Aboriginal Peoples’ Mobility and Health in Urban Canada: Traversing Ideological and Geographical Boundaries

by

Marcie Rachel Snyder

A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy

Department of Geography
University of Toronto

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Abstract

In recent decades, the Aboriginal population in Canada has become increasingly urbanized. Urbanization has been accompanied by high rates of mobility between reserve/rural and urban areas, as well as within cities. While research has documented Aboriginal peoples’ mobility rates, little attention has been given to mobility experiences, and an understanding of the socio-political and historic context in which mobility is set remains underdeveloped. Furthermore, little is known about the impact of mobility on movers’ holistic health (i.e., physical, mental, emotional, spiritual), and while research has suggested that mobility may impact access to urban social and health services, little is known in this area. The objectives of this dissertation are therefore to examine: the broader motivations that shape mobility, the link between mobility and health as well as service use, and to produce a more comprehensive understanding of the relationship between service providers and movers. These objectives are addressed using multiple methods. Quantitative analyses of the 2006 Aboriginal Peoples Survey identified mobility as a significant correlate of conventional (physician/nurse) and traditional
(traditional healer) health care use. In order to explore nuanced links between mobility, health, and urban service delivery, a collaborative, community-based research relationship was established with an urban Aboriginal-led organization and 46 in-depth, semi-structured interviews were conducted with Aboriginal service providers, non-Aboriginal service providers, and urban Aboriginal movers in the city of Winnipeg, Manitoba, Canada. These research findings reveal the importance of service delivery that actively supports urban Aboriginal movers, and demonstrates the relationship between mobility and holistic health as well as service access in urban areas. Furthermore, current scales of service delivery are found to be insufficient for meeting the needs of mobile urban Aboriginal populations. Despite these findings, urban Aboriginal movers are maintaining important networks of support between their points of origin and destination, and are creating new spaces of engagement within cities.
Acknowledgements

This dissertation was born of many voices and has come into being through the support of many people.

I would like to start by wholeheartedly thanking everyone at Eagle Urban Transition Centre (EUTC), my collaborating research partner on this project. This work would not have been possible without your guidance and partnership. When I walked through your doors in June 2010, I had no idea that I would be greeted with such warmth, openness, and kindness. I thank everyone at EUTC for your friendships and for the infinite lessons that I have learned in your company. To Jason Whitford, Program Manager at EUTC, I am forever grateful for your friendship. You shared important knowledge about the nuts and bolts of Aboriginal-led service delivery and about your personal and professional experiences. You also opened a door on my path of personal and spiritual growth. Thank you for inviting me to my first sweat, and for teaching me, along with a group of aspiring youth, how to raise a tipi together. Big thanks too to Barry, Kaya, Shanolyn, and Kevin for helping show the way through your inspiring words and the laughs that we have shared. Chi Meegwetch!

The pages of this dissertation would indeed be empty if it were not for the voices of all of our interview participants. I would like to thank and acknowledge all the participants who shared their personal stories and experiences. I will do my best to honour your words. They are crucial to telling this story.

I would also like to thank my amazing advisor Kathi Wilson for her unwavering support, guidance, and kindness throughout this process. You have inspired my professional and academic growth and have generously supported and encouraged my research experience. For this I am extremely grateful. Thank you for always being available to give advice, and for providing invaluable feedback and insight on the countless pieces of writing that I have sent you over the years. You have been central to the success of this dissertation. Heartfelt thanks to you for being so supportive! I truly could not have asked for a better mentor during this process!

Thank you too to my wonderful committee members – Rachel Silvey, Martin Cannon, and Sarah Wakefield. You have challenged and inspired me. Your insight, suggestions, and guidance have been instrumental to the development of this dissertation.
I would like to acknowledge and thank the Social Science and Humanities Research Council (SSHRC) as well as the Manitoba-Network Environments for Aboriginal Health Research (MB-NEAHR) (Canadian Institutes of Health Research – Institute of Aboriginal Peoples’ Health) for their financial support. I would also like to thank the Collaborative Program in Aboriginal Health (CPAH) at the University of Toronto for providing a space for graduate students from across the disciplines to learn, share, and discuss our research paths. The MB-NEAHR award, as well as CPAH, generously provided funding for my travel to the National Gathering of Graduate Students in Aboriginal Health Research. Attending these conferences offered important opportunities to deepen my understanding of Aboriginal health and provided a supportive environment for sharing research and making lasting connections.

I would also like to extend my gratitude to Kathi Avery Kinew and Leona Starr from the Assembly of Manitoba Chiefs who supported this project, and who thoughtfully offered their guidance, particularly throughout the early stages of this work. Thanks also to our research assistants, Rodney Contois and Ravi Gabble who worked so hard to assist with transcribing the interviews.

I’d be amiss not to thank my wonderful family – in particular my mom, dad, sister, and auntie who have been rooting for me throughout the past few years. Thanks too to the great friends that I have made along the PhD journey at U of T. Thanks to Evan and Charles for the great coffee talks that we’ve had! Thanks to Laura, a fantastic officemate and great friend who has let me chew her ear off many a time. A thanks also goes to Little Bird for the laughs along the way and for continuing this work in new and important directions.

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A big-hearted Meegwetch ~ Thank You ~ Marsee to you all.
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Author Contributions

This dissertation is a collection of four related manuscripts, all of which will be, or have been, submitted to peer-reviewed journals for publication. The following paragraphs name co-authors on each manuscript and detail their contributions to the chapter.

Chapter Two: Reframing Aboriginal Mobility: Examining Transnational Networks of Connection and Support (Co-author: Kathi Wilson)
Kathi Wilson contributed intellectually and provided comments and editorial suggestions on previous drafts of this manuscript. I performed all interview analyses.

Chapter Three: Strategies for Negotiating the Scalar Gap: Examining the Relationship between Mobile Aboriginal Peoples and Service Providers in Winnipeg, Canada (Co-authors: Kathi Wilson, Eagle Urban Transition Centre – Jason Whitford)
The theoretical concepts in this manuscript grew from discussions with Kathi Wilson. Kathi Wilson reviewed and made intellectual and editorial suggestions on previous drafts of this manuscript. Jason Whitford from Eagle Urban Transition Centre provided intellectual and policy suggestions on the themes discussed in this manuscript. I performed all interview analyses.

Chapter Four: Urban Aboriginal Mobility in Canada: Examining the Association with Health Care Utilization (Co-author: Kathi Wilson)
Kathi Wilson contributed intellectually and provided comments and editorial suggestions on previous drafts of this manuscript. She also provided insight on selecting variables and conducting statistical analyses. I performed all analyses.
Chapter Five: “I’m So Used to Moving All My Life”: Understanding Aboriginal Peoples’ Experiences of Mobility within the Context of a Critical Holistic Health Framework (Co-author: Kathi Wilson)

Kathi Wilson contributed intellectually and provided comments and editorial suggestions on previous drafts of this manuscript. I performed all interview analyses.
As is customary in Indigenous research, this dissertation begins with a prologue (Kovach, 2009), a story of who I am and how I come to this research, if you will. One of the primary principles of Aboriginal research is the necessity for the researcher to locate themselves from the outset (Absolon & Willett, 2005), as this is the location from which our voice emanates, and from which our world unfolds. Introducing ourselves is considered to be relational work, it is an expression of the responsibility of maintaining good relations (Kovach, 2009). This introduction holds us accountable for our positionality, whether we are conducting research as Aboriginal people, or for/with Aboriginal peoples (Absolon & Willett, 2005).

Researcher location is also important, as for generations Aboriginal peoples were misrepresented and exploited by non-Aboriginal researchers who acted without the consent of communities (Absolon & Willett, 2005; Smith, 1999). Although numerous Aboriginal communities have today taken ownership of their research and an ever increasing number of Indigenous scholars and researchers populate the academic and policy fields, the term "research" has all too often been associated with colonialism – fraught with memories of imperialism and the exploitation and invasion of cultures, bodies, and geographic spaces (Smith, 1999; Wilson, 2008). In lesser, but still invasive cases, research has not been relevant to, or supported by, the community in which it has been conducted. In response to these injustices, the writings in this dissertation are the result of a collaborative community endeavour that seeks to respect Indigenous worldviews and to bear relevance for all those involved. Relationality is at the core of this work (Wilson, 2008).

For me, this research journey, which has explored urban Aboriginal peoples’ experiences of mobility, holistic health, and service access, has provided important opportunities to reflect upon what it means to engage in relationship, to work toward a common goal, and indeed what exactly is meant by identity – how we come to be defined by our ideas of self, but also to how we may transcend these ideas through the dynamic relationships that we cultivate with each other.

Identity has always been a muddied concept for me. Upon undertaking a PhD, I was often left wondering how it was that I fit into this milieu. I spent most of my life in the city of Winnipeg, the location where my dissertation research took place. I grew up on the border of the North End, an unofficial inner city neighbourhood that is home to a large share of the city’s Aboriginal population. I was the first person in my family to complete a university degree, the only one to attend graduate school. I come from a mixed ancestry, with some pieces unknown: Sephardic Jew, black Irish, and as it has turned out during the process of this research journey, we have a long-lost Indigenous connection. Where then
does this leave me, a 30-something academic woman? How do I identify? Discrimination is no stranger to our family. Not so long ago, my family’s employment options were limited due to their Jewish heritage. My mom received racial slurs upon her person as a young girl. My grandparents faced persecution and were driven from their homes during the pogroms to migrate to Winnipeg. And so, when faced with questions of privilege and positionality, I become uncertain how to “categorize” myself. Although at first I quickly tried to press answers into available boxes, I soon found that my concepts, reality, and history of identity were beyond these measured bounds. Given this brief personal history that I have revealed, this is not to say that I have not experienced privilege in my lifetime. Generally speaking, I have been afforded a fairly comfortable existence within this society. By my appearance alone, I fit in quite agreeably with mainstream expectations, and I have not faced too many societal challenges.

Positionality importantly brings attention to different experiences and histories that people have faced. It is key to locating where our voices come from as researchers – how we see the world, how we are received by others, and the stake we have in carrying out our research. We must however be cautious that these narratives do not come to focus too much on our differences. An open statement of positionality provides a rare opportunity to respect differences and to share our humanness within the context of a research experience. Humanness is an intangible aspect of being that all persons have in common, regardless of the categorizations imposed upon us, or selected by us, in spite of the internal conflict, or experiences of day-to-day racism that many experience. It is on this ground alone that we will find reconciliation, respect, and camaraderie. It is from this platform that this research journey is built. As Shawn Wilson (2008) suggests, research is a ceremony, the purpose of which is to build stronger relationships and to bridge the perceived differences between people.

My research path is driven by the desire to grow, learn, and heal through interaction with others. I believe it is crucial that we as people continue to work together to bridge cultural understandings and to create meaningful research and interpersonal relationships. And so, in the spirit of health and healing I hope to engage with those who share urban areas, to address the legacy that colonial practices have left in our wake, to understand the impacts this has on our shared health, and to use this understanding to inform action in the form of policy, program, and service development.

Inspired by the words of Wilson (2008), with open minds and good hearts, let us move forward in all our endeavors.
CHAPTER ONE

Dissertation Introduction

Setting the Context

Societies are not shaped by accident. The level of white privilege that exists today within the Canadian political framework, economic structure, social landscape and legal system is…the direct result of individual and systemic race discrimination.
(Backhouse, 2001, p.21)

In recent decades, urban Indigenous\(^1\) populations across the Western world have been increasing. In Canada, rates of urbanization have grown exponentially since 1951, when only 7 percent of the Aboriginal population was urban (Kalbach, 1987). Today, according to Statistics Canada, over half of the 1.17 million people who identify as Aboriginal\(^2\) are urban (50 percent of which are First Nations, 43 percent Métis, and 7 percent Inuit). In Canada, similar to other settler nations, increasing rates of urbanization amongst Aboriginal peoples have also been accompanied by a considerable amount of geographic mobility between reserve/rural and urban areas as well as within cities, and a net population gain has indeed been occurring in both urban and reserve spaces (Clatworthy & Norris, 2007; Norris et al., 2004; Taylor & Bell, 2004). Generally speaking, the Aboriginal population changes their residence at a higher rate than

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\(^1\) The term 'Indigenous' is recognized by the United Nations and by a growing number of scholars to refer to the First Peoples of a region. It usually refers to First Peoples internationally (National Aboriginal Health Organization Terminology Guidelines, 2011)

\(^2\) The term Aboriginal refers to the descendants of the original inhabitants of North America. Section 35 of the Canadian Constitution Act (1982) recognizes three distinct groups of Aboriginal people: Indian (First Nations), Métis, and Inuit. There are important cultural distinctions between and within each group, and Aboriginal peoples currently comprise of over 50 distinct and diverse groups (e.g., Cree, Ojibway) (Smylie, 2009). The creation of artificial identity categories, as constructed by law for the purposes of controlling populations, have been used to racially discriminate and segregate Aboriginal peoples. These categorizations do not take into account Indigenous peoples diversity, nor do they consider their histories, worldviews, or political, economic, and spiritual experience (Backhouse, 2001)
the non-Aboriginal population, especially in urban settings (e.g., between the years 2000-2001, approximately one in three urban Aboriginal residents either migrated to and from a city, or changed residence within the city annually) (Graham & Peters, 2002; Norris & Clatworthy, 2003). While statistics capture important aspects of population change and movement, large-scale surveys such as the census tend to overlook urban Aboriginal people who are homeless, highly mobile, or who opt out of participating in the census for personal or political reasons (Smylie et al., 2011; Smylie & Anderson, 2006). As a result, urbanization rates are likely much higher than those reported by Statistics Canada, and according to urban Aboriginal service providers, the urban population is almost double what is reported to Statistics Canada in some cases\(^3\). Given that mobile populations are difficult to capture, it can be speculated that these numbers are higher as well.

Aboriginal mobility and urban life are not necessarily new phenomena. Despite the fact that most cities have been established on traditional Aboriginal territories, the allocation of reserve lands (a colonial invention that constrained Aboriginal people and culture to isolated spaces), which were placed in direct contrast to urban spaces, has often created a “racialized juxtaposition” (Peters, 2005) which has resulted in “strong, sometimes racist, perception[s] that being Aboriginal and being urban [were] mutually exclusive” (Native Council of Canada, 1992, p. 10). These inherently racist perceptions are deeply-rooted in a settler society that has committed assimilationist practices that have purposefully and systematically dislocated Aboriginal communities, outlawed Aboriginal ceremonies, and removed generations of children to church and state-run residential schools, resulting in the disruption of familial ties as well as the geographic, social, and economic isolation of many Aboriginal peoples (Browne et al., 2005; Waldram et al., 2006). In many cases, the creation of reserves

\(^3\) For example, in 2006, Aboriginal service agencies in Toronto estimated that the urban Aboriginal population was 70,000 as compared to the 2006 census which reported 26,000 Aboriginal residents living in Toronto [http://www.toronto.ca/toronto_facts/diversity.htm](http://www.toronto.ca/toronto_facts/diversity.htm). In conversation with service providers in Winnipeg, they expressed similar sentiments suggesting that the urban Aboriginal population was double what Statistics Canada had reported it to be.
resulted in forced relocation, mobility restrictions⁴, and displacement from traditional lands as well as from cities (Saskatchewan, 2011). Although mobility restrictions and more overt colonial policies have eased over the course of recent decades, this complex history of social, economic, political, and geographic inequalities plays a role in shaping Aboriginal peoples’ mobility, as it was not until the 1950s and 1960s, during a period of liberalization in Canadian history, that mobility restrictions were lifted from reserve communities and that a visible migration to urban areas began to take place (Peters, 2011; Thobani, 2007).

While research has documented rates and flows of Aboriginal peoples’ urbanization and mobility (Cooke & Bélanger, 2006; Norris et al., 2004; Snipp, 2004; Taylor, 1998), it remains that the impacts of mobility have received very little attention (Norris & Clatworthy, 2003). With the exception of a handful of studies that examine the impacts of Aboriginal mobility on children’s education and the housing security of single mothers (Skelton, 2002), the role of the reserve in First Nations homeless mobility (Peters & Robillard, 2009), and the factors, characteristics, and motivations that impact urban Aboriginal migration decisions (Cooke & Bélanger, 2006; Cooke, 2002), little academic scholarship has directly taken up Aboriginal peoples’ mobility and even fewer have applied a critical lens to this topic (Cooke & Bélanger, 2006). Overall, there has been a lack of research on Aboriginal mobility, and where mobility has appeared it has often done so as a by-product of other investigations (see: Peters, 2005; Taylor & Bell, 2004). As a result, the context in which Aboriginal mobility occurs, movers’ experiences, and mobility’s relationship to health remain virtually unknown. Given that it has been suggested that frequent mobility can have damaging effects on Aboriginal “individuals, families, and communities” as well as serious implications on the wellbeing of urban Aboriginal peoples (Clatworthy & Norris, 2007), and that population turnover can create challenges for the adequate provision of healthcare, housing, education, and social services (Clatworthy & Norris, 2007;  

⁴ Although lacking any actual basis as law, Indian Affairs, a national government organization, designed a pass system in the late 19th century which was designed to confine Aboriginal peoples to their reserves. Those who left without a pass were taken into police custody. This racial segregation sought to restrain mobility and to “minimize friction” with mainstream society (Barron, 1988)
Norris & Clatworthy, 2003), it is very reasonable to argue that mobility is a matter that warrants closer attention and one that is intimately connected to urban health and service access. And yet it remains, that Aboriginal mobility research has yet to make a clear link to health.

Furthermore, despite notable rates of urbanization, coupled with increasing evidence that urban Aboriginal populations experience health inequities (Richmond & Big-Canoe, 2011; Smylie et al., 2011), Aboriginal health research does not adequately portray the geographic diversity of Aboriginal peoples and has instead tended to focus on rural, reserve, and remote northern communities, leaving the urban Aboriginal population underrepresented and under-researched (Wilson & Young, 2008). While disparities in health status have been identified and documented, little action has been taken to change this course (Labonte et al., 2005) and the Aboriginal population continues to bear a disproportionate burden of ill health as compared to non-Indigenous populations (Adelson, 2005). These disparities are reflected across the life course, and manifest in varying aspects of health, including: higher rates of infant mortality, youth suicide, chronic disease, family violence, and incarceration, lower overall life expectancy, lower levels of income and employment, as well as environmental dispossession, loss of language and cultural traditions (Adelson, 2005; Copenhagen, 2006; Marrone, 2007; Richmond & Ross, 2009; Smylie, 2009; Tjepkema, 2002). Despite these glaring inequalities, little research has examined the structures that underpin and sustain these health and social inequalities over time (Richmond & Ross, 2009), and the complexities of urban Aboriginal health and the determinants that operate in Aboriginal peoples’ everyday lives remain underdeveloped (Richmond & Big-Canoe, 2011; Wilson & Cardwell, 2012).
Contribution to the Literature

In response to these research gaps, this dissertation is largely inspired by a call to bring attention to the underlying processes that influence Aboriginal peoples’ mobility in urban Canada and that sustain health disparities over time. The research gaps outlined above have left Aboriginal and non-Aboriginal researchers and practitioners faced with an incomplete understanding as to how mobility affects health, service access, and program delivery within urban areas. This research intends to provide a necessary key to understanding the relationship between mobility and the holistic health of Aboriginal people living in urban areas, and to how urban services may be structured to respond to the needs of mobile urban Aboriginal populations. This research is therefore motivated by two main tenets:

i) To contribute to a more thorough and critical theoretical examination of Aboriginal peoples’ mobility. This will largely be accomplished by evaluating the existing Aboriginal mobility literature, expounding the broader historic, social, economic, and political factors that underlie and influence mobility, and by taking into account the voices and experiences of urban Aboriginal movers themselves.

ii) To critically examine the relationship between Aboriginal mobility and health and to investigate how mobility influences access to social and health-related services. The relationship between mobility and health will be examined by drawing upon Indigenous concepts of holistic health and the determinants of health (i.e., the interrelated aspects of physical, mental, emotional, and spiritual health and wellness). In doing so, this dissertation will contribute to the nascent body of urban Aboriginal health literature, and will serve to fill the longstanding gap between Aboriginal mobility and health.
This research is also significant from a geographical perspective. In essence, Aboriginal mobility studies analyze the movement of people across varying lengths of time and space, making it "intrinsically geographical" (King, 2012). Furthermore, this research explores the multiple relationships and connections that exist between people (e.g., urban Aboriginal movers, service providers) and places (e.g., urban-reserve/rural scales, service organizations), as well as the movement and interactions that occur across these ideological and geographical boundaries. It also describes how movement between reserve/rural and urban spaces, as well as within urban areas, shape experiences of health.

