pm

Elder Social

Kealohilani Tower, Suite 2432 *(refreshments provided)*

We invite all Elders attending the conference to join us for a meet-and-greet. This is a space where Elders can visit with each other and share information about their home country, culture, or experiences.

Day 4: Thursday 23 October 2025

7:30am – 4:00pm

Check-In & Information Table
(outside Kona Moku Ballroom)

Attendee Badge & Conference Information Packet Pick-Up

(no on-site registration available)

8:00am – 9:00am

Waikiki Ballroom

Breakfast

(provided; optional)

9:00am – 9:20am

Kona Moku Ballroom Salon B/C

Morning Announcements

9:20am – 10:20am

Kona Moku Ballroom Salon B/C

Paper Session: Assessment

Moderators: **Vicky Lomay**, *Tsinajini Psychology Services, PLLC, Mesa, USA*

22. Assessment and psychological testing in Indigenous Communities

Vicky Lomay, *Tsinajini Psychology Services, PLLC, Mesa, USA*

This presentation will explain how a clinician/professional approaches the formal psychological assessment process in tribal communities, and the unique challenges that can come up during the evaluation.

23. The Kimberley Indigenous Cognitive Assessment (KICA-Cog) - Tool and assessment protocols refinement.

Kate Smith, *University of Western Australia, Perth, Australia*

Older Aboriginal and Torres Strait Islander peoples are vital for preserving culture, passing down knowledge and strengthening community well-being, but age-related memory and thinking changes can affect Elders' ability to fulfill these roles. The Kimberley Indigenous Cognitive Assessment (KICA-Cog) is the only memory and thinking assessment co-developed by and for older Aboriginal and Torres Strait Islander peoples, however, twenty years on, there is need to ensure it remains effective and culturally relevant. This study is part of a larger project to review, revise, validate, and translate the KICA in Perth, the Kimberley, Victoria, and the Torres Strait through yarning circles, a clinician survey, a literature review, and analysis of existing KICA data, so that a revised version of the KICA-Cog continues to meet diverse community health and cultural needs now and into the future.

24. Carer Perspectives on the Comprehensive Cognitive Assessment of Older Aboriginal and Torres Strait Islander Peoples: Reviewing and Revising the KICA-Carer Tool

Elise Alexander, *University of Western Australia, Perth, Australia*

Older Aboriginal and Torres Strait Islander peoples play vital community roles, preserving knowledge and culture, but age-related memory or thinking changes can impact Elders' lives and decision-making. The Kimberley Indigenous Cognitive Assessment-Carer (KICA-Carer), initially developed in Western Australia's Kimberley region and now used nationwide, is a culturally acceptable cognitive assessment that engages family and carers to help identify these changes. Through yarns with carers in Boorloo, the Kimberley, the Torres Strait/Northern Peninsula Area, and Victoria, this study gathers community feedback to strengthen the KICA-Carer, ensuring it aligns with cultural values and continues to support older people effectively.

10:40am – 12:00pm

Kona Moku Ballroom Salon B/C

Lived Dementia Experience: Caregiver Panel

This panel will feature community members who are currently providing, or who have provided, care for a loved one with dementia. These caregivers will share their unique experiences, challenges, and insights into navigating the complexities of dementia care within their cultural contexts. The discussion will explore the roles of tradition, community support, and resilience in caregiving, offering perspectives on how cultural values influence care practices and impact the well-being of both caregivers and their loved ones.

Moderator: **Puni Kekauoha**, Kula No Nā Po'e Hawai'i, Honolulu, USA

Puni has been serving the Papakōlea Hawaiian homestead region since 1992. She is currently the Senior Vice President of Kula no na Po'e Hawaii (KULA). KULA is a Native Hawaiian beneficiary-serving organization that exists to promote cultural, educational, environmental and health equity for all. Puni also serves as the community investigator on the majority of CBPR projects conducted in Papakōlea. She is a strong supporter of a more inclusive and equitable research process. Through her work at KULA, they collaborate with the University of Hawaii- Department of Native Hawaiian Health to provide services to residents of Papakōlea, as well as providing care to kupuna (elders). In the context of CBPR, the involvement of the community and understanding the community's point of view is extremely important.



