



## **Mino Pimatissi8in : Urban Indigenous wellbeing and social determinants of health in Canada**

This panel will explore the development and impact of Indigenous urban organizations on the social determinants of health of Indigenous people living in three Canadian cities – Edmonton, Val d’Or, and Joliette. Today, more than half of the Canadian Indigenous population makes its home in cities and towns across the country. Although Indigenous urbanization is not a recent phenomenon and Indigenous urban organizations have been established since the early 1960s, Indigenous peoples still face significant challenges, especially in terms of health and housing. Using a variety of methods, from archival research to life story interviews, the panel will analyze the way in which Canative (A Métis Housing Corporation in Edmonton, Alberta), the Minowé Clinic (Val d’Or Friendship Centre, Quebec), and the Lanaudière Friendship Centre (Joliette, Quebec) have developed services and social supports that improve the quality of life and health of urban Indigenous people and their families. For a long time, the Indigenous presence in the city was considered as a clear sign of assimilation, yet the city has become an innovative ground for social and political Indigenous renewal. As our analyses will show, urban Indigenous organizations are a unique force for grassroots mobilization, cultural continuity, and participative citizenship clearly grounded in a social transformation project for Canada.

### **➤ Developing and Maintaining Social Networks through Indigenous Housing Corporations**

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In my presentation, using archival, governmental and oral sources, I will analyze the reality of Indigenous peoples that are moving in major western Canadian urban centers such as Edmonton (Alberta, Canada) from the 1960s on and how an Indigenous organization such as Canative (A Métis Housing Corporation) responded to the growing need for housing. While we know that a great number of Indigenous people migrated from rural communities to urban centers, little is known about the demographic indicators of this migrant population. One of the preliminary outcomes of the data analysis of Canative indicates that women with children were the majority of tenants. My analysis will demonstrate that Indigenous housing corporations became the driving force behind developing and maintaining social networks that allowed Indigenous women to stay connected to their

culture at a time when policy makers saw Indigenous urban migration as a step towards erasure and assimilation.

➤ **Improving Indigenous health in the cities of Québec: the example of the Minowé Clinic at the Val-d'Or Native Friendship Centre**

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I will present the development, implementation, and a new shared governance and renewed service offer of the Minowé Clinic at the Val-d'Or Native Friendship Centre (VDNFC). Through the participation of our Friendship Centre members and the collaboration of regional public health institutions, the Minowé Clinic has experienced increased growth in the past seven years. Located Abitibi-Témiscamingue region (Quebec), the Minowé Clinic caters to an increasingly diverse Cree and Anicinape populations that either transit or are established in Val d'Or. Faced with growing pressure on specialized health and social services on one hand, and a rigid and jurisdictionally complex public health system on the other hand, the VDNFC has developed a culturally safe service delivery model based on Mino Madji8in – an Anicinabe concept of global wellness that recenters relationships and Indigenous culture at the core of service provision. I will show how the Minowé Clinic is more than just a positive example of greater accessibility to health and social services for the urban Indigenous population, becoming a driver in the realignment of power relationships between the Quebec health system and Indigenous urban organizations in our region and in the province.

➤ **Nanonetan Mamo (United in our Quest): assessing the needs for culturally safe services for long-term care in Joliette (Quebec)**

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Older Indigenous adults and elders have long been sought after as cultural resources, knowledge holders, and local intermediaries in research contexts. Less attention has been

paid to their challenges and opportunities in the context of an urban experience brought about by chronic illness. My presentation will focus on a research partnership between the Lanaudière Friendship Centre (CAAL) located in Joliette (Quebec) and DIALOG -- Indigenous Peoples Research and Knowledge Network (INRS) that documented the realities, needs, and priorities of eight Atikamekw adults who receive dialysis care in the town of Joliette. Through interviews with the patients, their caregivers, health professionals and health administrators, the project not only provided a more contextualized and culturally appropriate understanding of the Indigenous urban experience in terms of healthcare system and service provision, but also focused on the jurisdictional and relational challenges posed by a health-imposed transition to the city for older Indigenous peoples. The results informed CAAL's strategic decisions in terms of designing programs and services that can fill service provision gaps for long-term care, as well as supported knowledge mobilization activities aimed at enhancing the knowledge base of patients, their families, CAAL employees, and municipal service providers about potential culturally safe health services, supports, and interventions.

**Panel chair:**

**Dr. Carole Lévesque**

**Professor and Director DIALOG -- Indigenous Peoples Research and Knowledge Network (INRS)**