Abstract:
Over fifty percent of Indigenous peoples in Canada live in cities, and urban Indigenous people experience worse health outcomes than non-Indigenous populations. In spite of this, urban Indigenous populations are overlooked in research and policy, and existing research tends to focus on the most marginalized, to the exclusion of the growing urban Indigenous middle class. The division of responsibilities between federal and provincial governments often results in disjointed service provision for urban Indigenous people. As a result, Indigenous-led health organizations in Canada fill an important gap in key health services for Indigenous people living in the city. While addressing key gaps in service provision, these organizations simultaneously impact social determinants of health. This research talk describes a study investigating how Indigenous-led health organizations address colonialism, a key determinant of Indigenous health. The study draws on interviews and focus groups with 65 Indigenous community members and health services workers in Prince George, B.C. Key findings are that through supporting Indigenous clients’ human rights and prioritizing relationships, Indigenous-led health organizations create spaces in the city where Indigenous lives, knowledges, and practices are central. The creation of such spaces addresses issues of structural colonialism through a grassroots process called Indigenous community resurgence.

Biography: Sarah currently teaches Health Geography at Carleton University and is in the final stages of her PhD at the University of Toronto Mississauga. Her work is focused on strengthening Indigenous knowledge and communities, drawing on collaborative research with Indigenous health organizations and urban and rural Indigenous communities.