12:00pm – 1:20pm

Waikiki Ballroom

Lunch

(provided)

1:20pm – 2:20pm Paper Session: Dementia Care

Kona Moku Ballroom Salon B/C

Moderator: **Megan Dicken**, International Association for Indigenous Aging, Silver Spring, USA

25. Dementia Care is Relational and Communal: Lessons from Indigenous Communities in Canada and the US

Elizabeth Weigler, Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus, Duluth, USA

This paper presents findings from the Indigenous Cultural Understandings of Alzheimer's Disease and Dementia (ICARE) Project, in partnership with Indigenous Nations across the Great Lakes region of the US/Canada. Findings have been organized into a Relational Care Model: a framework that outlines three (3) key strengths-based strategies that communities use to care for people living with dementia. These work together to foster community support through values and actions that are both shared and locally specific.

26. "We look out for each other, and we share": Cultural Values in Practice with Relational Dementia Care in a Rural Indigenous Community

Maggie Noun, Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus, Duluth, USA

A Dementia Care and Resource Guide is currently being developed in partnership with Grand Portage Band of Lake Superior Chippewa as part of the *Indigenous Cultural Understandings of Alzheimer's Disease and Related Dementias – Research & Engagement* (ICARE) project. The guide aims to integrate research findings with local services, as well as promote collaboration, cultural safety, and relationality across service providers. The presentation will describe the process and progress of the development of the guide.

27. The Wandering Toolkit: Creating a Tribal Safety Net to Address Wandering Persons

Megan Dicken, International Association for Indigenous Aging, Silver Spring, USA

This presentation will introduce a new community resource that helps families and tribal communities respond when an elder with memory loss or dementia goes missing. The Wandering Toolkit was created with input from Indigenous caregivers, health workers, and first responders to provide practical steps for keeping elders safe while respecting cultural values. It offers simple tools and guides to help families and communities plan ahead and support each other if a wandering incident occurs.

2:40pm – 3:40pm

Closing Plenary: The risk of neurotechnological colonialism

Kona Moku Ballroom Salon B/C



Monique Pyrrho, *Institute of Biological Sciences, University of Brasilia, Brasilia, Brazil*

Neurotechnology is a promising and expanding additional path to promote health and address neurological and mental health disorders. Neuroscience, often combined with genetics and Artificial Intelligence developments, is accelerating following Western values and ideals of progress and scientific objectivity without properly engaging in a dialogue on how that may affect Indigenous Peoples. Although being the most mentioned, unequal access to neurotechnology is far from being the greatest risk related to unjust use of neuroscientific results.

Neurotechnology may deepen injustice if applied as a colonial instrument. If legitimized by scientific discourse, prejudice and stereotyping can threaten traditional ways of living, knowing, and thinking, and further strengthen colonial hierarchies. Neuro-data farming is a big ethical concern. It often disregards the need for consent and could be used to validate some forms of distress while silencing others. Such processes might be used to marginalize Indigenous epistemologies and approaches to health, well-being and the environment. Knowledge sharing and digital activism can mitigate inequalities if epistemic justice is the parameter for cultural exchange.

For more information, see: Illes J, Dudley M, Machova Urdzikova L, Podina I, Pyrrho M. The risk of neurotechnology as an instrument of colonialism. Brain Commun. 2025 Apr 30;7(3):fcf139. doi: 10.1093/braincomms/fcaf139

Bio: Monique Pyrrho is professor at the International Center for Bioethics and Humanities at the University of Brasilia, Brazil. She holds a PhD in Bioethics and researches ethical aspects of convergent technologies such as Big Data, AI, and neurotechnology. She was the Brazilian representative at the Ad Hoc Expert Group (AHEG) for the preparation of a draft text of a Recommendation on the Ethics of Neurotechnology of UNESCO.