Establishing a Community-Based Research Partnership: Doing Relational Work with Difficult to Reach Populations

This dissertation is largely grounded in a collaborative research relationship between Indigenous and non-Indigenous community and academic members. This collaborative effort represents an especially important approach to research, as for generations Aboriginal peoples have been misrepresented and exploited by non-Aboriginal researchers who acted without the consent of communities (Absolon & Willett, 2005; Smith, 1999). Although numerous Indigenous communities have today taken ownership of their research and an ever increasing number of Indigenous scholars and researchers populate the academic and policy fields, the term "research" has all too often been associated with colonialism – fraught with memories of imperialism and the exploitation and invasion of cultures, bodies, and geographic spaces (Smith, 1999; Wilson, 2008). In lesser, but still invasive cases, research has not been relevant to, or supported by, the community in which it has been conducted. Furthermore, within the academic setting, Western worldviews tend to override Indigenous worldviews and methodologies, which are importantly framed by relationality, and which take into account holistic epistemologies, and decolonizing aims (Kovach, 2009; Wilson, 2008).
As a result, negotiating university-community research relationships with Aboriginal community organizations requires particular care and respect, given these historic and contemporary injustices. As such, many non-Aboriginal researchers in particular have not been successful, or have been met with delays and difficulties, in negotiating and establishing community-university research relationships with Aboriginal community members. With this in mind, I approached this research with an open heart and mind, and with a desire to speak to the interests of the urban Aboriginal community. In 2009, I approached a nonprofit, urban-based Aboriginal service organization called Eagle Urban Transition Centre (EUTC) that assists in the urban transition of Aboriginal peoples to and within the city of Winnipeg, Manitoba, Canada. The Assembly of Manitoba Chiefs (AMC) – an urban-situated political organization that represents First Nations across Manitoba – created EUTC in an effort to fill a service gap in terms of transitional support for mobile Aboriginal peoples. While their focus is on assisting First Nations peoples, they openly assist all urban Aboriginal citizens. EUTC’s clients are urban Aboriginal migrants from reserve communities and/or are facing high rates of residential mobility or homelessness within the city. Their clients are often mobile due to difficulties accessing adequate, safe housing, and they are exposed to other barriers such as racism in the housing and job market and unfamiliarity with the urban environment.

I came to hear of EUTC when I worked as a research assistant at the Institute of Urban Studies (IUS), from 2004-2008. IUS is an independent research arm of the University of Winnipeg that is known for its partnerships with community. Upon commencing my PhD in 2008, I was inspired to revisit a 2004 IUS report entitled “First Nations/Métis/Inuit Mobility Report.” The results of this report had set the impetus for the creation of EUTC. Although EUTC was opened with enthusiasm and initial core funding, by 2009 its fate remained uncertain. In the winter of 2009, I first contacted EUTC to see if they would be interested in developing a research partnership that would explore the relationship between mobility, service delivery, and health. They agreed that this was a potentially important research area that they were open to exploring. On June 17, 2010, I
met in person with staff from EUTC for the first time, and together (with consultation and support from members of the Assembly of Manitoba Chiefs) we drew up a collaborative research agreement. Since this day we have remained in close contact and continue to work together in new directions.

I felt that by remaining grounded in truth and respect throughout the process, we could move forward in a good way. EUTC agreed. Over the course of our early conversations, together we determined that mobility was indeed an important issue for the urban Aboriginal community. We were therefore able to focus the research in a meaningful direction that respected the interests of the community. It was in this way that this research came to be grounded in a respectful, community-based research relationship. Our work is guided by the ethical principles of information ownership, control, access, and possession (or protection), commonly known as OCAP (Schnarch, 2004). OCAP emerged in the 1990s to improve ethics in research with and by First Nations peoples. Although OCAP originated from a First Nations context, its overall principles are applicable to Métis and Inuit communities as well. Essentially, OCAP principles serve to protect the collective ownership of research information and to exemplify trust building, improved research relevance, capacity development, and community empowerment. These principles were operationalized through a research agreement that we drew up together (see Appendix A). Our agreement respects and honours the knowledge, contributions, and right to research information for all team members, through all stages of the research process, including outlining objectives and undertaking data collection, analysis, and dissemination. Together, we seek to contribute to creating positive social change as well as “space in everyday life, research, academia, and society for an Indigenous perspective” (Kovach, 2009, p. 85).

Notably, the ease with which we established this relationship is rare. Often research partnerships of this nature will stem from pre-existing research relationships. In other cases, a junior researcher may be connected to an Aboriginal community through a senior researcher who has an already established relationship. Certainly, reciprocal, respectful relationships take time
to build. As Castleden et al., (2012) have appropriately suggested, even if an agreement to do research together is established, this does not necessarily mean that “data collection” will begin immediately. One qualitative interview that Castleden et al. (2012) conducted in their effort to examine non-Aboriginal academic researchers’ perspectives on community-based research indicated that they “spent the first year drinking tea” and engaging in conversation. In the case of my relationship with EUTC, we were able to remarkably establish good faith from the outset, and have continued to build our strong and trusting relationship throughout the past three years. This research is also fairly unique in that I was able to sample a difficult to reach population – marginalized and mobile Indigenous peoples. It remains that little is known of those who are in transition, as reaching mobile Indigenous populations is difficult, not only due to potential suspicions with researchers, but also due to their more transient nature. Certainly Statistics Canada has been unable to survey this population. Indeed, I was grateful to be able to sit with and interview 24 mobile First Nation and Métis participants.

The Role of Positionality in Framing the Research Approach

Certainly my positionality, which I touch upon in the preface of this dissertation, came to shape my overall approach to this work and influenced how this research relationship emerged, where perhaps other researchers have found such relationships to be more challenging. Here, I briefly touch upon how my professional and personal experiences assisted in connecting with EUTC, and to how this shaped the overarching research approach.

Professionally, my time spent as a researcher assistant at IUS deepened my knowledge and interest in community health. Here, I was exposed to the challenges that some Aboriginal people faced transitioning to Prairie cities, and I had the opportunity to work firsthand with urban Aboriginal and non-Aboriginal community members. I worked on a number of community-university based research projects that examined how access to housing, experiences of
homelessness, and access to health services impact the overall wellbeing of urban dwellers. This dissertation was initially motivated by the research that I had been involved in, which had sparked a desire to contribute to creating a more holistic understanding of how the urban experience might impact the health of mobile urban Aboriginal peoples.

On a more personal level, I come to this research as a health geographer who spent most of my life in the city of Winnipeg. In recent years it has come to light that we have Aboriginal ties in our family. Although it has been difficult for my mother and I to trace back these origins, the spirit is there. During the research process, I had the opportunity to learn more about Aboriginal culture and the traditional teachings, and I was surprised to feel a sense of coming home. I was called very strongly to an Indigenous worldview that honours the interconnection of all beings, relationship, holistic health, and ceremony. This is not to romanticize this experience, however, the overarching philosophy spoke to me and shaped my research process. This does leave me in an unusual place, as I do not necessarily identify as an Aboriginal person, but I certainly feel connected in multiple ways.

This dissertation, and partnership, is therefore broadly framed by a decolonizing approach that privileges Indigenous thought as the most rational approach to research (Bartlett et al., 2007, 2376). The erasure and subsequent dismissal of Indigenous peoples’ history and their stories, as well as the negation of Indigenous viewpoints has been a critical part of asserting colonial ideology (Smith, 1999). Whether as Aboriginal or non-Aboriginal researchers working with Aboriginal communities, we must consider that we are “affiliated with mainstream institutions – and irrespective of our personal commitments and intentions – we are located at a nexus of power in the dominant society.” Our methodological approaches should not come at the expense of the colonized and the excluded (Menzies, 2001, p. 22). In order to address and work toward dismantling this history of exploitation, the overarching goal of this work is to make every effort to undertake research that is culturally sensitive, empowering, that is approved by, and to the benefit of, the community, and that contributes to making constructive
change (Howitt & Stevens, 2010; Smith, 1999; Savan & Sider, 2003). In coming together, we stand to gain shared knowledge and understanding, as we learn to accept that our own interests are not greater than anyone else’s.

**Research Questions**

In response to the key mobility issues that EUTC identified, together with the research gaps that have been identified in this chapter, the overarching and interrelated research questions of this dissertation are:

1. What are the underlying factors and motivations that shape the experience of Aboriginal mobility, and how might a more nuanced understanding of Aboriginal mobility be developed?
2. How does Aboriginal peoples’ mobility impact health and social service organization, access, and delivery in urban areas?
3. How does Aboriginal peoples’ mobility impact the use of conventional and traditional health care services?
4. What is the link between Aboriginal peoples’ mobility and holistic health outcomes (i.e., physical, mental, emotional, and spiritual)?

In considering these research questions, it should be noted that while this research describes the experience of, and relationships between Aboriginal peoples’ mobility, health, and service use, the intention is not to conflate First Nations, Métis, and Inuit experiences. This work is grounded in a full recognition of the diversity that exists between First Nations, Métis, and Inuit peoples, as well as within these groups. There are at least 60-80 culturally and politically distinct groups of Aboriginal peoples currently residing in Canada, and there are at least 50 distinct First Nations groups alone.

This research focuses on the First Nations and to a lesser extent, the Métis population at large. Inuit peoples were not directly included in this study as they represent a small (<1%) proportion of the urban population, and as such, it
was difficult to recruit Inuit participants. This being said, in consultation with EUTC, we felt that the overall findings from this research – in terms of policy implications and future research directions for mobile populations – have broader implications for the broader urban Aboriginal community. First Nations and Métis peoples in particular share a common colonial history, and have been affected by colonial legislation (e.g., residential schools). Furthermore, both First Nations and Métis peoples are impacted by how services are delivered in urban areas. The healthcare and service delivery system remains bound by a colonial-based model that continues to privilege Western experiences (NAHO, 2013). This affects all Aboriginal peoples. As this is the first study of its kind, we wished to provide broad, but necessary, research findings and recommendations.

This dissertation also takes a holistic approach to health which is an important approach to health and healing for many Aboriginal peoples. Certainly Indigenous voices have for too long been silenced within Western institutions. It is therefore crucial that within the context of health geography we come to incorporate and advocate Indigenous scholarship. As a result, I draw upon Ramirez’s (2007) concept of the hub, as well as Loppie-Reading & Wien’s (2009) “Integrated Life Course and Social Determinants Model of Aboriginal Health” in an attempt to adequately address important and long-neglected aspects of Indigenous mobility and health.

Addressing Methodological Approaches to the Research

One of the key limitations of a manuscript style thesis is that because the substantive chapters are designed to adhere to the particular style and formatting of selected academic journals, they are often restricted in word length. As a result, the following sections of this introductory chapter take the opportunity to outline the multiple methods that were used for collecting and analyzing both the quantitative and qualitative data contained within this dissertation.
Using Multiple Methods

To answer the research questions outlined above, this dissertation uses qualitative and quantitative methods to create a more complete picture of the relationships between Aboriginal peoples’ urban mobility, health, and service use. A multiple methods approach allowed for different aspects of the research phenomenon to be explored, and it provided an important means to ensure rigour (Baxter & Eyles, 1997). Where quantitative data provides a larger scale, static picture, the qualitative research was in turn able to complement this approach by examining the context and role of human agency that surrounds experiences of mobility. I first address the nature of the quantitative data and how it was analysed, and then move to describe the qualitative data analysis, as well as how my positionality influenced the research, and close by describing how the qualitative data analysis was disseminated to the community.

Undertaking Quantitative Analysis

In order to examine the relationship between Aboriginal peoples’ mobility, health, and health service use, I first examined a large-scale, population based survey in order to provide a broad overview of the impacts that mobility has on the health status and health care use of urban Aboriginal peoples. As such, I undertook a statistical analysis of the 2006 Aboriginal Peoples Survey (APS), a post-censal survey that focuses on themes related to health, language, employment, income, schooling, housing, and mobility. Although census-type data collection has been critiqued for undercounting urban Aboriginal peoples (Lobo, 2002), the APS is an important resource as it is the only national survey of its kind. At the national level, data is available via a public use masterfile; however, I decided that it would be more useful to drill down to the Census Metropolitan Area (CMA) level in order to examine how mobility impacts Aboriginal movers in distinct urban settings. At this point, I had determined that Winnipeg would serve as a rich case study, as it is home to Canada’s largest urban Aboriginal population and has a highly developed Aboriginal-led service landscape. I did however feel that a comparative analysis of two distinctly unique
urban areas – Winnipeg and Toronto – would provide an important comparison to further place the analysis within a geographic context. The research demonstrates that comparing urban areas where the experience of mobility is common represents an important step for strategizing both local and broader nationwide service delivery strategies.

To analyse municipal level variations, it was necessary to access the master data file of the APS through Statistic Canada’s Research Data Centre (RDC) at the University of Toronto. Although ethical approval was not required, it was necessary that the SSHRC-RDC Adjudication Committee approved the proposed research. In April 2010, I applied for permission to access the microdata files and on May 25, 2010 I was informed that my application had been accepted. In the first stage of statistical analysis, I conducted analyses of frequency distributions at the CMA level. In the second stage, a series of crosstabulations were conducted (using chi-square tests of association) to examine the extent to which health care status and use vary among mobile persons living in the cities of Toronto and Winnipeg. In addition to cross-tabulations, a set of six logistic regression models (three models for each CMA) were conducted. All analyses were weighted using the sampling weight provided by Statistics Canada, and were adjusted according to the population subsets.

Upon initial analysis of the data, it started to become evident that a relationship was emerging between Aboriginal peoples’ mobility and health service use. In order to more fully explore the implications of these findings (e.g., why mobile populations access other social and health-related services, the successes and barriers to care, how service delivery impacts health), I set out to conduct in-depth, semi-structured interviews with mobile Aboriginal peoples, as well as with Aboriginal and non-Aboriginal service providers, in the City of Winnipeg.
Undertaking Qualitative Analysis

Where quantitative research is concerned with deciphering a single, static truth, qualitative research seeks contextualized realities and “acknowledges many truths” (Kovach, 2009, 26). The qualitative component of this research therefore consisted of conducting in-depth interviews with mobile urban Aboriginal people (see Table 1) as well as with Aboriginal and non-Aboriginal service providers (see Table 2 in Chapter 3). While I provide details about the participant sample in Chapters Two, Three, and Five, this section provides the opportunity to expound upon the rationale for conducting these interviews.

In-depth, semi-structured interviews were chosen as the qualitative means for collecting data as they are flexible in nature and allow for a comfortable flow of conversation. I wished to engage with the participants, and to open the possibility for more natural dialogue. This method is particularly useful for: filling contextual gaps in knowledge that quantitative methods are unable to sufficiently bridge; investigating complex motivations; providing insight into shared or differing perspectives; giving voice to individuals that might otherwise be excluded or marginalized and to respect and empower these participants; and providing an opportunity for both the interviewer and the interviewee to reflect on themes and issues as they arise (Dunn, 2005; Patton, 2002).

A purposive sampling strategy was used to recruit participants. The advantage of this strategy is that participants are specifically chosen based on their ability to provide information rich, in-depth understandings of the key research issues and themes. This strategy was used in tandem with snowball sampling, which was also useful for locating information-rich participants (Patton, 2002). Snowball referrals assisted with producing a chain of participants within a population that is often difficult to access, due to their mobility. In total, 46 interviews were conducted. These interviews took place with 24 urban Aboriginal residents who had migrated to the city within the past five years, and/or were experiencing residential turnover within the city, as well as with 22 urban service providers from housing, health, employment, education, and social service organizations (14 Aboriginal-led (Métis and First Nations), and 7 non-Aboriginal-
led, mainstream providers). The interview questions focused on motivations for mobility to and within urban areas; the role that Aboriginal and non-Aboriginal service providers play in shaping movers’ urban experiences; successes and challenges that service providers experience working with mobile populations; and how mobility impacts holistic health. These topics were drawn from existing literature on the topic, as well as from the gaps that had emerged.

In the case of this research, I sought to document a phenomenon by taking the time to engage in in-depth conversations with individuals who were willing to recount their personal and professional experiences. I conducted all interviews alone. Notably, reaching mobile Indigenous populations is not without its challenges, as those that are on the move are often difficult to reach. As Patton (2002) has suggested, it is not sample size, but rather the richness of the cases that provide validity and insight. The matter of setting an appropriate sample size remains ambiguous, and there are no particular rules regarding sample size in qualitative research. I concluded conducting interviews when data saturation had been met (Patton, 2002). Data saturation, first defined by Glaser and Strauss (1967) is the point at which no new data emerges, and where the researcher sees similar instances arising over again. This is the criterion by which the researcher may stop conducting interviews and justify their sample size. I also felt that 46 interviews provided a large enough sample size, while simultaneously allowing for a careful, in-depth analysis of each person’s story.

In Chapter Two, I draw upon the interviews conducted with Aboriginal movers (24) and with Aboriginal-led service providers (15). Given that this chapter addresses the connections between Aboriginal rural/reserve communities and urban areas, interviews that bore the most relevance to this topic were conducted with people of Aboriginal origin. In Chapter Three, findings from all 46 interviews are used to explore key themes related to scales of jurisdiction, service delivery, and urban Aboriginal mobility. In Chapter Five, I again draw upon the same set of interviews as in Chapter Two in order to examine the relationship between urban Aboriginal peoples’ mobility and holistic health.
<table>
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<td>Reserve-Urban Migrant &amp; Residential Mover</td>
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<tr>
<td>24. Status First Nations</td>
<td>18</td>
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</tr>
</tbody>
</table>
The majority of the interviews with mobile participants were conducted in a healing room at EUTC. These participants were welcomed into an Aboriginal environment and efforts were made to put them at ease. In some cases we sat and had coffee before the interview commenced, so as to build a rapport. Six interviews were conducted at an Aboriginal education and training facility. In this case, I was familiar with the Executive Director through connections in the city, and she recommended students that were experiencing mobility and/or were new to the city. All participants knew that I was working in affiliation with EUTC, and that together we were conducting a research project about mobility experiences in Winnipeg. My affiliation with a trusted, Aboriginal-led service provider seemed to set most participants at ease and they were open to sharing their stories. Others naturally were more reserved. A number of participants expressed that they were pleased to hear that a project of this nature was being conducted as they felt that mobility was an important issue to the community.

Aboriginal-led service providers appeared to be open and unreserved during their interviews, given my aforementioned affiliation. The non-Aboriginal service providers that I spoke to demonstrated culturally respectful attitudes toward their Aboriginal clients, although they acknowledged racism amongst other mainstream providers. This being said, an interview setting can be unnatural at the best of times, given that they are premeditated and voice recorded. This dissertation therefore seeks to respect the multiple truths and realities that all participants shared.

While I make every effort to share the participants’ words, and I have had this work vouched for by the urban Aboriginal community, I must acknowledge that my interpretation is shaped by own worldviews and training. This work therefore represents a subjective and narrative account of participants’ experiences, and seeks to honour their words. My research findings are guided and influenced by a decolonizing framework, as well as by my experiences growing up in Winnipeg, my time working as a research assistant at IUS, my intuition, and by observations made in the field.
Dissemination of Research

The research results have been shared with the community by way of a report, pamphlets, and presentations. In February 2012, we released the results of our research to the community. I was invited to be the keynote speaker at an annual Service Providers Forum hosted by EUTC. Here, I presented our work to community members as well as to Aboriginal and non-Aboriginal service providers. We released a 34-page community report (see Appendix E) and EUTC now uses the information from our research to inform aspects of service delivery and project funding applications. We were also invited to give a poster presentation that spoke to successful research partnerships, at the Manitoba First Nations research conference, which was also held in February 2012. These research findings have, and will continue to be, used to inform policy and action for how Aboriginal focused services, particularly transitional and settlement services, might be more strategically delivered. This dissertation came into being through sharing knowledge and resources. It is driven by a spirit of collaborative knowledge that has sought to improve Aboriginal peoples’ mobility experiences, the role of Aboriginal and non-Aboriginal service providers in facilitating geographic transition, and to increase understanding as to the relationship between mobility and holistic health. The findings from this research have been useful for enhancing program and policy directions for EUTC as they work directly with urban Aboriginal citizens who are experiencing mobility.

Learning from Dialogue, Learning through Connecting

As research partners we have had the occasion to grow and learn in positive directions. As a researcher, I was able to share ideas about how research develops and is carried out, and together we used this process of information gathering and analysis to speak to EUTC’s community concerns. In turn, I was generously housed out of EUTC’s office throughout the research process and was able to conduct interviews with movers in the on-site healing room. During my time at EUTC, I was invited to participate in a sweat lodge at
Little Peguis, a nearby reserve, and also learned how to raise a tipi (see Figure 1). These experiences proved to be moving and influential. Learning about Cree-Ojibway First Nations culture and the traditional teachings has shaped my life and grounded me as a human being in ways that I could not have expected prior to the research process. Working together has offered an important way for us to continue to grow and learn as research team members, as individuals, and as members of a broader community.

**Organization of the Dissertation/Introduction to Thesis Findings**

This dissertation is written as a collection of four manuscripts, the sum of which constitute the body of this thesis. Chapters 2, 3, and 5 will be submitted for academic publication. Chapter 4 has already been published in the journal of *Social Science & Medicine*. These manuscripts serve to share the research findings with academic audiences. This research uses a multiple methods approach. Chapter Four is based on statistical analyses of the 2006 Aboriginal Peoples Survey (APS). The APS is the only national survey to provide cross-sectional data of the off-reserve Aboriginal population in Canada. Chapters 2, 3, and 5 draw from the analysis of the in-depth, semi-structured interviews, which were completed between October 2010 and June 2011. Collectively, the results of this research demonstrate the complexity of Aboriginal peoples’ mobility, the socio-historic context in which it is situated, and how migrants maintain connections of support across geographic boundaries (i.e., reserve/rural and urban). It also reveals the scales of relationship that exist between Aboriginal mobility and social/health-related service access and demonstrates the relationship between mobility and holistic health that manifests in mobile urban Aboriginal peoples’ everyday lives. The topics addressed in each chapter are outlined below.