3:40pm – 4:00pm

Closing Remarks from the IIDRN Co-Chairs

Kona Moku Ballroom Salon B/C

Kristen Jacklin, *Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus*
Makarena Dudley, *University of Auckland*

4:00pm – 4:20pm

Closing Protocol (Oli)

Kona Moku Ballroom Salon B/C

Oli are Hawaiian chants that once served as the primary method of recording and memorizing oral history, tradition, genealogies, prayers, and more, prior to the introduction of written language in Hawai'i. Oli have persisted through time and great change, and although their role in the recording of history has diminished, they remain an essential part of Hawaiian culture and identity. Oli serve different purposes depending on the circumstances in which they are used. They tell us who someone is, where they come from, and whom they represent. They call upon the winds that blow and the rains that fall upon their beloved homelands. Regardless of context, oli represent a higher form of communication—one that fuses ancestral, spiritual, and cultural elements, and instills sanctity and ceremony in the hearts and minds of both the chanter and the listener. We invite you to enter this sacred space and allow our connection to form with openness, reverence, and aloha.

4:40pm

Queensbreak Lawn

Farewell Reception & Trainee Award Presentation

(refreshments provided)

Poster Presentations

1. **Are Indigenous People Heard in State Aging Planning in the US?**

Michael Splaine, *Splaine Consulting, Columbia, USA*

As the growing US AI/AN/NH population comes forth, is the wisdom, culture, data and values about aging and aged members of our communities represented in state government aging plans?

2. **What Is Needed to Develop a Culturally Informed Model of Indigenous Dementia Care in Alberta, Canada?; A Qualitative Study**

Jaiden Kuchinka, *University of Calgary, Calgary, Canada*

This research aims to understand what is needed to create adaptable and culturally informed spaces for dementia care. This will be informed by the lived experiences of Indigenous people living with dementia in Alberta, Canada. By engaging with community members and having focus-group style discussions this study develops and advocates for dementia care strategies deeply rooted in Indigenous knowledge and perspectives.

3. **Embedded Inequality: The structural heritage of colonization and incarceration in aging among people racialized as American Indian or Alaska Native**

Muriel Taks, *Columbia University, New York, USA*

Adults racialized as American Indian/Alaska Native aged 65 and older living in states with a history of early colonization and unequal incarceration are more likely to face frequent stress, and mental and cognitive health issues than those living in states without both experiences. A history of early colonization and unequal incarceration rates does not seem to negatively impact older adults racialized as White in the same way, but rather appears to be protective against poor health outcomes.

4. **Empowering the Helpers: Strengthening the Indigenous Wellness Workforce with Culturally Grounded Dementia and End-of-Life Resources**

Mia Bourque, *FPWC, North Bay, Canada*

Trisha Trudeau, *FPWC, North Bay, Canada*

This project supports Indigenous mental wellness workers in Canada by creating culturally relevant resources for dementia and end-of-life care. Led by First Peoples Wellness Circle, it blends Indigenous and Western knowledge to develop practical toolkits and training that reflect community needs. The goal is to provide compassionate, culturally safe care through accessible, strengths-based resources and national training sessions.

5. **Trends in mortality rates among U.S. individuals with dementia or Alzheimer's disease from 1999-2023 among people racialized as American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and Asian or Pacific Islander**

Victoria A. Joseph, *Columbia University Mailman School of Public Health, New York, USA*

Alzheimer's disease and vascular dementia continue to be emergent health priorities among all older adults but few studies explore the impact among individuals racialized as American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and Asian or Pacific Islander. These findings reveal that mortality rates among individuals with Alzheimer's disease or vascular dementia have rapidly increased in the past two decades, especially among women racialized as American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and Asian or Pacific Islander. Urgent research is needed to identify and intervene on risk factors.

6. **Supporting Tribal Communities in the Bemidji Area Through the Virtual Dementia Tour and Savvy Caregiver Training Program**

Amber Hoon, *Great Lakes Inter-Tribal Council, Lac du Flambeau, USA; Great Lakes Inter-Tribal Epidemiology Center, Lac du Flambeau, USA*

Jeni Edwards, *Great Lakes Inter-Tribal Council, Lac du Flambeau, USA; Great Lakes Inter-Tribal Epidemiology Center, Lac du Flambeau*

The Great Lakes Inter-Tribal Epidemiology Center offers vital Tribal specific Brain Health and dementia training. Due to Tribal community interest, this work has had the ability to expand its reach throughout the Bemidji Area.