**Chapter Two** provides a critical review of the Aboriginal mobility literature to date. Aboriginal peoples’ mobility and urbanization was largely framed as problematic
over the course of the 20\textsuperscript{th} century, and in recent years, while quantitative analysis has importantly documented mobility patterns and rates, little to no research has addressed how and why mobility was problematized, nor has it offered a new perspectives for understanding mobility practices and experiences. This chapter employs a transnational migration lens, along with the Indigenous concept of the hub (a point from which urban Aboriginal populations maintain connections between reserve and urban spaces through social networks and mobility) to examine the more nuanced experiences of Aboriginal peoples' mobility between reserve/rural and urban areas as well as within cities. This lens reveals that migrants are maintaining dynamic kin and social networks between reserve/rural and urban geographies, and that they are also creating new territory and identity within the city.

*Chapter Three* uses scale as a framework to examine the role that scales play in shaping service delivery and access for mobile Aboriginal populations, and what is needed to support the healthy and successful transition of urban Aboriginal movers. The federal government has never recognized a constitutional responsibility for Aboriginal peoples living off-reserve, including status and non-status Indians, Métis, and Inuit peoples. As a result, responsibility is often downloaded to provinces that tend to subsume Aboriginal peoples into the general population. There is a longstanding jurisdictional dispute over which scale of government should support urban Aboriginal peoples’ service needs and this has resulted in major gaps in terms of urban Aboriginal policy and service delivery. This chapter reveals that mismatched scales of resource allocation have resulted in a grave disconnect between urban resources and rural/reserve communities, leaving urban Aboriginal migrants often unprepared for their transition to the city. Aboriginal peoples’ mobility has long been construed as a negative practice that “disrupts” service delivery, and yet service providers are situated within a landscape of uncoordinated urban Aboriginal policy, lack of funding, and a mainstream service delivery model that does not privilege mobility experiences. A relational concept of scale is used to investigate the successes
and challenges that Aboriginal and non-Aboriginal service providers, as well as urban Aboriginal migrants and residential movers, encounter across geographical and jurisdictional scales. This paper challenges the dominant, top-down hierarchies of power that have shaped mainstream service delivery models and that favour stationary behaviour. This chapter considers the relationships that occur across federal, provincial, urban, and reserve scales and identifies the gaps that emerge in the urban Aboriginal policy landscape.

By analyzing data from Statistics Canada’s 2006 Aboriginal Peoples Survey (APS) Chapter Four demonstrates that Aboriginal peoples’ mobility (i.e., length of residency in the city and number of moves over a 5-year period) is a significant predisposing correlate of conventional and traditional health service use (i.e., contact with physician, nurse, and traditional healer over a 12-month period). While it has been suggested that mobility may impact the continuity of adequate health service delivery, and that health care utilization rates are lower for Aboriginal populations as compared to their non-Aboriginal counterparts, no recent studies have examined the relationship between Aboriginal peoples’ mobility and health care utilization. Using crosstabulations and logistic regression analysis, this paper examines how mobility impacts conventional and traditional health care use. The Census Metropolitan Areas (CMAs) of Winnipeg and Toronto were compared to provide a foundation for understanding how the impact of mobility on health care may vary according to urban setting.

Chapter Five takes a critical population health approach, coupled with a holistic understanding of health (i.e., the interrelationship and balance between physical, mental, emotional, and spiritual aspects of health) in order to provide a contextual understanding of how Aboriginal peoples’ experiences of mobility may impact overall health. This approach deconstructs socio-historical factors that have influenced health and mobility over time. In doing so, this chapter considers how distal determinants of health such as colonialism and racism, as well as proximal, or immediate determinants such as housing, operates in urban
Aboriginal movers’ lives. Given that little substantive research has examined the complexities of urban Aboriginal health and that Aboriginal peoples continue to bear a disproportionate burden of ill health, this chapter makes an important contribution to the urban Aboriginal health literature by examining the role that mobility plays in shaping holistic health. This chapter importantly speaks to the context in which mobility occurs, and reveals that both streams of mobility, that is residential mobility and migration, have important impacts on physical, mental, emotional, and spiritual health. It also reveals the impact of mobility over a person’s lifetime, as well as its impact on community and family across generations.

Importantly, this chapter also embraces a holistic approach to health. This holistic approach is important for two key reasons: i) Indigenous perspectives are often overlooked as a legitimate approach to research. As such, a holistic approach to health seeks to respect the research and personal contributions made by Indigenous scholars, and ii) Rather than take a deficit approach, which often frames accounts of Aboriginal health, and simply seeks to remedy a “problem” a holistic, Indigenous perspective of health considers the nature of peoples’ lives (Bartlett et al., 2007), and the context in which mobility occurs. A silo, or linear cause-effect, approach to health does not address the complexities of health, particularly within an Indigenous context. As a result, the role of intuitive insight, as well as the interrelationship between physical, mental, emotional, and spiritual elements of health are often downplayed in Western disciplines and institutions (Castellano, 2004; Loppie-Reading & Wien, 2009).

Chapter Six summarizes the main research findings as well as the theoretical contributions that this dissertation makes to the scholarship on Aboriginal mobility and urban Aboriginal health. This chapter also discusses the implications of this research for future research and policy directions.
Figure 1: Raising a Tipi. Looking from the inside out.
CHAPTER TWO

Reframing Aboriginal Mobility: Examining Transnational Networks of Connection and Support

Marcie Snyder and Kathi Wilson

To be submitted to: Journal of Ethnic and Migration Studies

Abstract

The Aboriginal population in Canada has become increasingly urbanized in recent decades, and experiences high rates of mobility between reserve and urban areas, as well as within cities. Despite the fact that most Canadian cities have been established on traditional Aboriginal territories, assimilationist practices, such as the allocation of reserve lands, created a racialized juxtaposition between urban and reserve spaces, oftentimes resulting in discriminatory perceptions of urban Aboriginal migrants. Aboriginal peoples’ mobility and urbanization was largely framed as problematic over the course of the 20th century, and in recent years, while quantitative analysis has documented mobility patterns and rates, little research has offered a critical perspective for understanding mobility experiences. While recent scholarship has documented urban Aboriginal peoples' mobility rates and patterns, the nuanced experiences of movers themselves remain underrepresented in the literature. To address these gaps, this paper employs a transnational migration lens, coupled with the Indigenous concept of the hub, to produce a more comprehensive understanding of Aboriginal peoples' mobility across rural/reserve and urban spaces, as well as within the urban boundary. As a means to explore these issues, in-depth interviews were conducted with urban Aboriginal movers and service providers in Winnipeg, Manitoba. This lens reveals that urban Aboriginal migrants are maintaining dynamic, multi-stranded kin networks between reserve and urban geographies and re-territorializing urban spaces. Despite the barriers that urban Aboriginal migrants face, the urban environment is increasingly providing a space from which to build networks of relationship that invigorate a sense of urban-Indigenous identity and culture.
What will undo any boundary is the awareness that it is our vision, and not what we are viewing, that is limited -- James P. Carse

Introduction

Over the past 50 years, Indigenous populations\(^1\) across the Western world have become increasingly urbanized. In Canada, the urban Aboriginal population\(^2\) has experienced steady growth. In the early 1950s, less than 7 percent of the recorded Aboriginal population lived in urban areas. By the early 1960s, this figure had increased to 13 percent (Kalbach, 1987). These numbers have continued to rise and since 2006, over half of the 1.17 million people who identify as Aboriginal are urban (Canada, 2012). Early urbanization was largely attributed to Canada’s period of liberalization, where the federal government created more inclusive citizenship policies and colonial, government-enforced mobility restrictions were lifted in reserve areas\(^3\), thereby facilitating a visible flow of migration to urban spaces (Thobani, 2007). The pattern of increasing urbanization and mobility is however part of a complex process, and is not entirely due to a mass exodus from reserve communities (Clatworthy & Norris, 2007; Norris & Clatworthy, 2011; Norris et al., 2004). For example, over the years, increasing urbanization rates have been attributed not only to migration, but also to fertility rates, family formation or separation, changing patterns of identification, and legislative reinstatement through Bill C-31 of the Indian Act (1985), which is a colonial piece of legislation that was amended to restore status and membership rights to First Nations peoples who had lost their status. Furthermore, in Canada, as well as in other settler nations, increasing rates of urbanization amongst Aboriginal peoples have also been accompanied by a

\(^1\) The term ‘Indigenous’ is recognized by the United Nations and by a growing number of scholars to refer to the First Peoples of an area. It usually refers to First Peoples internationally (National Aboriginal Health Organization Terminology Guidelines, 2011)

\(^2\) The term Aboriginal refers to the descendents of the original inhabitants of North America. Section 35 of the Canadian Constitution Act (1982) recognizes three distinct groups of Aboriginal people: First Nations, Métis, and Inuit. There are important cultural distinctions between and within each group, and Aboriginal peoples currently comprise of over 50 distinct and diverse groups (e.g., Cree, Ojibway) (Smylie, 2009).

\(^3\) Reserves are Crown lands set aside for the exclusive use of status Indians. The creation of reserves reflects a history of domination and early attempts to assimilate Aboriginal peoples in Canada. They remain a reminder of assimilationist practices (Adelson, 2005, S50)
considerable amount of geographic mobility between reserves/rural areas and cities as well as within cities, and a net population gain has indeed been occurring in both urban and reserve spaces (see: Taylor & Bell, 2004). As a result, Indigenous mobility rates are higher than that of the non-Indigenous population, and research shows that the Aboriginal population changes their residence at a higher rate than the non-Aboriginal population, especially in urban settings (Graham & Peters, 2002; Norris & Clatworthy, 2003).

In Canada in particular, the body of academic and policy-related scholarship that has documented and investigated Aboriginal peoples’ mobility and urbanization over the past few decades has made varied contributions to knowledge, and while the voices of Aboriginal peoples themselves have rarely made an appearance, this scholarship has widely influenced general perceptions and public policy around Aboriginal urbanization (Peters, 2000). Regrettably, much of this work has historically problematized the urbanization of Aboriginal peoples (e.g., Dosman, 1970; Nagler, 1972), with its echoes being felt today. Although Aboriginal mobility and urban life is not necessarily a new phenomenon, and despite the fact that most cities have been established on traditional Aboriginal territories, for much of recent history, “non-Aboriginal Canadians have tended to view the presence of Aboriginal peoples in urban areas with misgivings” (Peters, 2000, p. 237). As Peters (2005) points out, the allocation of reserve lands, placed in contrast to urban spaces, created a “racialized juxtaposition” where Aboriginal peoples were viewed as separate from mainstream urban society, resulting in a “strong, sometimes racist, perception that being Aboriginal and being urban [were] mutually exclusive” (Native Council of Canada, 1992, p. 10). These inherently racist perceptions are deeply-rooted in a society that has committed colonial, assimilationist practices that have resolutely and systematically dislocated Aboriginal communities, outlawed Aboriginal ceremonies, and removed generations of children to residential schools, resulting in the disruption of familial ties as well as the geographic, social, and economic isolation of many Aboriginal peoples (Waldram et al., 2006). From a research and policy perspective, the repercussions of these colonial practices were
particularly evident during the mid-20th century, as they largely guided the research and discussion of non-Aboriginal “experts” who attempted to address the “social problem” of urban Aboriginal migrants (Peters, 2000).

Within the more recent body of Aboriginal mobility research there is recognition of what might be considered both positive and negative aspects of mobility. One the one hand, it has been argued that high rates of mobility between reserve/rural areas and the city may serve to maintain cultural identity and contribute to a sense of well-being (Norris & Jantzen, 2003), while on the other hand, mobility has been deemed “socially disruptive” and to have negative implications on the lives of urban Aboriginal peoples and communities (Norris & Clatworthy, 2003). While researchers have speculated over these contrasting ideas, the impacts of mobility have yet to be examined in depth. With the exception of a handful of studies that examine the influence of Aboriginal mobility on children’s education and the housing security of single mothers (Skelton, 2002), the role of the reserve in First Nations homeless mobility (Peters & Robillard, 2009), and the factors that impact urban Aboriginal migration decisions (Cooke & Bélanger, 2006; Cooke, 2002), little academic scholarship has directly taken up Aboriginal peoples’ mobility, and even fewer have applied a critical lens to the context in which Aboriginal peoples’ mobility is situated.

With the exception of Cooke and Bélanger (2006) who applied a systems perspective to consider how the absence or presence of networks between reserve and urban areas influence migrants’ decisions to move, there has been a lack of critical research on Aboriginal mobility. Where mobility has appeared it has often done so as a by-product of other investigations (see: Peters, 2005; Taylor & Bell, 2004). In response to these gaps, this paper is framed by two overarching goals. First, it is inspired by a call to contribute to a more thorough theoretical examination of the social, economic, and political context underlying Aboriginal peoples’ mobility and to further examine the nature of the linkages that exist between urban and reserve communities (Cooke & Bélanger, 2006). To do so, this paper acknowledges the context in which urban Aboriginal mobility occurs, particularly within the Canadian setting. It also reviews the existing
Aboriginal mobility literature, and critiques the economic-focused, at times problems-based, approach that has dominated mainstream perceptions of urban Aboriginal mobility. In doing so, it seeks to expand upon the existing Aboriginal mobility literature by proposing a transnational migration framework through which to investigate the urbanization and mobility experiences of Aboriginal residents. Secondly, this paper draws upon the findings from in-depth interviews conducted with urban Aboriginal migrants and Aboriginal-led service providers in Winnipeg, Manitoba, Canada to critically examine the networks of connections that transnational urban Aboriginal migrants experience within cities, as well as between reserve/rural and urban areas.

The following section provides a brief history of general migration theory as it pertains to some broad trends in the field of Aboriginal mobility research. The paper then focuses on how transnational migration theory might be applied to deepen and broaden current understandings of Aboriginal mobility and urbanization. Finally, the qualitative interview data are analysed in order to discuss the major themes that arose in relation to the transnational connections and support networks that emerge between Aboriginal movers and service providers across and within urban and reserve/rural spaces.

Using Migration Theory to Understand the Paradigmatic Trends in Aboriginal Mobility Research

In essence, both general migration and Aboriginal mobility studies analyze the movement of people across varying lengths of time and space, making them “intrinsically geographical” (King, 2012). Geographic research on migration has evolved over time to reflect changing theoretical perspectives, migration patterns, and migrant experiences. Borrowing on the work of King (2012), this field of research can be divided into three key stages of development: i) the foundational phase where early statements were made about the nature of migration; ii) the quantitative stage where migration processes and patterns were mapped and modeled; and iii) the cultural turn wherein theorists have more recently started to pay attention to nuanced understandings of the migration experience. These
stages in migration research illustrate the evolution of thought around general migration studies, and how these phases of thought have influenced Aboriginal mobility studies.

The foundation of early migration research embraced a neoclassical economic approach, which was based largely on two tenets: assimilation (Basch et al., 1994; Glick Schiller et al., 1995) and the assumption that migrants operated according to rational economic choice (i.e., where rational decisions were made based on cost-benefit analysis) and human capital (i.e., where decisions were made based on a migrant’s given skill set) (Lee, 1966; Silvey & Lawson, 1999). These decisions were, in turn, said to influence internal as well as international migration patterns from job-poor to job-rich regions (e.g., rural to urban, or nation to nation). Using this economy-centred approach, migrants were understood as a collection of rational, disembodied units who moved in a frictionless way through time and space as they responded to economic forces (Cooke, 2002; Silvey, 2004; Wimmer & Schiller, 2003). Their decisions were then compressed into a “push-pull” model for ease of analysis, which described migrants as being pushed and pulled through discrete spatial categories (e.g., nations) as a product of separate and unrelated forces in between migrants’ societies of origin and settlement (Lee, 1966). Although now a “fading wisdom” about what drives migration from more economically depressed areas to richer ones (Samers, 2010, p. 59), this model still plays a key role in the current literature on Aboriginal mobility, and key reasons for Aboriginal peoples’ migration have typically been based on this classic “push-pull” model. While this approach provides important baseline information about the factors that influence Aboriginal mobility – the most common of which are family-related reasons, education, employment, and housing (CMHC, 1996; 2002), it does little to set the context within which Aboriginal peoples’ migration occurs, nor does it provide adequate explanation as to why these motives for migration exist at all. Push-pull factors do not account for the driving forces behind them, such as power relations and the spatially uneven distribution of social, economic, and political resources within and between nations (King, 2012; Silvey, 2004) and leave little
room for the consideration of other influences, such as social and institutional resources.

In response to the limitations of this approach, migration scholars have increasingly started asking questions about the historical, cultural, economic, political, and social processes in which migration is situated, rather than treating these factors as a product of separate and unrelated forces in the societies of origin and settlement (Schiller et al., 1992). Aboriginal mobility research, on the other hand, continues to point to the push-pull reasons for migration without further unpacking why this might be occurring. Given that migration has always been about the movement of individuals and groups through time and space (Dunn, 2010), and that migrants produce space, place, and relationships across and within varying scales (Silvey, 2004), it is rather surprising that researchers have not further investigated Aboriginal migrants’ personal experiences and the context in which they occur.

Although the neoclassical approach is the subject of criticism for its failure to consider migrants’ nuanced experiences and the scales through which they pass (Samers, 2010), this approach has formed the basis of most research on Aboriginal peoples’ mobility. This is particularly evident in the Aboriginal mobility scholarship, both academic and policy-focused, that occurred during the 1960s and 1970s. This body of work asserted that Aboriginal peoples’ urban migration occurred in response to the distressed economic and social conditions on First Nations reserves and in rural Métis communities (e.g., Dosman, 1972; Hawthorn, 1966), and that those who returned to their point of origin did so as a “corrective” to economic or social “failure” in the city (Miller, 1973; Nagler, 1970). While this was the case in some instances, these conditions for migration were considered without acknowledging the root cause: a history of colonial practice that led to the geographic, social, and economic segregation and dispossession of Aboriginal peoples. Rather than acknowledge these underlying issues, culture was instead construed as a barrier to successful urban settlement. Here, Indigenous culture was assumed to be a ‘problem’ placed in juxtaposition to the culture of urban mainstream society that could be remedied through assimilation. It was therefore
assumed that urban Aboriginal migrants would need to give up their culture and identity in order to assimilate into the dominant society (Peters, 2000). Policy, as a result, emphasized the importance of assimilation - which included the loss of culture, community, identity, and belonging – as a means to counter this perceived barrier (Peters, 2007).

Academic scholarship of the time reflected similar sentiments. In the 1970s, key voices in Aboriginal mobility studies argued that Aboriginal peoples’ migration to the city was economically motivated and was associated with the desire to acculturate into mainstream society (Brody, 1972; Dosman, 1972). This problems-based approach to understanding mobility and urbanization went so far as to suggest that "being Indian" affected the ability of migrants to adjust to city life (Nagler, 1970). As Cooke (2002) has suggested, implicitly or explicitly, much of the literature on Aboriginal migration and urbanization has taken a rational choice approach, where, by and large, the process of urban Aboriginal migration has been viewed as economically motivated. With little exception, Western scholars and policymakers assumed that in order to successfully adapt to urban life, Aboriginal migrants would need to sever ties to their reserve community and assimilate into the urban milieu (Reeves & Frideres, 1981). And so, although colonial legislation forcibly relocated and isolated Aboriginal peoples from mainstream Western society, largely through the reserve and residential school system, most of the academic and policy writing critiqued Aboriginal people for their ‘failure’ to assimilate. This paradox created fertile ground for the growth of academic and political rhetoric that problematized Aboriginal peoples movement across, and within, urban and reserve boundaries and overlooked the historic, social, economic, and political context in which Aboriginal peoples’ mobility and urbanization is situated.

While early scholarship largely problematized the urbanization and mobility of Aboriginal peoples, there were some exceptions. Cooke (2002) aptly points to the work of Denton (1972), who critiqued this failure approach, which, Denton argued, perpetuated baseless stereotypes. Denton’s work represents one of the first and only contextual analyses into the migration process of urban
Aboriginal peoples that moves slightly beyond the confines of the neoclassical economic approach. He argued that although migration to the city was often undertaken for reasons related to employment, other reasons such as family, access to medical care, and education also played important roles in movers’ lives. Furthermore, he recognized the kin connections and relationships that were maintained across jurisdictional and territorial boundaries, and spoke of circular, or back and forth migration between reserve/rural and urban communities as oftentimes intentionally temporary. Some years later, McCaskill (1979) also challenged the ‘problems-based’ assimilation approach to Aboriginal urbanization. He suggested that there were alternate understandings of urbanization, and that urban Aboriginal migrants were, in fact, resisting assimilation into dominant society, as they maintained important links to their communities of origin. He challenged the idea that Aboriginal migration was a unidirectional, one-time event (as it was often understood to be), and suggested that urbanization might be viewed as a part of ongoing life experiences. McCaskill and Denton laid important groundwork for expanding the limited economic and cultural assumptions that have long framed Aboriginal mobility and for considering the role of agency.

In more recent years, these back and forth networks of movement have been discussed from a quantitative perspective. Similar to the second stage of development in migration theory, where data-driven, population studies modeled migration processes and patterns (King, 2012), recent Aboriginal mobility studies have identified and measured the rates and distribution of Aboriginal peoples’ mobility, including the circuitous, frequent movement that takes place back and forth between reserve/rural and urban areas (Clatworthy & Norris, 2007; Frideres et al., 2004; Graham & Peters, 2002; Norris & Clatworthy, 2003). This movement has been referred to as ‘churn’, which provides a useful term for considering alternatives to unidirectional understandings of migration, however its importance is not well understood (Peters, 2005). One point of view suggests that churn has a negative impact on community building, institutional development, and program delivery (Norris & Clatworthy, 2003), while others have suggested it is an
important component of urban Aboriginal migration, which may serve to “maintain vital and purposeful community relationships” with reserve/rural communities (Peters, 2005, p. 58). The concept of churn may provide an interesting entry point to understanding return migration, not necessarily as the inability to adapt to urban life, but rather as a way of maintaining political, economic, and familial connections with communities of origin and destination. It, however, remains that little to no research has examined the context in which churn occurs. While quantitative research provides important data on mobility, it remains influenced by an economic lens as it does not consider the more nuanced understandings of churn and how these networks have the potential to disrupt long held socially constructed geographies of reserve and urban spaces (Wilson & Peters, 2005; Prout, 2011).

Aboriginal mobility is still largely understood to be a demographic and economic response to socio-structural processes. To date, this body of research is largely situated within the foundational, or quantitative phase of migration theory. The third stage, which is marked by the cultural turn – an approach which considers the lived experience of migrants and their cultural agency (King, 2012), has yet to be fully embraced by Aboriginal mobility studies. Where Aboriginal mobility has not fallen under a rational economic lens (Dosman, 1972; Nagler, 1970), it has been measured quantitatively (Norris & Clatworthy, 2003; Norris & Clatworthy, 2011) or observed as an offshoot of a larger study (Peters & Robillard, 2009; Skelton, 2002). With rare exception (Cooke, 2002; Cooke & Bélanger, 2006; Prout, 2011), cultural agency has yet to be developed in Aboriginal mobility research, and the notion of a cultural turn in Aboriginal mobility studies remains in its infancy. Notions of cultural agency are important as this provides an opportunity to examine the actions that migrants take to improve their well-being, rather than viewing migrants as being passively acted upon by social structures (Elder et al., 2003). The rare, albeit important seeds of critical investigation are seen in the work of Prout (2011), who has challenged pejorative understandings of rural Aboriginal mobility in the Australian context and Cooke (2002) and Cooke and Bélanger (2006) who acknowledge that both
urban and reserve spaces hold important benefits over the course of a lifetime and that, as a result, migrants will create and maintain systems of networks between and across both geographic spaces.

While this work represents some of the first scholarship to improve theoretical understanding of the factors that influence Aboriginal migration decisions, and starts to unpack the complexity of urban Aboriginal mobility, Cooke and Bélanger (2006) do appropriately suggest that much work remains to be done in order to provide a more thorough theoretical examination of the complex context in which Aboriginal migration occurs. As a result, discourses and conceptualizations of Aboriginal mobility remain insufficient, as they do not represent the diverse spatial practices of Aboriginal populations (Prout, 2011).

In summary, although Aboriginal mobility has been problematized in some cases, and under-researched in others, the theme of connection between reserve and urban spaces, or the need to sever it, has permeated the Aboriginal mobility literature through all its theoretical incarnations. This is therefore a topic that warrants further exploration as a means to expand current understandings of urban Aboriginal mobility. In response to these gaps, this paper adopts a transnational migration lens to in order to more accurately examine urban Aboriginal movers’ networks of connection within cities, as well as between reserve/rural and urban areas. Past research has suggested that transnational migration theory might serve as a useful lens for examining how urban First Nations migrants challenge the naturalness of urban and reserve boundaries as they sustain their cultural identity and connection to the land (Wilson & Peters, 2005) as well as to understand the integration of urban Aboriginal peoples (Todd, 2000). The following section describes how transnational migration studies provide a useful lens for exploring the networks of connection and relationship that occur between and within different geographic scales.
Transnational Migration: A Lens to Explore Networks of Connection

In recent decades an increasing number of scholars have sought alternate and more expansive paradigmatic avenues to understanding the multiple links that international migrants maintain as they move through spatial categories “that were formerly theorized as discrete and autonomous” (Mitchell, 1997, p.74), and in doing so, have challenged or shifted the unidirectional, assimilationist thinking that framed neoclassical migration approaches (Portes, 2003). To this end, the concept of transnationalism was first introduced by anthropologists in the 1990s in an effort to broaden the concept of the international migrant who, under economic assumptions, was “permanently ruptured” from their place of origin in their effort to settle in a new country of residence and to adopt its codes of conduct (Basch et al., 1994; Glick Schiller et al., 1995). Transnational scholars argued that international movers, or what they coined transnational migrants, were maintaining “multi-stranded relationships – familial, economic, social, religious and political – that span[ned] borders and link[ed] their societies of origin and settlement” (Basch et al., 1994, p.7). This analytical framework provided an opportunity to examine the processes and networks of social relations that cut across political borders and encompassed migrants’ places of origin as well as settlement (Glick Schiller et al., 1992; Glick Schiller et al., 1995). While the practice of transnationalism was not necessarily new (Levitt & Jaworsky, 2007), by applying a transnational lens to migration studies, scholars were better able to articulate the rootedness, as well as the transcendence, that international migrants are increasingly and simultaneously experiencing between their places of origin and destination in their everyday lives. In this way, transnational migrants are actively de-territorializing and re-territorializing spaces as they renegotiate their social, cultural, economic, and political relationships and identities across geographies (Bailey, 2001).

One way in which transnational migrants remake (or create) new territory is by maintaining relationships across boundaries while remaining embedded in “multi-layered, multi-sited transnational social fields” (Levitt & Schiller, 2004, p.1003). Social fields include not only host and home country, but also a number
of other sites that span borders. These sites emerge through the growth of integrated networks where ideas, resources, and other aspects are exchanged across different scales (Glick Schiller et al., 1992; Levitt, 2001; Levitt & Jaworsky, 2007). As these networks evolve and become institutionally complete, this offers migrants a geographic base, or social field (e.g., community centre, political organization), from which to actively participate in transnational activities (Levitt, 2001).

This paper argues that transnational migration theory, and more specifically, the concept of the social field, is particularly useful within the context of Aboriginal mobility studies, as it offers an important angle from which to examine how Aboriginal peoples’ mobility impacts networks and relationships across boundaries. The importance of transnationalism has been reflected in the work of Ramirez (2007), an American-Indigenous ethnographer who spent an extensive amount of time conducting research and engaging with Indigenous communities in the Silicon Valley. She found that transnationalism provided an appropriate theory to demonstrate how urban Aboriginal peoples use social and institutional networks to maintain and enhance their connection to reserve lands, culture, and identity, as well as to bring attention to the nation-to-nation relationship that exists between Indigenous peoples and nation-states (i.e., urban Indigenous peoples may be regarded as members of tribal nations, located within the political boundaries of settler nations (see: Silvern, 1999)).

Central to Ramirez’s (2007) argument is the Indigenous concept of the hub. She suggests that hubs are essentially gathering spaces (similar to the social field) that facilitate connections between tribal and urban spaces. The concept of the hub makes the case that urban Aboriginal people are indeed transnational and seeks to rectify negative stereotypes that are associated with assimilation. Similarly, Lobo (2001), also an Indigenous ethnographer, asserts that bounded, static borders do not define urban Aboriginal culture and community. Rather, she argues that territory and community are dynamic, frequently shifting networks of relationships that tend to reflect “a reality closer to that of Native homelands prior to the imposition of reservation borders” (Lobo,
2001, p.76). Drawing upon this work but more specifically concepts of the hub and their relationship to transnational networks, the next section draws upon interviews conducted with urban Aboriginal movers and Aboriginal-led service organizations in Winnipeg, Canada in order to demonstrate the transnational nature of Aboriginal peoples’ mobility.

**Conducting In-depth Interviews in Winnipeg, Canada**

This component of the paper is based on the results of 37 in-depth, semi-structured interviews conducted with 19 urban Aboriginal migrants, 5 residential movers, and 15 Aboriginal frontline workers and program managers from Aboriginal-led service organizations in Winnipeg, Canada. Winnipeg represents an important and unique location for examining urban Aboriginal mobility as it is home to the largest urban Aboriginal population in Canada, in terms of both absolute and relative numbers (Canada, 2012).

Migrants and residential movers (collectively referred to as movers) and service providers were sampled using two different strategies. A purposive sampling strategy was used to identify service providers. The first author recruited participants by consulting with service organizations and reviewing service directories. Service providers were contacted via telephone or email to establish initial contact, describe the research goals, and enlist participant interest. Once interest was established, interviews were conducted at the participants’ place of employment, or in a public setting and ran 30-120 minutes in length. Participants were asked about their work experience, how they felt that urban service organizations contributed to the Aboriginal community, and their experience working with mobile Aboriginal populations. Service providers represented organizations that offer assistance to those seeking housing, education, employment, health, and/or social support. Service providers are frequently the first point of contact for urban newcomers (Distasio & Sylvestre, 2004) and often work closely with mobile Aboriginal clients.

Migrants and residential movers were recruited using snowball sampling, where participants referred their family, friends, or clients. Recruitment flyers
were also used. These were posted in community and neighbourhood centres, universities, banks, grocery stores, and health clinics (Peters & Robillard, 2009). Participants ranged between 18-54 years of age and consisted of 9 males and 15 females. Interviews took place in a mutually agreed upon location and ran 20-90 minutes in length. Aboriginal migrants and residential movers were asked about motivations for, and impacts surrounding mobility, including the use of urban service providers and the role of family, friends, and/or service organizations in providing support. Migrants were defined as those who had moved to the city of Winnipeg from rural, reserve, or other urban areas. All migrants had moved to, or returned to, the city within the past 5 years. Some had only very recently arrived within the past 3 months, while others had lived in the city at various points in their lives over anywhere from a 10-40 year period. Residential movers were defined as participants who were born in the city of Winnipeg and had changed their place of residence at least twice in the past year.

**Results: Creating Transnational Networks and Relationships**

The results of the interview analysis revealed that urban Aboriginal migrants, as well as some residential movers, were maintaining networks of connection between reserve and urban spaces, as well as creating new territories, or hubs, of social support within the urban environment. Specifically, the interview findings demonstrate that sustaining networks across boundaries was an important aspect of support and kin connection for urban migrants as well as for urban-born residents. The results also show the importance of creating new territory through networks. Here, institutionalized networks of support from Aboriginal-led service providers manifest as new territory – or hubs – that connect urban community members across the urban landscape. Each of these findings is discussed below.
Sustaining Networks across Boundaries

The interviews revealed that, in spite of the geographic divide and colonial legacy that has separated families and relocated Aboriginal peoples, migrants and urban-born residential movers are actively sustaining dynamic relationships and networks between reserve and urban communities. The transnational networks that migrants establish between their places of origin (i.e., reserve) and the city of Winnipeg created a sense of home within and across these spatial boundaries and provided important support networks for those in transition. One important connection that came up for nine migrants who had relocated from reserve communities was that the reserve remained a space associated with feelings of home and kin connection. For many, it provided a place of support as well as reprieve from urban life. An Aboriginal service provider, who worked for an Aboriginal youth organization that promoted culture, identity, and practical training, provided commentary on her own migration experience from a reserve to Winnipeg. She described how her connections to her home reserve had eased her transition when she moved to the city at the age of 14 to complete her high school education (her home community only had the infrastructure to carry her through to grade nine). Although she arrived with support networks in place, such as school, family, and housing, it was the strong connection that she maintained to her home community that assisted her through experiences of culture shock, racism, and loneliness and that provided stability during a time of flux in her youth:

I experienced a transition of having to leave my parents at a young age and grow up a little faster than normal. Um, but when I [came to city] went to school, like I had my family supports, because I have a lot of family that lives in the city, and I would also go home [reserve] every weekend. Like, I think that’s kind of what kept me stable and what made the transition easier is that my community’s so close that’s it’s easily accessible, that I could leave now and be at my parent’s house for suppertime. So that was never an issue, that was never a worry of mine. Um, but there definitely was – I did experience culture shock, and I experienced racism.

Maintaining relationships across reserve and urban boundaries was found to be a key element to facilitating a successful urban transition among all
migrants. For example, one young urban migrant who had recently moved to the urban environment, described how urban family members had helped him with his transition by connecting him to traditional ceremonies (e.g., sweat lodge ceremonies) that were taking place on nearby reserves. This kin network provided an opportunity to enhance his connection to other reserve communities and to his culture while simultaneously negotiating everyday life in the urban environment:

I had some rough patches here and there but I got through them. I find it alright being here and bussing it around and stuff like that. It’s different anyway. It’s loud. Yeah, but I have people to talk to, too. I have family out here. My auntie takes me to sweats [on-reserve] once in awhile. Yeah, that’s pretty good.

Interestingly, these urban-reserve connections extended to urban-born (3) respondents whose parents had been raised in reserve communities. In this way, second generation urban dwellers were also maintaining transnational networks of connection between the reserve and urban area. These results demonstrate that support is found not only in the multiple interconnections that extend across geographical boundaries, but also across generations. An urban-born residential mover explained that she still considered her family’s reserve community to be an extension of home. Although she had not grown up there, she maintained significant ties to her family’s reserve and found it to be a space of retreat:

Most of my family lives in the reserve… I go out there once in awhile and um, yeah, I just feel at home when I go there. It’s more like having a second home. Like having a place to go when you need to get out of the city. It’s like, when I think of other people who don’t have a reserve to go to or something, I’m like “Wow, what do they do? How can they be in this city all the time?” Cuz I like being out there and I just feel – I feel like I can breathe when I’m out there.

Another urban-born participant described how he was sent to live on the reserve as a youth where he lived and worked with his grandparents:

I was born in the city. I always lived here. Well, not always – I moved out to my grandparents’ [reserve] for about 5 years…when I was like 13 to 18… I was getting into too much trouble here in the city…Yeah, it’s a whole different - a whole different. You know what's weird? Is when I go
home [referring to reserve], I'm a total different person. Yeah, I have to respect my grandparents and do certain stuff for them.

Although 16 years had passed since he had lived on the reserve, he continued to refer to his grandparents’ reserve community as his home and had maintained connections to the community through occasional seasonal employment in the fishing industry. While he faced challenges in the city as a residential mover who had to negotiate multiple intra-city moves (due to housing and neighbourhood safety concerns), his connection to the reserve provided a consistent space to return to – a space that he described as providing a more traditional style of living, and one where he suggested that he was more respectful of his environment and the people in it. These urban-born respondents indicated that the reserve was a place of respite to which they could return.

The interviews revealed that sustaining networks of connections to reserve spaces is also a strategy for counteracting feelings of loneliness and isolation that some migrants experienced when transitioning to the city. For those transitioning from small, cohesive reserve or rural spaces to the city, the transition could at times be overwhelming and isolating. As an Aboriginal social service provider explained:

They [migrants] do go back from time to time just because I think one of the main reasons was being alone, y'know, that feeling of loneliness, and uh, y'know, being out of touch with everybody back home. Y'know, it's definitely hard on our people ’cause we're so used to being involved with whatever goes on back home. They sort of miss that. And uh, just to counteract that feeling of loneliness.

This quote is consistent with migrants who mentioned the experience of returning to reserve communities to reconnect with their children, parents, or other family members. While they did not speak of loneliness in particular, they did discuss the importance of being involved in their community “back home.” One urban migrant who had travelled back and forth between her home reserve and the city for approximately 40 years, at times experiencing homelessness whilst living in the city, spoke to these connections. She described the reserve as a place where her immediate family lived and as a place where “everyone knows
me.” The reserve remained her home community, a place to which she had returned numerous times, and a place to which she planned to retire. These findings demonstrate how networks are maintained across space, but also over the course of a lifetime, and beyond the generation of newcomers. Sustaining networks across urban and reserve boundaries reveals important connections to family, culture, identity, and to facilitating the transition to the urban environment.

Creating New Territory through Urban Networks

While the previous section described how networks of support between urban and reserve spaces transcend boundaries, this section turns to examine how the urban environment can potentially provide a place in which to re-territorialize spaces and to create networks, or hubs of support that are rooted in and transcend (Bailey, 2001) urban-reserve boundaries. Urban Aboriginal service providers, in particular, acted as hubs, which contributed networks of resources and support to movers. These service providers often provided key points of refuge and of urban support, as well as places where urban Aboriginal residents and service providers could co-create new territory (i.e., urban Aboriginal community) and reinvigorate a sense of identity.

The majority of urban migrants and residential movers indicated that Aboriginal-led service organizations provided supportive spaces to pursue education, employment, housing, or social assistance and often served as places of cultural ceremony and teachings, as well as spaces of urban community. Fifteen respondents described the importance of their involvement with Aboriginal drop-in centres, in particular. For some participants, service providers even replaced the support of family and friends when kinship ties were strained by negative influences such as substance abuse. Aboriginal service providers represented institutional links, or hubs of connection, for those in transition, and provided a place where migrants could volunteer their skills, such as baking or painting, within these spaces.

One urban migrant who had travelled back and forth between her home reserve and the city for most of her life, spoke to how she found a sense of
community and connection to other urban Aboriginal community members through her involvement with drop-in centres. These spaces provided a place of consistent support and belonging as she transitioned between the reserve and the city:

I go to [drop-in centre] just to mingle with the crowd, and I help in the clothing room. Like I fold the clothes up and sometimes they want us to bag things, you know, like clean up and in the clothing room, take the old stuff out and we put new stuff in. And they have soup and sandwiches on Wednesday too, and sometimes I go fry bannock [traditional bread] up over there…I go there to have coffee, to volunteer…Actually, this is my second day I haven’t been there so they’re probably wondering where I am.

A recent migrant from a remote community also spoke to the sense of belonging that he experienced when he volunteered at an Aboriginal-led family drop-in centre. While as a newcomer he experienced certain struggles transitioning to the city (e.g., racism, finding adequate housing and permanent employment), at the drop-in centre he became a contributing member of an urban Aboriginal community where he repaired walls, painted, and baked bannock. As an urban newcomer visiting this centre, he was able to connect with other recent migrants, to access traditional cultural teachings, and to find a place that existed beyond the political divide of reserve-urban, a place in which he felt welcome.

The interviews also suggested that Aboriginal-led service providers have the potential to foster urban Aboriginal identity and a sense of belonging within the city. A young female migrant who was accessing an Aboriginal youth program explained that she found a sense of identity through cultural teachings.

This is like my first time being in a, you know, Aboriginal environment…I think everybody here [youth program], we’re all kind of looking for the same things, like identity and our culture.

Service providers also act as a base from which important networks and relationships of support are forged. One young migrant who had not maintained a connection to his home reserve due to personal reasons, found comfort and healing in the Aboriginal-led youth program that he was involved in. One aspect
of the program involved teachings of traditional medicines, such as the burning of sage, which he explained, “kept him calm” and provided a safe group setting to share his personal struggles with being new to the urban area. Another recent migrant, who arrived with her husband and five children, found that the education and training centre that she attended provided cultural teachings and life skill programming that were “like a mother” to her, and that provided a “long overdue support” that she had needed. Her reserve community was a long distance from the city, and this program provided a bridge to community and culture.

An education provider, who offered support for post-secondary Aboriginal students, explained the importance of creating supportive points of contact that extend between urban and reserve/rural spaces, as well as across more intangible spaces, such as through ceremonies and providing counseling:

We have our Aboriginal Recruitment Officer who goes out [into the reserve/rural communities as well as within urban community] – but her role isn’t just recruiting students….It’s really just more about um, being that first point of contact, being supportive and getting to know family, friends, the teachers…everyone that we can. Uh, so the community relationship is just trying to be visible and present at every sort of event that’s happening…letting them know about our pow wows, letting them know about what we’re doing…it there’s ways we can come together. So yeah, that’s really important. The community piece…we’ve built great transition programs…as an institution we offer a safe haven.

As an Aboriginal hub located within a larger academic institution, they maintained outreach with students’ communities and families, and supported student recruitment and retention. In this quote, she acknowledges the importance of creating “the community relationship” or what might be thought of as connections with urban Aboriginal residents, as well as beyond the urban boundary in order to welcome new Aboriginal students. This type of support offers ‘institutional’ opportunities for migrants to create connections between reserve/rural and urban communities, as well as within the city, and to participate in community events.
Although reserve communities serve as points of connection and support within transnational networks, not all migrants belong to a reserve community. Interestingly, some movers who did not identify with a reserve as their point of origin, or home community, were still able to connect with reserve communities as spaces of healing and support. For example, one Aboriginal service provider explained that their program participants, regardless of their place of origin or identity, were regularly taken to ceremonies (e.g., sweat lodges) on a nearby reserve. This finding demonstrates how Aboriginal service providers may create networks of support for urban-based participants that transgress urban and reserve boundaries and that create an inclusive sense of urban Aboriginal identity. In this way, service organizations have the potential to provide an opportunity for urban Aboriginal community members to reconnect to spiritual practices and to create new spaces for strengthening identity and community—both on and off-reserve.

While Aboriginal service providers are playing a key role in re-territorializing urban spaces, and at times in transgressing urban-reserve boundaries, urban Aboriginal movers are also re-territorializing urban spaces. Some participants described how they recreated familiar social networks from home, within the city. A 45-year old migrant who had first moved to the city at the age of 18, but had since been in a cycle of back and forth movement between her home reserve, small urban areas, and the city of Winnipeg, noted the importance of creating and maintaining urban Aboriginal community networks. Although she lived in a socio-economically marginalized area of the city that was prone to gang violence (commonly referred to as the North End), she appreciated living in this area as it had a high Aboriginal population, and despite

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4 Status Indians and band members reside on reserve. A status Indian is someone registered under the terms and conditions of the Indian Act. Non-status Indians, Métis, and Inuit living outside their traditional territory are under provincial jurisdiction.