7. **Tele-Dementia Care in Guam and American Samoa: A Qualitative Needs Assessment**

Marika Humber, *Department of Veterans Affairs, Palo Alto, USA*

Dementia specialty medical care via telehealth can improve access to hard to find specialists. The Western Pacific Islands, including Guam and American Samoa, are particularly in need of dementia specialty care as the number of older Veterans with dementia is growing and there are very few specialists available locally. We interviewed VA leaders, clinicians, and staff about how dementia care is currently provided in Guam and American Samoa VA clinics to better understand the challenges of delivering telehealth care for dementia to those areas.

8. **A culturally grounded approach to understanding and improving Alzheimer's disease and related dementia (ADRD) knowledge, attitudes, and behaviors for American Samoan family caregivers**

Danielle Eakins, *University of Washington, Seattle, USA; American Samoa Community Cancer Coalition, Nu'uuli, American Samoa*

Va'atausili Tofaeono, *American Samoa Community Cancer Coalition; Nu'uuli, American Samoa*

Alzheimer's Disease and Related Dementias (ADRD) have devastating impacts on family units, but little is known about ADRD caregiving in Indigenous populations, particularly in American Samoa. Our short-term goal is to determine ADRD knowledge, attitudes, and behaviors of Samoan family caregivers, illuminate strengths related to Samoan culture, and clarify factors enhancing or detracting from ADRD care coordination and family unit well-being. Our long-term goal is to use these key insights to pilot test and validate a Samoan caregiver ADRD KAB Tool and to develop culturally appropriate interventions that leverage cultural assets and promote family caregiving in the absence of sufficient formal resources.

9. **Hazardous Air Pollutants and Cognitive Health Outcomes Among American Indian and Alaska Native Adults**

Cailyn Clemons, *Columbia University, New York, USA*

Exposure to hazardous air pollutants (HAP) is a growing concern for poor cognitive health outcomes, particularly among adults racialized as American Indian or Alaska Native (AI/AN) given their disproportionate exposure to environmental harms. This study examines how exposure to HAP pollutants are linked to worse cognitive outcomes such as difficulty concentrating and remembering, as well as increased stress levels.

10. **Understanding Alzheimer's Disease among Indigenous Peoples: Knowledges, Health Beliefs, and Personal Experiences**

Amanda Boyd, *WSU, Pullman, USA*

Our study invited 61 American Indians aged 50 and older to participate in a study about perceptions of Alzheimer's disease and participation in clinical studies. Effective, culturally appropriate health communication about Alzheimer's disease and research participation requires an understanding of participants' beliefs, experiences, and risk perceptions. This study provides insights into the development of health messaging about Alzheimer's disease for Indigenous Peoples.

11. **Reevaluating Dementia Risk Factors in Indigenous Cohorts: A Population-Specific Analysis**

Carina Campbell, *University of Wisconsin-Madison, Madison, USA*

Every few years, a group of dementia researchers identify a set of modifiable risk factors of dementia. We seek to assess if these risk factors hold the similar contributions to dementia risk in Indigenous communities.

Late-breaking poster presentations:

12. [withdrawn]

13. A Scoping Review of Cognitive Assessment with Indigenous Peoples in Canada, Australia, New Zealand, and the United States

McKenna Knox, *University of Victoria, Victoria, Canada*

Darienne Rysz, *University of Victoria, Victoria, Canada*

Hayley Casey, *University of Victoria, Victoria, Canada*

Assessments for conditions such as dementia and brain injury were designed for Western cultures, which can reduce their accuracy when used with Indigenous Peoples and can lead to incorrect or missed diagnosis. To address these concerns, this scoping review will identify assessments which have been developed or adapted for Indigenous Peoples.