5 The North End is an area of the inner city made up of a number of neighbourhoods. According to Statistics Canada, in 2006, approximately 20 percent of the inner city’s population identified as Aboriginal, and in one inner city census tract, contained within the North End, over 50 percent of the population identified as Aboriginal.
difficulties with frequent mobility, she also experienced a sense of identity, and
familiar connections similar to those on her home reserve:

   Basically, lived in the North End, because, y’know…it’s like the reserve
   where you know everybody and everybody knows you. You walk up and
down Selkirk Avenue and you talk to 10 people on the way, that you know
and it’s like walking a mile on the reserve, at people’s houses here and
there and everybody’s waving hi to you cuz you know everybody who’s
walking.

Another migrant, who was also a residential mover, spoke to how the urban area
was a place for migrants to recreate on-reserve connections:

   Just made Winnipeg their city. Their reserve as they say now. It’s a
   reserve is Winnipeg.

   In this way, migrants actively contribute to creating new spaces within the
city that echo the close-knit community experienced on-reserve. Similarly, an
Aboriginal housing service provider noted that although some migrants move to
the North End because rent is affordable “some [also] want to live in the North
End because that’s where their community is”. This is not to idealize notions of
the North End, which is an aggregate of low-income, inner city neighbourhoods
that have, and continue to, experience a substantial burden of gang-related
violence and racial profiling of Aboriginal peoples. However, it does demonstrate
Aboriginal migrants’ resiliency and ability to adapt to the urban environment while
maintaining connections across varying types of geographic spaces.

Discussion & Conclusions

   The goal of this paper is to use transnational migration theory, and the
concept of the hub, which connects urban Aboriginal peoples to traditional
territories, to contribute to a more nuanced understanding of the networks of
connection that urban Aboriginal migrants create between reserve/rural and
urban boundaries, as well as within cities, and to examine the context in which
Aboriginal mobility occurs. To this end, we reviewed the existing Aboriginal
mobility literature, and drew upon in-depth interviews with urban Aboriginal
migrants, residential movers, and Aboriginal-led service providers in Winnipeg,
Canada. This research makes two key contributions to the Aboriginal mobility literature. First, it importantly demonstrates that urban Aboriginal migrants are maintaining kin connections and networks of support across urban and reserve boundaries. Interestingly, second generation, urban-born residents are also maintaining connections to reserve communities. This demonstrates not only that urban Aboriginal migrants are not assimilating as was once assumed, but also that they are negotiating new and creative strategies for maintaining transnational urban identities across geographic boundaries, as well as over the course of generations. These findings importantly demonstrate that urban-Indigenous identity is neither wholly reserve nor urban. By transgressing urban and reserve boundaries, urban Aboriginal residents are discovering and creating identities that are not defined by geography, or legislation, alone. This indicates that what was once deemed to be a “racial juxtaposition” between urban and reserve spaces (as described by Peters, 2005) is an insufficient measure of community and identity.

Urban-Indigenous identity is arguably a unique identity unto itself. This identity may be shaped and supported by networks of connection that create spaces where movers’ come into their identity (e.g., movers spoke to the experience of the city replicating a reserve environment, or to finding identity and culture through urban service providers). Although urban life is not a new phenomenon for Indigenous peoples, the urban environment is increasingly providing a space to carve out new identities that straddle and transcend reserve and urban boundaries that were once set in direct and disconnected contrast to one another. This notion of urban-Indigenous identity bears importance as a point of future research. Despite a colonial history that has dislocated and disconnected many Aboriginal communities and families, Aboriginal peoples are demonstrating resilience, and therefore cultural agency, through connections to family, home, and support networks that transcend the boundaries of urban and reserve spaces. As Bailey (2001) suggested of transnational migrants, so too are transnational Aboriginal migrants in fact extending roots in more than one place as they maintain multi-stranded connections that transcend political and social
boundaries. Arguably, Aboriginal migrants are “weav[ing] networks of relationships” (Ramirez, 2007, p.2) that serve to reinvigorate a sense of identity and culture through return visits to reserve communities as well as through volunteer activities, community gatherings, and cultural ceremonies that take place within the city.

Second, the findings demonstrate that urban Aboriginal migrants and residential movers are creating new spaces, or hubs (Ramirez, 2007) within the city. These hubs are serving to re-territorialize the urban environment through the support networks of Aboriginal-led service providers who serve as gathering sites, safe spaces, and places to foster urban Aboriginal identity and culture. These providers act as hubs that connect urban Aboriginal migrants and residential movers to institutionalized urban support networks, and at times extend beyond its urban boundaries, as they connect urban clients to on-reserve cultural ceremonies. These findings support the work of Ramirez (2007) who spoke of how the hub can reinvigorate cultural identity and return visits to tribal communities. The interviews demonstrate that service providers offer transnational migrants gathering sites, safe places, and space of shared identity that are both geographic (e.g., service organizations, drop-in centres) and non-geographic (e.g., educational counseling, ceremony, conversation) spaces of support that link migrants to urban community, both within the city and beyond its borders. Urban migrants and residential movers indicated that Aboriginal service providers acted as crucial points of contact, support, and community. This research importantly demonstrates that urban Aboriginal migrants, rather than being assimilated or losing cultural identity and connection to their home communities, are creating new gathering spaces within the urban environment and are sustaining vibrant, multi-faceted transnational networks and relationships between reserve/rural and urban areas, as well as within cities.

While this research brings forward important findings in terms of its contribution to Aboriginal mobility studies, some limitations deserve mention. First, geographic mobility is a complex process, and while this research provides a broad perspective on the Aboriginal mobility experience, it is also important to
consider the diversity that exists within and between Aboriginal groups, including status and non-status First Nations, Métis, and Inuit migrants. These migrants will possibly have distinct mobility patterns and experiences of home community and support networks. A more detailed examination of the mobility experiences of specific groups is beyond the scope of this research, but represents an important area of future research development that could serve to further tease out these mobility experiences and service provider relationships. Furthermore, the goal of this paper is not to portray Aboriginal mobility or transnational practices in an “excessively positive” light (Amelina & Faist, 2012), nor is it to suggest that all migrants are transnational (Portes, 2003). Aboriginal mobility experiences can be problematic for some, and those who are frequently mobile often experience socio-economic disparities and difficulty securing adequate housing and healthcare (Distasio et al., 2004; Snyder & Wilson, 2012).

Despite these limitations, these research findings importantly reveal that urban Aboriginal movers are actively maintaining kin and social networks across urban-reserve boundaries while simultaneously creating new territory, or hubs of connection through urban community networks and the support of Aboriginal-led service providers. Furthermore, mobile Aboriginal populations are finding new strategies for supporting urban community, cultural identity, and transitional support within urban areas through maintaining familial, social, and institutional relationships that, as Basch et al. (1994) have similarly suggested of transnational migrants, span borders and link migrants to their societies of origin and settlement. Interestingly, Aboriginal peoples’ transnational relationships are sustained over time (i.e., across generations) and geographic space (within and between reserve/rural and urban scales). Although the interviews took place in a specific urban setting, these findings have the potential to inform future research and service delivery in other Canadian cities, as well as in other settler nations where the experience of colonization, mobility, and urbanization is common. A transnational migration framework brings a new perspective to Aboriginal mobility studies, a field long-influenced by neoclassical economic assumptions, and which has largely lain dormant since it problematized the urbanization and
mobility of Aboriginal populations. While more recent quantitative analyses have proved useful for painting a broad picture of Aboriginal mobility patterns, it remains that, with rare exception (Cooke & Bélanger, 2006), there has been little uptake in terms of contextualizing the experience of Aboriginal mobility, particularly within and between urban areas. This research serves to extend and deepen the dialogue on Aboriginal mobility as it provides a new perspective on how urban Aboriginal migrants and Aboriginal-led service providers are creating and maintaining connections across boundaries while re-territorializing new spaces of support, culture, identity, and community in the city.
CHAPTER THREE:

Strategies for Negotiating the Scalar Gap: Examining the Relationship between Mobile Aboriginal Peoples and Service Providers in Winnipeg, Canada

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Abstract

Over the past 50 years, the urban Aboriginal population has experienced steady growth, and currently, over half of those who identify as Aboriginal are urban. In Canada, as well as in other settler nations, the urbanization of Indigenous peoples has been associated with high levels of geographic mobility between rural areas and cities as well as within cities. Urban policy, as well as service delivery, has struggled to meet the needs of mobile urban Aboriginal populations. This is a point of concern in Canada, as Aboriginal urban newcomers have indicated a distinct need for transitional service support upon migrating to the city from rural communities. Furthermore, social and health-related services are often a key point of entry for urban Aboriginal migrants, and serve as a place of community and networking for intra-city movers. This paper uses a scalar lens to examine the relational role that scale plays in shaping service delivery and access for mobile Aboriginal populations. This paper reveals that mismatched scales of resource allocation have resulted in a grave disconnect between urban resources and rural/reserve communities, leaving urban Aboriginal migrants often unprepared for their transition to the city. Aboriginal peoples’ mobility has been construed as a practice that disrupts service delivery, and yet service providers are situated within a landscape of uncoordinated urban Aboriginal policy and constrained by stationary service delivery models that do not privilege mobility experiences. By using a relational concept of scale to investigate the challenges that service providers, as well as urban Aboriginal migrants and residential movers, encounter, this paper challenges the dominant, top-down hierarchies of power that have shaped mainstream service delivery models.
Introduction: Setting the Context

Over the past 50 years, Indigenous\textsuperscript{6} populations across the Western world have become increasingly urbanized. In Canada, the urban Aboriginal population has experienced steady growth, and currently, over half of the 1.17 million people who identify as Aboriginal\textsuperscript{7} are urban. Of this urban Aboriginal population, 50 percent are First Nations\textsuperscript{8}, 43 percent are Métis, and 7 percent are of Inuit descent. In Canada, as well as in other settler nations, the urbanization of Indigenous peoples has been associated with high levels of geographic mobility \textit{between} rural areas and cities as well as \textit{within} cities (see: Taylor & Bell, 2004). As mobility flows have increased in recent decades, urban policy, as well as service delivery, has struggled to meet the needs of Aboriginal urban newcomers and intra-city movers. This is a point of concern in Canada, as Aboriginal urban newcomers have indicated a distinct need for transitional service support upon migrating to the city from rural communities (Distasio & Sylvestre, 2004). Furthermore, social and health-related services are often a key point of entry for urban Aboriginal migrants, and serve as a place of community and networking for both intra-city movers and urban newcomers (Cooke & Bélanger, 2006; Distasio & Sylvestre, 2004).

Internationally, it has been argued that urban service providers have difficulty meeting the service needs of mobile Indigenous populations, largely due to difficulties in providing continuous and adequate care to a population on the move (Clatworthy & Norris, 2007; CMHC, 2002, 2004; Taylor, 1998). These sometimes complex and contested interactions occur between mainstream service providers that privilege stationary behaviour and mobile Indigenous

\textsuperscript{6}The term ‘Indigenous’ is recognized by the United Nations and by a growing number of scholars to refer to the First Peoples of an area. It usually refers to First Peoples internationally (National Aboriginal Health Organization Terminology Guidelines, 2011)

\textsuperscript{7}The term Aboriginal refers to the descendents of the original inhabitants of North America. Section 35 of the Canadian Constitution Act (1982) recognizes three distinct groups of Aboriginal people: First Nations, Métis, and Inuit. There are important cultural distinctions between and within each group, and Aboriginal peoples currently comprise of over 50 distinct and diverse groups (e.g., Cree, Ojibway) (Smylie, 2009).

\textsuperscript{8}Although historically and legislatively referred to as Indians, First Nations is the preferred term used by these Indigenous peoples of Canada,
populations that are often marginalized by this model. As a result, there remains a need for service providers to improve service delivery to mobile populations (CMHC, 2002; Prout & Yap, 2010; Prout, 2009). Adequate service delivery may also be hampered by factors beyond mobility, such as a lack of cohesive national strategy for serving urban Indigenous people. Ongoing debates over Indigenous policy continue to persist in settler nations. For example, Australian government leaders have disavowed a policy framework based on Indigenous self-determination, and as a result services continue to be delivered in such a way as to increase federal government dependence rather than build community capacity. National strategies that are implemented are rarely effective and jurisdictional configurations are not in alignment with Indigenous needs (Anderson et al., 2006). These structural and perceptual limitations perpetuate a discourse whereby mobile Indigenous peoples’ spatial practices are not sufficiently supported by existing social policies and mobility may therefore be construed as a negative practice (Cooke & McWhirter, 2011) or as disruptive to service delivery (Prout, 2009, p. 178).

While international research has importantly documented Indigenous mobility patterns and flows, and has suggested that frequent movement may negatively impact service delivery (Biddle & Prout, 2009; Clatworthy & Norris, 2007; Taylor, 1998), little to no work has examined how the scales of mobility and service delivery might impact Indigenous movers’ relationships with, or access to, Indigenous-led and non-Indigenous services. In response to these gaps, this paper uses a Canadian example to examine the scales at which urban Aboriginal and non-Aboriginal services are organized and delivered, with a focus on how this plays out for mobile Aboriginal peoples in the city of Winnipeg, Manitoba, Canada. In doing so, the overall goal is to gain a better understanding of the successes and challenges that service providers and movers encounter, the role that scale plays in shaping service delivery and access, and what is needed to support the healthy and successful transition of urban Aboriginal movers.
Situating Indigenous Peoples’ Mobility

In Canada, similar to the United States, New Zealand, Australia, and Latin America, the colonial government has historically and actively dispossessed Indigenous peoples from their lands through paternalistic and assimilationist policies that have had long-lasting repercussions. In Canada in particular, Aboriginal peoples have had their lands appropriated, were relegated to reserves where their cultural practices were outlawed, and had their children forcibly removed from their families to attend church and state-run residential schools (Browne et al., 2005). The agenda to dispossess Aboriginal people from their lands was realized largely through the reserve system. Reserves are Crown-owned parcels of land, widely spread across Canada, that were historically set aside by the federal government for the relocation, use, and occupancy of First Nations. In many cases, the creation of reserves resulted in forced relocation, mobility restrictions⁹, and displacement from traditional lands as well as from cities (Saskatchewan, 2011). The reserve system was essentially ‘invented’ to constrain Aboriginal people and culture to distant spaces and often-undesirable terrain. It was not until the 1950s and 1960s, during a period of liberalization in Canadian history, that mobility restrictions were lifted from reserve communities and that a visible migration to urban areas began to take place (Peters, 2011; Thobani, 2007).

Although mobility restrictions and more overt colonial policies have lifted and eased over the course of recent decades, this complex history of social, economic, political, and geographic inequalities continues to play a role in shaping Aboriginal peoples’ mobility. It is also important to note that mobile Aboriginal people are unique in that they are not only urban newcomers, moving from one defined geographic area to another, but are also indeed moving within their own traditional territories. Consequently, the mobility picture, by and large, differs between Aboriginal and non-Aboriginal populations, due to the distinct

⁹ Although lacking any actual basis as law, Indian Affairs, a federal government department, designed a pass system in the late 19th century which was designed to confine Aboriginal peoples to their reserves. Those who left without a pass were taken into police custody. This racial segregation sought to restrain mobility and to “minimize friction” with mainstream society (Barron, 1988)
context in which Aboriginal mobility is situated. While there is little agreement as to how mobility data are gathered and measured across countries, all settler nations have a common pattern of colonial invasion and displacement that has resulted in higher rates of mobility amongst Indigenous peoples as compared to non-Indigenous populations – this takes place in the form of migration between urban and rural/reserve areas, as well as residential turnover, or mobility, within cities (Bell & Brown, 2005; Clatworthy & Norris, 2007). Consequently, the Aboriginal population in Canada is distinctly mobile (Norris & Clatworthy, 2003).

Migration from reserve to urban areas has largely been motivated by a lack of favourable circumstances and opportunities on reserves as compared to ‘mainstream’ urban spaces due to geographic, political, and economic isolation. More specifically, a number of push-pull factors have been identified that result in Aboriginal migration from reserve/rural areas to urban areas, including a lack of access to health and social services, education and training, family formation or dissolution, substandard housing, poor environmental conditions, and/or a lack of economic and political resources on many reserves (Cooke & Bélanger, 2006; Peters & Robillard, 2009; Peters, 2000). Residential mobility, on the other hand, is largely motivated by experiences with racism in the rental market, substandard housing conditions, poverty, eviction, family violence, or crime and safety (Clatworthy & Norris, 2007; CMHC, 2002; McCaskill et al., 2011).

Bridging the Gap? Understanding Jurisdictional Complexity and its Impact on Urban Aboriginal Service Delivery

Over the course of recent decades, Aboriginal mobility has challenged scales of service delivery (e.g., low-income housing, healthcare), which are shaped by government policy that favours reserve-based or stationary delivery models. This reality is largely the result of a long history of colonial policy and legislation. According to the Canadian Constitution Act of 1867, which defined Indian Affairs as an area of federal jurisdiction\(^\text{10}\), the Federal government was to have primary

\(^{10}\) Canada’s federal government represents Canada as a ‘nation’. Canada is divided into ten provinces and three northern territories.
responsibility for funding health services and other programs to status Indians\textsuperscript{11} living on-reserve. This continues to mean today that status Indians have the right to live on-reserve and have access to First Nation-administered, federally-controlled benefits, such as social housing and assistance. However, those who migrate from their reserve to urban or rural areas lose most of the services and benefits they have access to on reserves. The only program to extend off-reserve is the Non-Insured Health Benefits program which mainly provides status Indians (and Inuit) with eyeglasses, prescription drugs, and medical transportation (Lavoie & Forget, 2008). This paternalistic policy geographically discriminates against urban status Indians, as they lose most of their status rights upon leaving the boundaries of reserves (Senese & Wilson, 2013). Furthermore, Métis, Inuit, and non-status Indians, whether urban or non-urban, are not eligible for these benefits as the federal government has never recognized a constitutional responsibility for Aboriginal peoples living off-reserve. For more than half a century, federal and provincial governments have disputed who has responsibility for supporting the service needs of urban Aboriginal peoples (Peters, 2006). As a result, a comprehensive urban Aboriginal policy framework has yet to emerge and responsibility for providing services to urban Aboriginal people is often downloaded to provincial and local governments as well as to private stakeholders.

Downloading jurisdictional responsibility is further complicated by the fact that provinces are constitutionally responsible for delivering services, in particular health-related services, to all citizens of the province, including, but not exclusive to, Métis, off-reserve status Indians, non-status Indians and Inuit who are living outside their traditional territories. This means that provinces play a major role in providing health services and programs to Aboriginal people living off-reserve by

\textsuperscript{11} A status Indian is someone registered under the terms and conditions of the Indian Act. Although First Nations is the preferred term used by the Indigenous peoples of Canada, they have historically and legislatively been referred to as Indians. Non-status Indians are not registered under the Indian Act, and relatively few live on reserves.
default. With few exceptions\textsuperscript{12}, provincial governments tend to treat the urban Aboriginal population as part of the larger provincial population and remain hesitant to take direct Aboriginal policy action (Lavoie et al., 2008). Furthermore, funding for urban Aboriginal services has not matched the growth of the urban Aboriginal population (RCAP, 1996) and, at the local level, municipal governments have no explicit policy to serve urban Aboriginal migrants (Peters, 2011). As a result, the service needs of urban Aboriginal peoples are often overlooked, and non-Aboriginal organizations do not necessarily have the resources or inclination to support the Aboriginal population despite their overrepresentation of Aboriginal clients in some cases (DeVerteuil & Wilson, 2010). These mismatched, or misdirected, scales of resource allocation have often resulted in urban Aboriginal service gaps.

With the federal government continuing what some have described a longstanding “ambivalence” toward urban Aboriginal peoples (Abele & Graham, 2011), urban issues have, at best, appeared sporadically on the federal government agenda (RCAP, 1996). This is reflected in the limited level of consistent or systematic support for urban Aboriginal programs and service delivery (Hanselmann, 2001). Although clear programming gaps remain a policy issue, some multi-level government partnerships have started to emerge on the policy horizon in recent years, and that tripartite agreements have come to support some important programming initiatives for urban Aboriginal peoples (Peters, 2011).

One example is the Urban Aboriginal Strategy (UAS), which is a community-based initiative in 13 cities across Canada. The UAS partners multiple scales of government (i.e., federal and municipal), as well as the private sector, in an effort to identify and address key priority areas for Aboriginal peoples living in urban areas including: family health, job and skill training, and supporting youth initiatives. While inter-governmental funding agreements, such as the UAS, are increasingly becoming the preferred mechanism for addressing urban Aboriginal

\textsuperscript{12} The Ontario Ministry of Community and Social Services supports an Aboriginal Healing and Wellness strategy which combines traditional and mainstream programs across the province in an effort to improve Aboriginal health.
policy gaps and jurisdictional conflict, these policy initiatives are not being uniformly applied across the country, nor do they clarify federal, provincial, and municipal service responsibilities for off-reserve Aboriginal peoples (Lavoie et al., 2008). While programs, such as the UAS, demonstrate that cross-jurisdictional synergy remains an important ingredient to negotiating effective urban Aboriginal policy, the involvement of multiple scales of governance can also often result in “uncoordinated and inconsistent service delivery” (Abele & Graham, 2011), or a “patchwork” of Aboriginal-specific policy and legislation (Lavoie et al., 2008).