14. Lived Experiences of Indigenous Peoples with Traumatic Brain Injury: A Systematic Review

Hayley Casey, *Department of Psychology, University of Victoria, Victoria, Canada; Institute on Aging and Lifelong Health, University of Victoria, Victoria, Canada*

Darienne Rysz, *Department of Psychology, University of Victoria, Victoria, Canada*

McKenna Knox, *Department of Psychology, University of Victoria, Victoria, Canada; Institute on Aging and Lifelong Health, University of Victoria, Victoria, Canada*

Throughout the world, Indigenous Peoples are reported to experience higher rates of brain injury and dementia. Brain injury can often be a risk for the future development of dementia. Most research that suggests this focuses on the numbers rather than understanding the experiences of someone experiencing this. This study wanted to focus on exploring what research actually describes the experiences of Indigenous Peoples living with a brain injury. Only 11 studies across the world shared the experiences of Indigenous Peoples living with a brain injury. This study shows how very little voices are being heard and represented. It indicates how important it is for us to bring more awareness towards the experiences of those with brain injury and dementia so that we can better support those living with these experiences.

15. Expanding Beyond Dyadic Care: Anishinaabe Care Communities for Dementia Support

Elizabeth Edgar-Webkamigad, *Wikwemikong Unceded Indian Reserve, Wikwemikong Unceded Indian Reserve, Canada*

This research focuses on understanding how Anishinaabe communities provide care and support for people living with dementia, moving beyond the typical focus on just one caregiver and one person with dementia. The team is studying the broader network of family members, community members, and cultural practices that work together to support families affected by dementia, using traditional Anishinaabe knowledge and the concept of "neekokaabjigan" (the string that binds us) which represents how people, knowledge, and communities are connected across generations. This work aims to develop more culturally appropriate and community-centered approaches to dementia care that honor Indigenous ways of caring for one another, rather than relying on Western models that focus primarily on individual caregivers.

16. [withdrawn]

17. "It starts with the land": The Black Ash Basket as a transformative framework for weaving Indigenous community-led and interdisciplinary brain health research for national impact in Canada

Jennifer Walker, *McMaster University, Hamilton, Canada*

We are a team of researchers from Indigenous community organizations and universities in Canada who are working together to improve brain health assessment, grounded in wholistic approaches. In this poster, we will describe our framework for working together, which is based on weaving a black ash basket. We will share photos and learnings from our three-day gathering in June 2025 when we did ceremony, harvested a black ash tree, and began to work together to build our basket. The conclusions will help other researchers and community organizations to think about ways to decolonize Indigenous research partnerships.

18. Performance on the Number Symbol Coding Task among Aging Native Hawaiian and Pacific Islanders

Tahina Heimuli, Brigham Young University, Provo, USA

This study looked at how older Native Hawaiian and Pacific Islander (NHPI) adults performed on a short test called the Number Symbol Coding Task (NSCT), which checks how quickly and clearly people can think. We found that NHPI adults scored lower in older age groups and those who reported more memory or thinking problems. This suggests the test may help identify early signs of cognitive decline and support brain health in communities with limited access to screening tools.

19. “It’s all about language and approach”: Adapting and piloting the American Indigenous Cognitive Assessment (AMICA) evaluation toolkit

Melissa Blind, Memory Keepers MDT University of Minnesota Medical School Duluth Campus, Duluth, USA

The AMICA project aims to develop a culturally safe dementia evaluation toolkit for use with Indigenous populations in the United States. The toolkit will include a cognitive assessment screening tool, a medical and smoking and alcohol history, caregiver report, depression scale, and inventory of Activities of Daily Living. We have completed the adaptation process with community partners in Red Lake Nation, Minnesota, an urban Indigenous population in Albuquerque, New Mexico, and the Oneida Nation in Wisconsin. We also worked closely with a group of assessment experts to ensure questions addressed the domains being assessed. This poster reports on the adaptation of a single set of tools.

20. Statistical methodologies for small samples and cognitive health data: A case study exploring social connectedness and cognitive resilience among Indigenous Elders

Kyle Conniff, University of Wisconsin - Madison, Madison, USA

Yunju Ha, University of Wisconsin - Madison, Madison, USA

Working with Indigenous communities to better understand Alzheimer’s disease requires robust statistical methods in small sample settings. This work tests statistical methods tools to learn more from small groups and quickly share what they find with the people it affects.