Without coordinated, multi-level policy agreements in place, Aboriginal-led service organizations receive less funding than mainstream service providers (Hanselmann, 2001). This is an area of concern, as the sustainable operation and program delivery of many Aboriginal-led organizations ends up constrained to a string of short-term, project-based funding arrangements (Sookraj et al., 2010). As a result, human resource hours must be allocated to securing piecemeal program funding, making it difficult for Aboriginal organizations to adequately plan and deliver sustainable services at the urban level. Both Aboriginal and non-Aboriginal providers have been left to fill the service gap that persists without a national strategy or cohesive urban Aboriginal policy in place (Sookraj et al., 2010). The need to compete for a finite pool of financial resources often creates scarcity conflicts within the service landscape (Peters, 2011; RCAP, 1996) and Aboriginal service representatives rarely have time or opportunity to pursue involvement at the policy table (Walker et al., 2011), as they are left securing resources. And so it remains that decisions made at the governmental scale echo within the urban service landscape. While Aboriginal-led organizations feel the brunt of underfunding as compared to non-Aboriginal organizations, where for example, “urban Aboriginal transition programming receives less than five cents for every dollar spent on immigrant settlement and transition” (Chalifoux & Johnson, 2003, p. 57), it remains that all service providers have been subject to the federal downscaling and privatization of social services that has taken place under neoliberalism.
Starting in the 1980s, general social services that had once been cared for under federal and provincial umbrellas were essentially abandoned by the state. In its wake, the nonprofit sector was left to fill the gaps in delivering services that were once publicly provided by the state (Wolch, 1990). The assemblage of nonprofit sector organizations that took on these shared service responsibilities has collectively been referred to as the “shadow state”. It has been suggested that the shadow state is in a liminal space between state and society (Mitchell, 2001; Trudeau, 2008), as it negotiates its autonomy as well as its financial dependency. Often, service providers must meet certain criteria to apply for, or compete for, limited funding resources (Mitchell, 2001). The interscalar relationships that have emerged between nonprofit organizations and the government are therefore multi-faceted, and at times contradictory (Trudeau, 2008) as shadow state organizations may increase their capacity by responding to their local community’s needs and circumstances, despite being faced with funding restrictions that often insert state control and influence over the activities of nonprofit organizations (Morison, 2000). Their role in this shadow state, coupled with an urban Aboriginal policy patchwork, places Aboriginal organizations in a unique circumstance, as they must negotiate colonial jurisdictions, as well as neoliberal service downloading.

This section has asserted that patronizing, hierarchical scales of jurisdiction, situated simultaneously in a neoliberal and colonial context, impact how services and programs are funded and delivered to the urban Aboriginal population. These scales also play a significant role in the experience of mobile Aboriginal peoples who cross over jurisdictional boundaries when moving from reserve/rural to urban spaces. The interrelationships between service providers and movers warrants a more in-depth examination as a way to tease out how these scales play out on the urban service landscape. Although some discussion has emerged around how scales of service provision and government funding have impacted the identity of First Nations women living in urban areas (Peters, 2006) scale remains to be taken up as a framework for understanding how the scales which migrants cross (i.e., reserve to urban) and move within (i.e., the urban boundary)
may impact service access and delivery. Furthermore, the role that jurisdictional scale and policy mismatch plays may shape how services are planned and delivered, and may impact access to the necessary transitional supports for mobile urban Aboriginal populations. In response to these important gaps, this paper uses a relational concept of scale as an organizing framework to further examine the interscalar relationships and gaps that occur between service providers and urban Aboriginal movers, as well as how Aboriginal and non-Aboriginal service providers are supporting the service needs of these movers.

**Moving beyond Hierarchies: Scale as Relationship**

Scale is a foundational concept in geographic discussion and practice. It plays an important role in understanding cartographic, geographic, and operational elements of space (Lam & Quattrochi, 1992 in Marston, 2000). In this longstanding role, scale serves as an important organizing, or ordering framework for making observations about space(s). While these foundational elements of scale proved useful for measurement and categorization, they also assumed that spatial structures were static, or unchanging (Leitner, 2004). In the 1980s, scholars became interested in how the production of scale was implicated in the production of space. It was argued that scale was not a naturally occurring, fixed unit of analysis simply waiting to be found and utilized. Rather, it was seen as part of a systematic hierarchy that was transformed by capitalist processes (Smith, 1984). This early phase of scalar theorizing focused on the production of scale and its role in sites of capitalist accumulation and organization (Taylor, 1981).

By the early 1990s, this capital-centric focus was found to be insufficient for considering the social mechanisms that created scale, and as a result, scholars started to pay increasing attention to the social construction of scale. This approach recognized that scale is dynamic and deeply intertwined with socio-economic and political structures as well as being an expression of the “relationships of social power” (Nielsen & Simonsen, 2003). This approach explores scale as a socially produced construct that has material consequences
on social life (Herod, 2011) and creates space for considering how power relations outside of capital could also influence scale-making, such as social reproduction and consumption (Marston, 2000). This approach to scale importantly highlights the context in which socially and politically constructed scales (i.e., nation states and urban areas) are created and perpetuated by social, economic, and political practices.

During the late 1990s and early 2000s, scholars began to question scalar hierarchies, which dominated how scale was understood. Some began to consider the relationships that occur across scales, rather than view scales as a series of contained entities, distinct from one another and organized according to vertical or horizontal hierarchies (Marston, 2000; Swyngedouw, 1997). They argued that hierarchies fall short because they take a top-down approach that produces and reproduces socio-spatial inequalities and does not adequately represent complex inter-scalar relationships that occur across traditional geographies of political power (Howitt, 1998; Leitner, 2004). With vertical hierarchies, the highest scale, for example, the nation, is viewed to be above, or in a position of power over lower ranking scales such as the urban, or local. In Herod’s (2011) analysis of the evolution of scalar thought, he uses the image of a ladder to describe the vertical approach to scale, with each rung representing higher, or more powerful levels of scale. Horizontal hierarchies, on the other hand, may be represented by a flat model made up of concentric circles, with the smallest scale located at the centre, and the larger scales radiating outward. While scale is still viewed as distinct, bounded spaces, there is less of a top-down quality as one scale is seen to encompass or surround another scale, rather than dominate it (Marston et al., 2005). Others have gone so far as to call for a ‘flatness’ of scale, where the concept of hierarchical scale is abandoned altogether and de-territorialized sites are interlinked, rather than spatially hierarchical (Jones et al., 2007).

Relational networks that occur across and within scales can also provide an opportunity to challenge the territories that scale creates. Howitt (1998; 1993) argues that scale is as a relational element that is embedded in the everyday dynamics of social life, and
that as a result, relational complexities occur between scales. Scales, not unlike jurisdictions, are not tidy, distinct spheres that simply operate in a hierarchical fashion. This understanding of scale can be useful from a policy perspective as it provides a means to move beyond a hierarchical policy perspective, and may be useful to consider "unbundling" hierarchical governance and replacing it with new, "flattened" political spaces, where jurisdiction is shared amongst what were once distinct, unrelated fields (e.g., levels of government and community organizations) (Leo, 2006). It stands to reasons that scale, as a hierarchical concept, is limited in nature, as it does not account for the multi-directional interrelations that simultaneously occur between and within different scales.

A relational understanding of the interactions that occur across scales can often serve to elucidate the social processes that "produce unjust, unsustainable, and inequitable realities" (Howitt, 1993, 50) and that exclude or disadvantage certain groups. By examining the connections that take place across scale, as well as the gaps that are caused by hierarchical restrictions and top-down power relations, scholars may be better able to redefine the spaces of engagement that transcend local, regional, and national boundaries (Leitner, 2004). These interrelationships can potentially create new entry points for contesting scalar hierarchies and supporting socio-spatial justice as they reconfigure dominant socio-spatial containers that create inequalities (Marston et al., 2005). Given the jurisdictional complexity and strained interrelationships that occur between federal, provincial, and municipal scales of urban Aboriginal programming and policy, a scalar lens provides an important opportunity through which to view how these processes play out for service providers and mobile urban Aboriginal populations. By examining the multiple scalar connections that occur across and within different socio-spatial sites, this paper seeks to come to a better understanding of the role that scale plays in shaping relationships between mobile Aboriginal peoples and service providers in urban Canada.

**Study Site: Winnipeg, Manitoba, Canada**

In order to address these goals, this paper draws upon the results of in-depth interviews that were conducted with Aboriginal migrants, residential
movers, and with Aboriginal and non-Aboriginal service providers in the city of Winnipeg, Manitoba, Canada. Winnipeg is a distinctive and important study site as it is home to the largest urban Aboriginal population in Canada. According to Statistics Canada, in 2006, over 68,000 urban dwellers in Winnipeg claimed Aboriginal status or identity, representing just over 10% of the city’s population. Winnipeg’s urban Aboriginal population is made up of the largest urban Métis and First Nations populations in Canada; approximately 40 percent of the Aboriginal identity population in Winnipeg is First Nations and approximately 60 percent are Métis. A small percentage (<1 percent) identify as Inuit (Canada, 2012). Winnipeg is also an important study site as Aboriginal peoples’ mobility rates are relatively high. According to the author’s calculations based on Statistics Canada data, in 2006, 26 percent of the Aboriginal population had moved over a 1-year period and 58 percent over a 5-year period. In contrast, 13 and 39 percent of the non-Aboriginal population were respectively mobile. Furthermore, Winnipeg’s Aboriginal population is twice as likely to move within the city as compared to the non-Aboriginal population. This population of residential movers represents the highest percentage of intra-city movers when compared to Canada’s five cities with the largest Aboriginal populations.

Winnipeg is also distinct in that it is marked by a visible, diverse, and longstanding Aboriginal-led service landscape (Peters, 2006) composed of approximately 70 Aboriginal-led, community-based organizations (Silver, 2009) that offer a breadth of services, some which have been in operation for over 20 years (United Way, 2010). Furthermore, the City of Winnipeg interestingly has a long lineage of tripartite government agreements, starting in the 1980s that have focused on inner city revitalization and that have directly or indirectly possessed an Aboriginal-focused component. This city has also been called a national leader in its efforts to create policy relationships with urban Aboriginal representatives (Walker et al., 2011). While these relationships have been somewhat flawed in that governments have approached Aboriginal stakeholders at the implementation stage of the policy consultation process, rather than as co-producers from inception through to implementation, Winnipeg remains a leader
in terms of its innovative and inclusive consultation processes (Walker et al., 2011). Thus, it represents an ideal site for examining how jurisdictional agreements, or lack thereof, influence service provision as well as the everyday lives of mobile urban Aboriginal populations.

**Methods**

This research is the result of a collaborative partnership with a nonprofit, First Nations-led social service organization called Eagle Urban Transition Centre (EUTC). The Assembly of Manitoba Chiefs (AMC) – an urban-situated provincial political organization that represents First Nations across Manitoba – created EUTC in an effort to fill a service gap in terms of transitional support for Aboriginal peoples moving to and within the city of Winnipeg. EUTC serves as an important geographic focal point in the City of Winnipeg that links migrants and residential movers to vital health and social services. EUTC is a “status blind” Aboriginal gateway organization meaning that they provide holistic, culturally relevant transitional support to anyone who identifies as Aboriginal, regardless of their status. They also provide client advocacy, and work to improve the overall quality of life for urban Aboriginal peoples. EUTC plays a central role in supporting the transition of urban Aboriginal newcomers and is one of the only services of its kind in urban Canada. Their client base has nearly doubled each year since 2009, with over 7,000 walk-in clients passing through their doors this year alone. Although another Canadian city, Edmonton, Alberta, has developed a similar program for assisting with urban transition (the Aboriginal Welcome Service Program), these types of transitional supports for urban Aboriginal newcomers remain few in number within the Canadian context.

Working in partnership with EUTC, the goal of this research was to examine the role that Aboriginal and non-Aboriginal service providers play in supporting the transition of urban Aboriginal migrants and residential movers. With this goal in mind, the first author conducted two sets of in-depth, semi-structured interviews with 24 urban Aboriginal movers and 22 service providers. Aboriginal and non-Aboriginal service providers were defined as organizations
that offered assistance to those seeking support in maintaining or improving housing, education, employment, health, and/or social circumstances and that promoted general well-being within the urban community. Non-Aboriginal service providers included mainstream providers that focused on serving the needs of the general urban community, and Aboriginal service providers included “status blind” organizations. Aside from the municipal and tribal council representatives, the participants interviewed were representatives from nonprofit organizations. Using a purposive sampling strategy, seven non-Aboriginal and fifteen Aboriginal service providers were recruited. Service providers were identified in consultation with EUTC and through service directories in an effort to identify organizations representing the housing, health, education, employment, and social service sectors and had some level of experience working with mobile Aboriginal clients (see Table 2). Participants were contacted via telephone and/or email to establish initial contact, describe the research goals, and enlist participant interest. Once interest was established, participants were met at their place of employment, or in a public setting (e.g., coffee shops). Participants were asked about their role in the organization, how they felt their organization addressed the service needs of mobile Aboriginal populations, and about the challenges and successes that they experienced in working with urban Aboriginal migrants and intra-city movers.

Interviews were also conducted with urban Aboriginal newcomers and intra-city movers. Based on the Aboriginal mobility literature (see: Clatworthy and Norris, 2004), participants were defined as migrants and residential movers, respectively, and are collectively referred to as “movers” in this paper. Participants were recruited using snowball sampling, where service providers served as initial contacts, or liaisons, for referring potential participants. Similarly, movers referred their friends or family to participate in the interviews. A second strategy consisted of posting recruitment flyers in community and neighbourhood centres, universities, banks, grocery stores, and health clinics (Peters & Robillard, 2009). In total, 5 migrants, 5 residential movers, and 14 migrants/residential movers were interviewed. Migrants had arrived in the city within 5 years leading
up to the interview. Residential movers were urban-born and had moved at least twice in the year the interview took place. Migrants/residential movers were migrants who had found themselves in a cycle of residential mobility upon moving to the city. Of the 24 interviewed, 9 were male and 15 were female. Participants ranged from 18-54 years of age. All were of First Nation or Métis descent. Participants were asked about their mobility history, if they used Aboriginal and/or non-Aboriginal services within the city, what their experiences had been with these providers, and if they felt that being mobile impacted their service use.

Interviews ran between 20-120 minutes in length, and were conducted face to face in mutually agreed upon locations. With full consent from all participants, the interviews were audio-recorded and movers were presented with an honorarium to acknowledge their contribution to the research. The transcribed interviews were analysed using NVivo, a software program that is designed to assist with organizing and coding unstructured, qualitative data. Coding was done with the intention of drawing key themes and patterns from the interview data that reflected the relationship between mobility and service provision. A description of these key themes is provided in the following section with supporting quotes from interview participants.
Table 2: Participants from Aboriginal and non-Aboriginal Service Organizations

<table>
<thead>
<tr>
<th>Service Sector</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>1. Non-Aboriginal Program Coordinator</td>
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<tr>
<td></td>
<td>2. Aboriginal Policy Analyst</td>
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<tr>
<td></td>
<td>3. Aboriginal Organization Development Manager</td>
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<tr>
<td>Employment</td>
<td>4. Aboriginal Executive Director, Education &amp; Employment Services</td>
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<tr>
<td></td>
<td>5. Non-Aboriginal Director</td>
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<tr>
<td></td>
<td>6. Non-Aboriginal Chair of Employment &amp; Training</td>
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<tr>
<td>Education</td>
<td>7. Aboriginal Director of Education</td>
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<tr>
<td></td>
<td>8. Aboriginal Intake Coordinator</td>
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<tr>
<td></td>
<td>9. Aboriginal Manager of Community Relations</td>
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<tr>
<td>Health</td>
<td>10. Aboriginal Executive Director</td>
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<tr>
<td></td>
<td>11. Non-Aboriginal Long-term Support Coordinator</td>
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<tr>
<td></td>
<td>12. Non-Aboriginal Client Advocate</td>
</tr>
<tr>
<td>Social Services</td>
<td>13. Aboriginal Community Transition Counselor from EUTC</td>
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<tr>
<td></td>
<td>14. Aboriginal Employment Counselor from EUTC</td>
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<tr>
<td></td>
<td>15. Aboriginal Family Counselor from EUTC</td>
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<td></td>
<td>16. Aboriginal Youth Project Coordinator</td>
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<td></td>
<td>17. Aboriginal Managing Director</td>
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<td></td>
<td>18. Aboriginal Executive Director</td>
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<tr>
<td></td>
<td>19. Aboriginal Treatment Worker</td>
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<td></td>
<td>20. Non-Aboriginal Director</td>
</tr>
<tr>
<td>Municipal/Tribal</td>
<td>21. Aboriginal Tribal Council Representative – Urban Service Advocate Worker</td>
</tr>
<tr>
<td></td>
<td>22. Non-Aboriginal Municipal Representative – Community Services</td>
</tr>
</tbody>
</table>

Results

The interviews revealed that scale plays out in complex and dynamic ways for urban Aboriginal movers as well as for service providers. The findings indicate that urban Aboriginal migrants are being met with challenges in terms of locating service knowledge when preparing to move to the city, as well as upon arrival. This is largely due to a disconnect between rural communities and urban resources. The findings also indicate that service providers have difficulty maintaining continuity of care to mobile populations, but that so too do movers have difficulty accessing services as often organizations will change location. These themes highlight the relationships that exist between movers and service providers, and how scales of jurisdiction, service delivery, and mobility impact service access and delivery.
Locating Service Knowledge

The majority of Aboriginal-led service providers indicated that Aboriginal migrants who moved between reserve and urban communities, in particular, had difficulty locating urban service information. This was due to a policy and programming disconnect between reserve/rural and urban scales that created a significant gap in terms of access to resources and necessary information that would assist Aboriginal/First Nations migrants in adequately preparing for a move to the city (e.g., housing). As a result, upon arriving in the city, migrants were often overwhelmed not only by the size and intensity of the urban experience, but in many cases also unwittingly found themselves in situations of housing crisis, or difficulty securing employment or childcare, for example. Aboriginal service providers stated that without the necessary information at the points of departure (i.e., reserve) and arrival (e.g., city), Aboriginal newcomers were often left unprepared for their transition. As one Aboriginal service provider explained, newcomers of all ages experienced multiple hurdles in transitioning to the city that were compounded by a lack of support:

[When] a lot of First Nations people migrate to the city they’re often moving to the city unprepared and without the supports that they need they’re already going to struggle with the transition, and they’re going to struggle with trying to find the services, but they’re also going to struggle with battling stereotypes and racial images that are already made upon them before they even get into the city.

(Aboriginal Youth Project Coordinator)

Another participant who worked for an Aboriginal housing organization echoed similar sentiments. A lack of preparedness was mainly attributed to missing information and resources that would facilitate and support migration.

People will come to the city and they haven’t realized how different it is from where they live. And so they move here and then they haven’t given thought to where they’re gonna live but then, when you’re living in the city it’s way different than living in a small community. So, they’re stressed out because they gotta take the bus – it takes forever to get anywhere, to fill out applications, and they can’t get a place and they’re staying with people and – so, sometimes I wonder if they had supports in the community or places to go in the community that would prepare them.

(Aboriginal Organization Development Manager)
In order to alleviate some of these gaps, an urban Tribal Council representative explained the importance of facilitating migrant readiness. Urban-based Tribal Councils occupy an interesting position in the urban service landscape as they straddle the boundary between urban and reserve – in this way this service provider was one of the few in the city that was able to travel to reserve communities and promote their urban program. He explained that:

Preparation beforehand is what’s going to be, what’s going to make it less stressful for them [urban newcomers], and a more positive experience. *(Tribal Council Representative – Urban Service Advocate Worker)*

As noted earlier, federal and provincial policy does not yet fully recognize the distinct needs of urban Aboriginal migrants; this is reflected in the scalar mismatch, or lack of support, for jurisdictional synergy between urban and reserve spaces. As an Aboriginal Transition Counselor explained, although there is a need to foster interscalar relationships, “there’s a huge disconnect between the urban resources and the rural First Nation communities.” More than half of the Aboriginal service providers who were interviewed also spoke to the limitations of service delivery that is confined to the urban scale. They indicated the importance of extending services, information, and advocacy beyond the urban boundary by creating interconnections with reserve/rural jurisdictions, although lack of available funding was often identified as an issue that prevented this from occurring:

We’d have more success transitioning people to the city…if we were able to get out and build stronger relationships with First Nation communities, but…we don’t have those – we don’t have I guess that option because of funding restrictions. *(Aboriginal Project Coordinator)*

Aboriginal service providers pointed to the need for access to adequate and efficient service information and support both prior to, and upon arrival in the city. Interestingly, it was the Aboriginal-led service providers, rather than movers or

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13 Tribal Councils are institutions that First Nations voluntarily join in order to administer and deliver community-based services and programs and are often involved in health policy development (Lavoie et al., 2008).
non-Aboriginal providers that identified a lack of preparedness, coupled with a
tenuous connection between reserve/rural and urban programming, as an
important gap in locating service knowledge. While movers did not specifically
use the term “preparedness”, they did speak about their frustration, difficulty, and
confusion in accessing urban services. As one recent migrant indicated:

It’s really hard to get help over here [referring to city]. You have to give like
an arm and a leg to get some assistance…I came here on medical aid, but
I’d been wanting to leave the reserve for a long time…I wanted to go to
school, that was my main goal…the challenge right now is finding a place
that’s affordable and clean. [The government] just leaves us out in the dust.
You have to protest or do something dramatic to get some attention or help.
(First Nations Migrant, Male)

The frustration here is clear. Many urban Aboriginal newcomers
experienced difficulty in accessing support and knowledge regarding the location
and types of urban services that were available to them. While approximately half
of the urban newcomers who were interviewed indicated that they were generally
cognizant that support services existed in Winnipeg, they were unaware of how
to access these services, or where these services were geographically located.
An urban migrant, who had relocated from her reserve in order to pursue her
education, explained that in order to access services, movers needed to know
someone that worked within the organization:

I’m not really clear what organization does what…I would say like people
who first move to the city don’t really know a lot of the things [referring to
service organizations]…unless like you know this person who works there.
(First Nation Migrant, Female)

A recently arrived migrant who was a young parent attending school, also
identified the difficulty that she had obtaining service knowledge and suggested
that information was key to assisting with the transition to urban areas:

What I would suggest is for new Native families that move to Winnipeg to
have y’know information, pamphlets, like a little welcome type of gift for
these people who move so they have this information. Y’know, they don’t
have to go out and find it – they have it and they know like, oh this is
where I can go for this and y’know stuff like that. That would’ve made my
move a little bit easier.
(First Nation Migrant, Female)
Another issue that impacted service knowledge occurred when the service providers themselves relocated. One return migrant, having recently returned to the city after a short time living in a rural area, found that although she was familiar with the city, changes to the service landscape made it difficult to locate and access appropriate resources. As a result, it was difficult to maintain consistent knowledge of service availability and location:

I know that there is a lot of information and a lot of services that people will help you. But like I said, you need to find out... because they change their names, they change their location. And it’s like, “Oh what happened to so and so?” “Oh they’re there, but they’re just under so and so's name.” “Oh, okay.”

(Métis Migrant, Female)

Service turnover and relocation may be a reflection of neoliberal funding restrictions and a lack of a cohesive urban Aboriginal policy, which in turn impacts the sustainability of many Aboriginal-led organizations. An Aboriginal health provider described the difficulties that non-profit organizations faced in terms of securing funding and retaining staff. Service providers reported that they were often forced to wedge their needs into funder criteria categories that were not necessarily specific to their clients:

It’s not like we can go out there and identify a need, design a program around it, and then find a funder. It doesn’t work like that. Because funding comes from government, of one level or another, or through [private] funding agencies, but they all have criteria. So, you’ve gotta see what’s out here, and see if you can design a program to fit in there. And hopefully the needs you’ve identified, you can address with that funding stream...Every year for non-profits it gets tougher and tougher and tougher... And it makes it very difficult to retain staff because y’know when you can’t keep up with [those] that have more money...so you’re continually training people and then they move on. And you can’t blame them, I mean, they’ve got families to raise.

(Aboriginal Executive Director)

In response to the service gaps between urban and rural/reserve locales, as well as within the city, movers reported using word-of-mouth networks between family and friends as an important coping strategy. Such networks bridged the scalar information void, and helped movers orient themselves in what can sometimes be a shifting service landscape. Some service providers also noted the utility of word-of-mouth networks. A municipal worker spoke to how networks
of ‘human contact’ were often the most reliable sources of service knowledge for mobile Aboriginal populations:

A good example is in [inner city neighbourhood], there’s about 30 different organizations providing a range of services within that community – but somebody moving in there, they don’t know those resources are there…So you have to learn it from human contact, right? (Municipal Representative – Community Services)

When asked, non-Aboriginal service providers also acknowledged the limitations that existed when Aboriginal-focused services were restricted to the urban scale. A non-Aboriginal health service provider, who served a large Aboriginal clientele, spoke to the need for creating relationships between urban and rural/reserve spaces:

I don’t know the services that might exist, whether on a reserve, or just even in a rural community, but if it was tied to some particular worker, that someone could go to and say, “Yeah, I’m thinking of moving to the city, what do I need to do?” Or you know, say if it was here in the city, if there was like, say if it was related to reserves, would the feds or province fund a position that’d help people sort of get settled? (Non-Aboriginal Long-term Support Coordinator)

Her confusion surrounding the types of services that might be offered on-reserve or for urban newcomers points to the lack of connection between urban and reserve scales. This further demonstrates the jurisdictional complexity that exists between the federal and provincial government in terms of service delivery to urban Aboriginal migrants, which hinders a fluid transition from reserve to urban spaces. As the interviews demonstrate, service providers and migrants were all too often left to negotiate the geographic and policy gap that emerged between scales of urban/reserve service provision and delivery. Although service provider locales were important spaces of support for movers, continuity of care remained a crucial challenge for movers.
Continuity of Care

The interviews revealed that urban service providers do not have the capacity to maintain continuity of care to mobile urban Aboriginal peoples, either at the urban scale, or beyond its boundaries. An Aboriginal service provider employed at an education and training centre noted how frequent mobility, whether back and forth between reserve/rural and urban scales, or within the city, impacted continued service access and program completion.

[Frequent mobility] impacts on how they [movers] use the services. One huge issue is keeping in contact with them. Our clients have issues with finding safe and affordable housing so they often move from location to location. As a result, it is difficult to provide ongoing support to action plans developed with our clients as many do move frequently resulting in longer timelines to action plan completion due to stopped then restarted plans as clients come, leave, then return.

(Aboriginal Director of Education)

Almost half of the movers who were interviewed also spoke to how mobility impacted their continued access to services. One residential mover expressed her frustration with attempting to maintain service connections with family-related support services (i.e., childcare) when moving within the same scale, from neighbourhood to neighbourhood:

It's basically when you do move, and then when you want to go back, then they [service provider] say “Well, you moved to this area and you can't use this service because you live in that area now.”

(First Nation Residential Mover, Female)

Another residential mover explained how connections to service providers were interrupted through mobility. This participant had to move her family due to safety issues with the neighbourhood that they had been living in. In doing so, she had to leave her key service provider. She found it difficult to adjust to accessing a new support service:

Oh, I used to stay out in [previous neighbourhood] and...I used to go to [drop-in centre] there. And then when I moved from there to [new neighbourhood], they told me I can’t go to that [drop-in centre] anymore 'cuz it’s too far for me...And I asked them, “Well what’s the difference? You guys are like almost the same like distance.” And they said, “Well, I passed that boundary…so I had to go to a different [drop-in centre]...I
didn’t know who to talk to and I was like “Oh, who do I talk to about this?” Didn’t feel really comfortable.  
(Métis Residential Mover, Female)

These findings indicated that mobility can be challenging for movers who seek to remain connected to service organizations. It also created challenges in terms of service delivery. A non-Aboriginal service provider, who worked closely with the Aboriginal community explained the difficulties associated with frequent mobility and how this impacted service access:

I think it affects the services in that they’ve established themselves somewhere, they have a place to live maybe. They’re collecting income assistance. They have a doctor...So if they disappear, they may lose that, that connection with the family doctor. But also their [income assistance] is cancelled, then they have to reapply, they have to go through that whole thing again.  
(Non-Aboriginal Director)

Given that the majority of movers indicated that service providers acted as their main source of support, often in place of friends and family, these losses of connection had the potential to greatly impact movers:

I think that’s why I chose [Aboriginal service provider] because I was worried about the support system. And I thought, well what if I get down on myself or, you know, I’m going to need someone to lift me up and tell me you can do this. And they’re really good for that here.  
(First Nation Residential Mover, Female)

Maintaining connections to service providers – and to Aboriginal service providers in particular – is important as the relationships formed by movers and service providers can act as positive mechanisms for negotiating the scalar gaps that exist within the urban service landscape. As one Aboriginal service provider said, successful programs need to be increased and “stationed throughout the city” so that movers, who are actively seeking to create and maintain ties with service providers as a way to ease urban transition, can do so.
Conclusions: Moving Forward in Urban Aboriginal Policy

The purpose of this paper was to use a scalar lens to examine the relationships and jurisdictional challenges that play out between mobile urban Aboriginal populations and Aboriginal and non-Aboriginal service providers. The findings reveal that scales of resource allocation profoundly shape service delivery and access for mobile Aboriginal populations, as hierarchical jurisdictions are resulting in an information gap in terms of coordinating service knowledge between reserve/rural and urban areas. This has a particular impact on the successful transition of urban Aboriginal peoples who are moving between reserve/rural and urban scales. These finding are reflected in two key thematic areas: locating and obtaining service knowledge and maintaining continuity of service care.

This paper makes important contributions to understanding how jurisdictional hierarchies play out for movers and service providers who are attempting to maintain interrelationships across scale. Using a scalar perspective provides an important opportunity to consider the relationships that occur across socially and politically constructed scales, as well as the gaps that emerge across scale. Essentially, jurisdictional scales remain bound up as distinct, hierarchical entities that are treated as distinct in nature, and yet these scales impact the day-to-day lives of service providers and mobile Aboriginal peoples who are moving within relational networks. This research demonstrates that scale is more than size and level (Howitt, 1998) and that decisions made at one scale impact another (i.e., a lack of cohesive policy at Federal level impacts local urban Aboriginal community). As a result, each scale is related. Although there remains a distinct policy gap, as a result of jurisdictional patriarchal hierarchies, urban Aboriginal organizations are working to flatten, or unbundle, these scales as they create linkages within the urban community, and beyond its boundaries.

This being the case, some limitations must be addressed. First, the majority of urban newcomers and residential movers who were interviewed were connected in some way to a service network. These interviews may therefore overlook mobile persons who are more isolated or disconnected. This segment of
the Aboriginal population may have unique service needs and experiences and represent an important area of future research. Furthermore, while this research includes the voices of Métis and First Nations participants, it did not reach the Inuit community who represents less than 1 percent of Winnipeg's population. But certainly, the goal of the research was not to be representative of the entire urban Aboriginal community, which is distinct and diverse in many aspects including its histories, tribal affiliations, and socio-economic status. These limitations point to important future research directions that address the specific needs of mobile Métis, First Nations, and Inuit populations who are moving to and within urban areas. Further research is also needed to tease out the colonial context and racism that is embedded in intergovernmental policy, or lack thereof, and to how this context has in turn shaped mobility practices.

Despite these limitations, this research importantly examines the jurisdictional gaps among federal, provincial, urban, and reserve scales, and reveals how such gaps create challenges for urban Aboriginal migrants in particular in terms of accessing service information, both at migrants’ points of origin and arrival. These results demonstrate that a disconnect between reserve and urban scales of service provision impacts migrants' levels of preparedness before leaving reserve/rural communities, and upon arrival in the city, their service knowledge is often limited due to this disconnect between scales of service provision. As a result, those who are new to the city are often underprepared and remain unfamiliar with the service landscape. Furthermore, urban Aboriginal service gaps persist as hierarchical scales of jurisdiction (i.e., federal, provincial) remain in dispute over who has responsibility for meeting the service needs of urban Aboriginal peoples. These gaps are rooted within an inherently vertical hierarchy that is deeply intertwined with socio-economic and political structures that have placed reserve communities at the bottom of the hierarchy and the federal government on the top “rung” of the ladder. These scales of power have been socially constructed and maintained over time for the benefit of what essentially remains a colonial rooted government infrastructure. It is little wonder that Aboriginal peoples’ mobility has been construed as negative
or disruptive (Cooke & McWhirter, 2011; Prout, 2009) given that it is situated within a colonial context that has generated a patchwork of mismatched scales of resource allocation and a landscape of “uncoordinated service delivery” (Abele & Graham, 2011).

By placing a relational scalar lens over this hierarchy, this paper demonstrates the “unsustainable reality” (Howitt, 1993) of this scalar construct and that a lack of cohesive policy challenges service delivery to mobile urban Aboriginal populations, whether they are seeking service support and knowledge at the urban scale, or across its boundaries. As the research findings suggest, there is a need for improved interscalar relations between reserve/rural and urban service providers, as well as among all levels of government to facilitate urban transition as well as to promote service support within urban spaces. While movers (through word-of-mouth networks) and Aboriginal service providers (through recognizing the need for outreach to reserve/rural communities) are negotiating the scalar gap and are thereby resisting socio-spatial inequalities and socially constructed scales of power (Howitt, 1998; Leitner, 2004), they remain gravely underfunded and under-supported. Governments and policymakers will need to step forward to address these service gaps in earnest, through large-scale, cohesive, tripartite agreements that holistically address the transitional needs of migrating urban Aboriginal residents and that work to foster healthy, sustainable urban communities. This being the case, Aboriginal service organizations are finding ways to negotiate these fractured interscalar relationships. Despite being situated within a neoliberal and colonial-rooted funding hierarchy, and their liminal position is providing a space from which to build capacity as they take actions that prioritize community agendas and effect change at the local level. As Trudeau (2008) has suggested, shadow-state organizations have the capacity to inform policy and programming arrangements at the local level, and agendas at the federal or provincial level can both shape and be shaped by local level organizations (p. 686).

In terms of larger scale policy and programming initiatives, it may be useful to look to international immigrant and refugee settlement models as a template
for facilitating the transition of urban Aboriginal newcomers who often arrive from remote locations, some with English as a second language, and with little knowledge of the urban area or service supports. Interestingly, immigrant and refugee settlement, led by Citizenship and Immigration Canada (CIC), is an area of shared responsibility between the federal and provincial governments, as well as the nonprofit sector and funds a number of locally based, federally funded newcomer services which aim to help immigrants settle and integrate by providing a welcoming reception and orientation, referral to community resources, general information, and employment-related services (CIC, 2013). Social support is important to newcomer settlement (Simich et al., 2005), and given that newcomer services have successfully assisted in the transition of international migrants, it is rather likely that an investment in Aboriginal settlement strategies would bear similar rewards. The transition from rural/reserve areas to the city can be a similar experience to immigrating to Canada from another country (Chalifoux & Johnson, 2003), and although the need for urban transition programs remains high, these services continue to be under-supported by neoliberal and colonial governments. Perhaps then, a newcomer centre type model that is met with jurisdictional synergy and that actively engages with the needs and aspirations of urban Aboriginal community members (Walker, 2003), could overcome these service gaps.

This research has demonstrated that service providers can play a pivotal role in facilitating the transition of urban Aboriginal movers and that the need for transitional service supports remains an important issue within the community. Aboriginal-led service providers have the potential to play a key role in improving urban Aboriginal policy, as they often work closely with mobile Aboriginal populations, and also have an intimate knowledge of the mismatched scales of resource allocation between reserve/rural and urban spaces and its impact on migrant preparedness. Given that Aboriginal organizations have much to offer as stakeholders at the policy table, it is to a serious policy disadvantage that Aboriginal representatives are rarely co-producers in policy decisions (Walker et al., 2011), but are rather left securing resources. In order to further strengthen
these relationships, all levels of government will need to form sustainable, co-productive relationships, not only with each other, but also with Aboriginal political and service organizations (Walker et al., 2011). Co-production offers important opportunities for “unbundling sovereignty” (Leo, 2006), where in place of hierarchical governance, jurisdiction in policy areas becomes shared. Perhaps the current jurisdictional patchwork in Canada, and in other settler nations, could receive some guidance from the voices of Aboriginal organizations that support and work with mobile urban Aboriginal populations.

In order to influence effective policy, those most knowledgeable and best equipped to express urban Aboriginal program needs are those that work at “ground level.” Given Winnipeg’s exceptional position in terms of tripartite agreements coupled with its long history of Aboriginal-led service provision, as well as the support networks that were demonstrated in this paper, it is unfortunate to see that the scalar mismatch of policy focus and funding has not yet bridged the gap between reserve and urban areas, nor has it addressed the specific needs of mobile Aboriginal populations at large. This suggests that other cities, with less well-established service and policy landscapes, might experience more serious challenges that include and extend beyond those experienced in Winnipeg. This is an area of study that requires further research as little is known about the relationship between Aboriginal mobility and service utilization. Perhaps a comparative analysis across Canadian cities, or across national borders to other settler nations, might provide important insight into how these scalar relationships play out for mobile Aboriginal populations, as well as for Aboriginal and non-Aboriginal service providers. It is due time that all levels of government stepped forward with a long-term, collaborative vision that seeks to improve and maintain the well-being of all urban residents.
CHAPTER 4

Urban Aboriginal Mobility in Canada: Examining the Association with Health Care Utilization

Marcie Snyder and Kathi Wilson

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Abstract

In recent decades, Indigenous peoples across the globe have become increasingly urbanized. Growing urbanization has been associated with high rates of geographic mobility between rural areas and cities, as well as within cities. In Canada, over 54 percent of Aboriginal peoples are urban and change their place of residence at a higher rate than the non-Aboriginal population. High rates of mobility may affect the delivery and use of health services. The purpose of this paper is to examine the association between urban Aboriginal peoples’ mobility and conventional (physician/nurse) as well as traditional (traditional healer) health service use in two distinct Canadian cities: Toronto and Winnipeg. Using data from Statistics Canada’s 2006 Aboriginal Peoples Survey, this analysis demonstrates that mobility is a significant predisposing correlate of health service use and that the impact of mobility on health care use varies by urban setting. In Toronto, urban newcomers were more likely to use a physician or nurse compared to long-term residents. This was in direct contrast to the effect of residency on physician and nurse use in Winnipeg. In Toronto, urban newcomers were less likely to use a traditional healer than long-term residents, indicating that traditional healing may represent an unmet health care need. The results demonstrate that distinct urban settings differentially influence patterns of health service utilization for mobile Aboriginal peoples. This has important implications for how health services are planned and delivered to urban Aboriginal movers on a local, and potentially global, scale.
Introduction

Today, over half the global population is urban and this number is expected to rise. Indigenous peoples around the world are also experiencing the push toward urban living. Although most Indigenous peoples, who are globally recognized as the First Peoples of an area (NAHO, 2011), are rural, an increasing migration is occurring between rural and urban areas (UN, 2010). For instance, 84 percent of Indigenous peoples in New Zealand (New Zealand, 2011), 70 percent in Australia (Fredericks et al., 2008) and 60 percent in the USA (UN-HABITAT, 2010) live in urban areas. These patterns of urbanization are also reflected in Canada, where the Indigenous population has experienced increasingly high rates of urbanization. The Indigenous population of Canada are referred to as Aboriginal peoples who, under the Canadian Constitution Act (1982), are recognized as three distinct groups: First Nations, Métis, and Inuit. According to the most recent Canadian census, 54 percent of the 1.17 million individuals who identify as Aboriginal are urban.

Growing rates of Indigenous peoples’ urbanization have been associated with high rates of geographic mobility between rural areas and cities across North America, Australia, and New Zealand as compared to non-Indigenous populations (e.g., Newbold, 2004; Snipp, 2004; Taylor & Bell, 2004). Within the Canadian context, urbanization has also been accompanied by mobility (moving at least once within a one-year period) between rural or reserve lands and cities as well as within cities (Norris & Clatworthy, 2003). Reserves play a considerable role in migration to urban areas – they are parcels of land historically assigned by the federal government for the relocation of First Nations peoples. In many cases, this resulted in forced relocation, mobility restrictions, and displacement from traditional lands and cities (Saskatchewan, 2011). While the pattern of increasing urbanization amongst Aboriginal people in Canada may appear to be the result of migration from reserves to cities, a net population gain has been occurring in urban and reserve spaces, due not only to migration, but also to other factors including fertility rates, family formation or separation, changing patterns of identification, and through Bill C-31 of the Indian Act (1985), which reinstated
status and membership rights to many First Nations women and their children who had lost this through marriage to non-Aboriginal men (Norris & Clatworthy, 2003). As a result of the colonial dispossession that underlies contemporary migration and urbanization patterns, the Aboriginal population generally experiences higher levels of mobility compared to the non-Aboriginal population. Push and pull factors including social, economic, education, and health-related reasons influence this movement. Many urban newcomers experience isolation, and have difficulty accessing health-related services. This often leads to frequent movement within urban areas or back and forth between rural/reserve and urban areas (CMHC, 1996; Cooke & Bélanger, 2006). These high rates of mobility may affect the continuity of health service delivery, and service providers may experience difficulty maintaining adequate care (Clatworthy & Norris, 2007; CMHC, 2002). International research also suggests that mobility may impact health service delivery (Long & Memmott, 2007; Snipp, 2004) and that health care utilization rates are significantly lower for Indigenous populations compared to non-Indigenous populations (Marrone, 2007; Newbold, 1997). As such, the relationship between urban mobility and health service utilization warrants deeper examination.

Early scholarship problematized the urbanization and health care use of Aboriginal peoples, suggesting that urban Aboriginal populations underutilized or inappropriately used health services (Shah & Farkas, 1985). Waldram (1989; 1990a) was key to dispelling such cultural determinist myths. He demonstrated that socio-economic factors, rather than culture, impacted health care utilization and identified key barriers to health service utilization for urban Aboriginal peoples, including: poverty, transportation, language, and racism (Waldram & Layman, 1989). Others have demonstrated similar barriers to health care including a lack of culturally appropriate care (Benoit et al., 2003). These barriers may in turn be compounded by mobility. Past research has suggested that mobile urban Aboriginal peoples are less likely to have a physician than the general Aboriginal population (Maidman, 1981) and that health care could be “unfamiliar or intimidating” to urban newcomers (Waldram & Layman, 1989).
Although Waldram’s work provided a rich foundation for understanding urban Aboriginal peoples’ health care use, nearly two decades later, little to no work has built upon this early research.

Despite the growing urban Aboriginal population in Canada, urban health research remains underdeveloped (Wilson & Young, 2008), and while Aboriginal peoples’ mobility is well documented (Clatworthy & Norris, 2007; Norris & Clatworthy, 2003), its association with health service use remains an under-researched area that has the potential to inform more responsive health service delivery. This paper therefore seeks to expand upon the Aboriginal mobility and urban Aboriginal health literature by examining how health care use plays out in the context of mobility in two distinct Canadian urban areas: Winnipeg, Manitoba and Toronto, Ontario.