21. Physical Activity Correlates with Cognitive Health in Native Hawaiian and Pacific Islander Elders

Sione Vaoleti, Brigham Young University, Provo, Utah, USA

This study looked at older adults from Native Hawaiian, Samoan, and Tongan communities and found that those who were more physically active tended to have fewer memory problems. The results suggest that staying active may help protect brain health in these groups.

22. Developing a Culturally Grounded Definition of Brain Health to Support Health Literacy in American Samoa

Jena Funakoshi, University of Hawai’i at Mānoa, Honolulu, USA

This study worked with community members in American Samoa to understand what brain health means to them and how to talk about it in ways that make sense locally. We held focus groups so we could listen to people’s stories while combining Indigenous and Western knowledge. With this, the team created a definition of brain health that reflects Samoan values and can guide future education efforts in the community.

23. Exploring the Link Between MIND Diet and Cognitive Health in Underrepresented Native Hawaiian and Pacific Islander Populations

Joanna Ah Nee, Brigham Young University, Provo, USA

Justina Tavana, Brigham Young University, Provo, USA

Our study looked at how diet may be linked to brain health in Native Hawaiian and Pacific Islander communities, who are often underrepresented in this type of research. We collected data from nearly 1,500 adults aged 50 and older and assessed their eating habits and memory using the MIND diet survey and a dementia screening tool. Results suggest that healthier eating patterns may be connected to better cognitive function and a lower risk of dementia.

NOTES



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ACKNOWLEDGMENTS

The vision for this conference has been years in the making. We began as a small group of Canadian researchers in 2010 and progressed to a group of international researchers in 2012. Meeting informally for many years, we are now proud to be able to expand our mission and host this annual conference. There are many people who have contributed over the years to the success of the International Indigenous Dementia Research Network. We would like to acknowledge those who have since stepped down from their executive roles: Drs. Leon Flicker, Dina LoGiudice, Wayne Warry, and Wendy Hulko. We are so grateful for their previous and ongoing support! Our conference this year would not be possible without the many generous donations we have received and the hard work of the Executive and Planning Committees. Please join us in thanking the following individuals:

IIDRN EXECUTIVE COMMITTEE

- Makarena Dudley (IIDRN Co-Chair), *University of Auckland*
- Kristen Jacklin (IIDRN Co-Chair), *Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus*
- Melissa Blind, *Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus*
- Nick Garrett, *Auckland University of Technology*
- Keawe'aimoku Kaholokula, *University of Hawai'i at Mānoa, John A. Burns School of Medicine*
- Dina LoGiudice, *University of Melbourne*
- Juliana de Souza-Talarico, *University of Iowa College of Nursing*
- Kylie Sullivan, *Neuroscience Research Australia (NeuRA)*
- Jennifer Walker, *McMaster University*

CONFERENCE PLANNING COMMITTEE

Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus

- Melissa Blind
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- Dana Ketcher
- Kristen Jacklin
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- Adrienne Dillard
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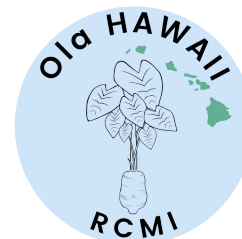
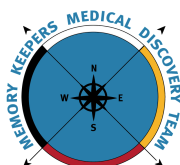
American Samoa Community Cancer Coalition

- Va'atausili (Va'a) Tofaeono

Brigham Young University

- Justina Tavana

ACKNOWLEDGMENTS



ONTRACK
(ARTWORK BY
GUNDITJMARA ARTIST
SHERRY JOHNSTONE)

SPERO MANSON
&
DEDRA BUCHWALD



SEE YOU IN HAWAI'I FOR #IIDRN26!

The 2026 IIDRN Executive and Planning Committees look forward to seeing you in Hawai'i for the 2026 International Indigenous Dementia Research Network (IIDRN) Annual Conference.

Save the date: **October 19-22, 2026**



PLEASE GIVE US YOUR FEEDBACK ON
THIS YEAR'S CONFERENCE!
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