Conceptual Framework

The Behavioral Model of Health Services Use (Andersen & Newman, 2005 [1973]) is used to frame the factors that influence health care use among mobile urban Aboriginal peoples. The Model identifies three categories that determine health care use: predisposing factors influence health service use prior to the onset of illness (e.g., age), enabling factors influence how health services are obtained (e.g., household income), and need factors represent an individual’s diagnosed or perceived illness level. The Model has evolved over time to address changing health outcomes, health service delivery, and client-provider relationships (Andersen, 1995). Although residential mobility is identified in the Model, scholars have yet to examine the role of mobility as a predisposing predictor of health care use. Preliminary exploration by Gelberg et al. (2000) emphasizes the inclusion of residential history and mobility when predicting how vulnerable populations use health services, and Duchon et al. (1999) point to the relationship between residential instability (including homelessness) and health care use amongst vulnerable populations. Despite the addition of mobility-related variables to the Model, there has been little to no advancement in this area.
Data and Methods

This paper draws upon data from Statistics Canada’s 2006 Aboriginal Peoples Survey (APS) to examine the health service use of mobile Aboriginal peoples living in two distinct Canadian Census Metropolitan Areas (CMAs) (urban areas composed of one or more adjacent municipalities with a population of at least 100,000) – Toronto, Ontario and Winnipeg, Manitoba. The 2006 Aboriginal Peoples Survey (APS) is the only national survey to provide cross-sectional data of the off-reserve Aboriginal population in Canada. Data for the APS were collected by Statistics Canada between October 2006 and March 2007 and a total of 61,041 respondents participated in this survey with a response rate of 80.1 percent. The APS collected data on the demographic, social, economic and health conditions of individuals, aged 15 years and older, who self-reported Aboriginal identity and/or ancestry. The Aboriginal ancestry population refers to individuals who report Aboriginal origin, while the Aboriginal identity population refers to individuals who identify as North American Indian, Métis, or Inuit. A person could therefore report Aboriginal origin (e.g., grandparent) but not actually identify as an Aboriginal person (Canada, 2009).

For the purposes of our analyses, the Aboriginal identity population who was the age of majority (18 years) and older was included. All analyses were weighted using the sampling weight provided by Statistics Canada. Population weights were adjusted to take into account the subpopulation analyzed in this analysis14. In order to conduct analysis at the CMA level, it was necessary to access the master data file of the APS through Statistic Canada’s Research Data Centre (RDC) at the University of Toronto. Although ethical approval was not required, it was necessary that the RDC-Access Granting Committee approved the proposed research. As per Statistics Canada confidentiality requirements,

14 To examine mobility and health care use of the Aboriginal identity population, age 18 years and older, at the CMA level, the original population weights, which are based on the total number of cases in the national population, had to be adjusted for each subset. To adjust the weights for each subset of the total survey population, the average weight was calculated for each subset. The original weight was then divided by the average value for the subset in order to derive the new weight. This calculation was done separately for the CMAs of Winnipeg and Toronto.
results of the CMA level analysis were weighted and rounded to assure respondent anonymity. While the research and analysis are based on data from Statistics Canada, the opinions expressed do not represent the views of Statistics Canada.

The CMAs of Winnipeg and Toronto provide an important point of urban comparison, as they are vastly distinct in terms of Aboriginal population, geographic location, and levels of service provision. Winnipeg is home to the largest, most visible urban Aboriginal population in Canada. In 2006, over 68,000 urban dwellers in Winnipeg reported Aboriginal identity, representing over 10 percent of the CMA’s total population. Toronto, on the other hand, which is Canada’s largest CMA, is home to 26,000 Aboriginal residents, representing only 0.5 percent of the total population. The relative proportion and visibility of the Aboriginal population may influence Aboriginal peoples’ migration decisions and length of urban residency. Location of migrant departure is another important distinction. While the 2006 APS does not provide movers’ particular points of departure, linguistic composition may be used as a proxy indicator for migration patterns (see Figures 2, 3, 4, and 5). Aboriginal mother tongue data from Statistics Canada indicates that Winnipeg’s Aboriginal population demonstrated less geographic diversity and little linguistic variation over a given ten-year period (1996/2006) as compared to Toronto. Based on languages spoken, Winnipeg migrants were likely moving from within Manitoba or from nearby provinces such as Alberta, Saskatchewan, and Ontario. Linguistic data from Toronto, on the other hand, shows that urban Aboriginal peoples likely migrated from more distant provinces including British Columbia, Alberta, Saskatchewan, Manitoba, the Northwest Territories, and from the USA. Furthermore, Toronto’s Aboriginal language groups notably changed between 1996-2006 while Winnipeg’s remained relatively stable, suggesting a changing population composition in Toronto.

Another important distinction is the location of these CMAs in relation to other CMAs, and in relation to First Nations reserves. Winnipeg is the only CMA in the province of Manitoba, whereas Toronto is one of 17 CMAs located within
southern Ontario alone. Twenty-one First Nations reserves can be found within approximately 200 kilometres of Winnipeg, whereas only 7 First Nations reserves are found within the same distance of Toronto. These geographic factors may influence the decision to migrate. Service availability is a final point of distinction. Winnipeg is marked by a visible and longstanding Aboriginal-led service landscape (Peters, 2006). Toronto does not have the same volume or history of Aboriginal-led services. This may impact the ease with which urban newcomers locate and utilize traditional and conventional health services.
Figure 2: Aboriginal Linguistic Composition: Winnipeg, 1996

Figure 3: Aboriginal Linguistic Composition: Winnipeg, 2006
Figure 4: Aboriginal Linguistic Composition: Toronto, 1996

Figure 5: Aboriginal Linguistic Composition: Toronto, 2006

Source for all figures: Authors’ calculations based on Statistics Canada Census of Canada public use data, 1996 and 2006 (Total population by mother tongue – 20% sample data – CMA level)
In the analysis that follows, health care utilization is the dependent variable and was measured using three variables. Respondents were asked three separate questions: if they had consulted a physician, nurse, or traditional healer within the past 12 months. All three variables were binary with a ‘yes’ response indicating health care use and a ‘no’ response indicating no health care use. Given the dichotomous nature of the dependent variables (0, 1), and by controlling for a set of independent variables, logistic regression was used to estimate the odds of health care utilization (see Tables 6, 7, and 8).

Using the Behavioral Model of Health Services Use (Andersen & Newman, 2005[1973]) the independent variables were organized into three categories: predisposing, enabling, and need (see Table 3). Predisposing variables included: age, sex, family status, residential mobility, and length of urban residency. Age was a continuous variable. Family status was divided into three categories: married/common-law, lone parent, and single adult. Mobility was measured using two variables: residential mobility, a continuous variable that measured how often respondents had moved over the five-year period leading up to the survey, and length of residency which measured how long ago respondents had moved to the CMA, categorized by the APS as: moved <1 year ago, moved 1-5 years ago, and moved >5 years ago. Enabling factors included education, employment, and household income. Education was classified into three categories: less than high school, a high school diploma, or some form of post-secondary training (greater than high school). Employment was categorized into employed and unemployed. Annual household income was stratified according to five categories: $0-19,999, $20,000-39,999, $40,000-59,999, $60,000-79,999 and $80,000+ /year. Need factors were measured using self-reported health status and number of chronic health conditions. For self-reported health status, respondents were asked to rate their health as excellent, very good, good, fair, or poor as compared to others their age. These responses were dichotomized into excellent/very good/good to represent ‘healthy’ respondents and fair/poor to represent ‘unhealthy’ respondents. Chronic conditions were categorized as binary with 0 chronic conditions forming one category and 1+ chronic conditions forming the other.
These categories were based on one or more positive responses to a series of questions about long-term, diagnosed health conditions (e.g., asthma).
Table 1: Independent and dependent variables

<table>
<thead>
<tr>
<th>Variable Groupings</th>
<th>Categories (reference indicated by bold font)</th>
<th>CMA Toronto n=25,670</th>
<th>CMA Winnipeg n=43,650</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Predisposing Variables</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
<td>46.6% (n=11,970)</td>
<td>43.2% (n=18,850)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>53.4% (n=13,700)</td>
<td>56.8% (n=24,800)</td>
</tr>
<tr>
<td>Age (continuous)</td>
<td>&gt;=18 years of age</td>
<td>Mean: 42.2 years</td>
<td>Mean: 39.1 years</td>
</tr>
<tr>
<td>Family Status</td>
<td>Married/Common-law</td>
<td>53.4% (n=13,640)</td>
<td>44.0% (n=18,950)</td>
</tr>
<tr>
<td></td>
<td>Lone Parent</td>
<td>8.9% (n=2,280)</td>
<td>16.5% (n=7,100)</td>
</tr>
<tr>
<td></td>
<td>Single Adult</td>
<td>37.7% (n=9,640)</td>
<td>39.6% (n=17,050)</td>
</tr>
<tr>
<td>Residential Mobility</td>
<td>Number of moves over 5-year period</td>
<td>Mean: 1.4 moves</td>
<td>Mean: 1.6 moves</td>
</tr>
<tr>
<td>(continuous)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Residency in City</td>
<td>&lt;1 years</td>
<td>15.5% (n=1,330)</td>
<td>8.5% (n=1,950)</td>
</tr>
<tr>
<td></td>
<td>1-5 years</td>
<td>23.6% (n=4,300)</td>
<td>21.1% (n=4,850)</td>
</tr>
<tr>
<td></td>
<td>&gt;5 years</td>
<td>69.1% (n=12,600)</td>
<td>70.4% (n=16,150)</td>
</tr>
<tr>
<td><strong>Enabling Variables</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>More than High School</td>
<td>62% (n=15,860)</td>
<td>52.1% (n=22,700)</td>
</tr>
<tr>
<td></td>
<td>High School</td>
<td>18.1% (n=4,630)</td>
<td>18.4% (n=8,000)</td>
</tr>
<tr>
<td></td>
<td>Less than High School</td>
<td>19.9% (n=5,090)</td>
<td>29.5% (n=12,850)</td>
</tr>
<tr>
<td>Employment</td>
<td>Unemployed</td>
<td>27.8% (n=6,910)</td>
<td>34.0% (n=14,650)</td>
</tr>
<tr>
<td></td>
<td>Employed</td>
<td>72.0% (n=17,990)</td>
<td>66.0% (n=28,400)</td>
</tr>
<tr>
<td>Household Income</td>
<td>$0-19,999</td>
<td>15.5% (n=3,960)</td>
<td>17.1% (n=7,450)</td>
</tr>
<tr>
<td></td>
<td>$20,000-39,999</td>
<td>16.3% (n=4,170)</td>
<td>25.3% (n=11,050)</td>
</tr>
<tr>
<td></td>
<td>$40,000-59,999</td>
<td>15.1% (n=3,870)</td>
<td>18.4% (n=8,050)</td>
</tr>
<tr>
<td></td>
<td>$60,000-79,999</td>
<td>14.1% (n=3,610)</td>
<td>13.7% (n=6,000)</td>
</tr>
<tr>
<td></td>
<td>$80,000+</td>
<td>39.1% (n=10,010)</td>
<td>25.4% (n=11,100)</td>
</tr>
<tr>
<td><strong>Need Variables</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-rated health status</td>
<td>Excellent/Very Good/Good</td>
<td>81.8% (n=20,880)</td>
<td>84.0% (n=36,600)</td>
</tr>
<tr>
<td></td>
<td>Fair/Poor</td>
<td>18.2% (n=4,660)</td>
<td>16.0% (n=6,950)</td>
</tr>
<tr>
<td>Number of Chronic Health</td>
<td>0</td>
<td>41.3% (n=10,240)</td>
<td>46.9% (n=19,850)</td>
</tr>
<tr>
<td>Conditions</td>
<td>1+</td>
<td>58.7% (n=14,580)</td>
<td>53.1% (n=22,500)</td>
</tr>
<tr>
<td><strong>Dependent Variables</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Use</td>
<td>Yes</td>
<td>76.5% (n=19,530)</td>
<td>74.5% (n=32,350)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>23.5% (n=6,010)</td>
<td>25.5% (n=11,100)</td>
</tr>
<tr>
<td>Nurse Use</td>
<td>Yes</td>
<td>24.4% (n=6,200)</td>
<td>23.2% (n=10,050)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>75.6% (n=19,250)</td>
<td>76.8% (n=33,350)</td>
</tr>
<tr>
<td>Traditional Healer Use</td>
<td>Yes</td>
<td>6.8% (n=1,730)</td>
<td>8.8% (n=3,850)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>93.2% (n=23,610)</td>
<td>91.2% (n=39,700)</td>
</tr>
</tbody>
</table>
In the first stage of analysis (prior to conducting logistic regression analysis) crosstabulations were conducted using chi-square tests of association, to examine differences in health care use and health status by mobility in Winnipeg and Toronto. Due to sample size restrictions in this stage of analysis, length of residency was categorized as 0-5 years (recent movers) and >5 years (long-term residents) and residential mobility was categorized as non-mover (0 moves), occasional mover (1-2 moves), and frequent mover (3+ moves) respectively (following Waldram & Layman, 1989). The crosstabulations of health care use by mobility (see Table 4) revealed that in Toronto, a high percentage of frequent movers (80.7) and recent movers (81.2) had used a physician, whereas in Winnipeg the highest percentage of participants reporting physician use was non-movers (75.5) and long-term residents (75.6). In examining the relationship between nurse use and mobility, non-movers had the lowest percentage of use in both CMAs. A higher percentage of recent movers (35.0) in Toronto used nurse care than did recent movers to Winnipeg (25.0). Overall, a low number of respondents used a traditional healer in both cities. With respect to length of residency in Winnipeg, a higher percentage of recent movers (16.2) reported traditional healer use than did long-term residents (8.0). In Toronto, the number of respondents was too low to report due to confidentiality restrictions. In terms of health status (see Table 5), a higher percentage of ‘occasional movers’ (1-2 moves), compared with frequent and non-movers, in both cities reported good health. In Toronto and Winnipeg, a higher percentage of frequent movers reported no chronic health conditions compared with non-movers, and a higher percentage of recent movers reported no chronic health conditions compared to long-term residents.
### Table 2: Residential Mobility, Length of Urban Residence, and Health Care Use by CMA*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Contact with Physician in Past Year (%)</th>
<th>Contact with Nurse in Past Year (%)</th>
<th>Contact with Traditional Healer in Past Year (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Mobility</td>
<td>CMA of Toronto</td>
<td>CMA of Winnipeg</td>
<td>CMA of Toronto</td>
</tr>
<tr>
<td>(over 5-yr period)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Moves</td>
<td>78.4 (n=8,540)</td>
<td>75.5 (n=13,100)</td>
<td>18.0 (n=1,950)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>19.9 (n=3,450)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5.4 (n=590) (n=1,100)</td>
</tr>
<tr>
<td>1-2 Moves</td>
<td>71.8 (n=6,530)</td>
<td>74.1 (n=10,600)</td>
<td>21.9 (n=2,000)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>27.1 (n=3,900)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5.8 (n=530) (n=1,600)</td>
</tr>
<tr>
<td>3+ Moves</td>
<td>80.7 (n=4,090)</td>
<td>73.9 (n=7,800)</td>
<td>41.7 (n=2,100)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>24.2 (n=2,550)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10.7 (n=540) (n=1,100)</td>
</tr>
<tr>
<td>Length of Residency in City</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-5 years</td>
<td>81.2 (n=4,570)</td>
<td>71.4 (n=4,750)</td>
<td>35.0 (n=1,950)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>25.0 (n=1,700)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>N/A (n=1,100)</td>
</tr>
<tr>
<td>&gt;5 years</td>
<td>78.8 (n=9,860)</td>
<td>75.6 (n=12,250)</td>
<td>21.2 (n=2,650)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>19.6 (n=3,150)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>N/A (n=1,300)</td>
</tr>
</tbody>
</table>

* Chi-square p < 0.001 for all cross-tabulations

### Table 3: Residential Mobility, Length of Urban Residence, and Health Status by CMA*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Self-rated Health Status Excellent/Very Good/Good (%)</th>
<th>0 Chronic Health Conditions (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Mobility</td>
<td>CMA of Toronto</td>
<td>CMA of Winnipeg</td>
</tr>
<tr>
<td>(over 5-yr period)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Moves</td>
<td>80.2 (n=8,730)</td>
<td>83.8 (n=14,500)</td>
</tr>
<tr>
<td></td>
<td>(n=4,740)</td>
<td>(n=1,950)</td>
</tr>
<tr>
<td>1-2 Moves</td>
<td>83.7 (n=7,620)</td>
<td>86.1 (n=12,400)</td>
</tr>
<tr>
<td></td>
<td>(n=4,750)</td>
<td>(n=2,650)</td>
</tr>
<tr>
<td>3+ Moves</td>
<td>81.0 (n=4,100)</td>
<td>82.5 (n=8,700)</td>
</tr>
<tr>
<td></td>
<td>(n=4,100)</td>
<td>(n=2,380)</td>
</tr>
<tr>
<td>Length of Residency in City</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-5 years</td>
<td>84.2 (n=4,740)</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>(n=4,740)</td>
<td></td>
</tr>
<tr>
<td>&gt;5 years</td>
<td>77.8 (n=9,730)</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>(n=9,730)</td>
<td></td>
</tr>
</tbody>
</table>

* Chi-square p < 0.001 for all cross-tabulations
Using the variables in Table 3, binary logistic regression analysis was conducted to examine the relative role of mobility as a determinant of physician (Table 6), nurse (Table 7), and traditional healer use (Table 8). Independent variables were continuous and categorical. For the categorical variables, one category of each variable was selected to represent the reference category, which was the category assumed to be least likely (e.g., males) to be associated with an outcome (e.g., physician use).

**Table 4: Correlates of Physician Use**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Odds Ratio, Toronto 95% C.I. for Exp(B) (n=25,500)</th>
<th>Odds Ratio, Winnipeg 95% C.I. for Exp(B) (n=43,500)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Predisposing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (Male)</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.634*** (2.414, 2.874)</td>
<td>2.097*** (1.955, 2.249)</td>
</tr>
<tr>
<td>Age (years)</td>
<td>1.012*** (1.009, 1.016)</td>
<td>1.048*** (1.045, 1.051)</td>
</tr>
<tr>
<td>Family Status (Married/Common-law)</td>
<td>Lone Parent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.983*** (1.592, 2.469)</td>
<td>1.169** (1.046, 1.306)</td>
</tr>
<tr>
<td></td>
<td>Single Adult</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.112* (1.010, 1.225)</td>
<td>0.859*** (0.789, 0.935)</td>
</tr>
<tr>
<td>Residential Mobility – (moves over 5-yr period)</td>
<td>&lt;1 year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.980 (0.951, 1.010)</td>
<td>1.233*** (1.210, 1.257)</td>
</tr>
<tr>
<td></td>
<td>1-5 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.254*** (1.856, 2.737)</td>
<td>0.440*** (0.386, 0.501)</td>
</tr>
<tr>
<td>Length of Residency in city</td>
<td>&lt;1 year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.317*** (1.178, 1.472)</td>
<td>1.154** (1.045, 1.275)</td>
</tr>
<tr>
<td></td>
<td>&gt;5 years</td>
<td></td>
</tr>
<tr>
<td><strong>Enabling</strong></td>
<td>High School</td>
<td></td>
</tr>
<tr>
<td>Education (&gt;High School)</td>
<td>&lt; High School</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.573*** (0.509, 0.646)</td>
<td>0.496*** (0.454, 0.543)</td>
</tr>
<tr>
<td></td>
<td>0.403*** (0.362, 0.447)</td>
<td>0.972 (0.885, 1.068)</td>
</tr>
<tr>
<td>Household Income ($80,000+)</td>
<td>&lt;$0-19,999</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$20,000-39,999</td>
<td>2.047*** (1.705, 2.458)</td>
</tr>
<tr>
<td></td>
<td>$40,000-59,999</td>
<td>1.417*** (1.232, 1.630)</td>
</tr>
<tr>
<td></td>
<td>$60,000-79,999</td>
<td>0.952 (0.846, 1.071)</td>
</tr>
<tr>
<td>Employment (Employed)</td>
<td>Unemployed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.301*** (1.165, 1.453)</td>
<td>1.755*** (1.619, 1.902)</td>
</tr>
<tr>
<td><strong>Need</strong></td>
<td>(F/P)</td>
<td></td>
</tr>
<tr>
<td>Self-rated Health Status (E/VG/G)</td>
<td>2.129*** (1.814, 2.499)</td>
<td>1.869*** (1.664, 2.099)</td>
</tr>
<tr>
<td>Chronic Health Conditions (0)</td>
<td>1+</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.756*** (1.609, 1.918)</td>
<td>1.879*** (1.746, 2.022)</td>
</tr>
</tbody>
</table>

***p<.001, **p<.01, *p<.05  
Winnipeg: r square = 0.235; Percentage correct: 65.8%  
Toronto, r square = 0.191; Percentage correct: 71.0%
Table 5: Correlates of Nurse Use

<table>
<thead>
<tr>
<th>Variable</th>
<th>Odds Ratio, Toronto 95% C.I. for Exp(B) (n=25,500)</th>
<th>Odds Ratio, Winnipeg 95% C.I. for Exp(B) (n=43,500)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Predisposing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (Male)</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.597*** (1.470, 1.735)</td>
<td>3.702*** (3.406, 4.024)</td>
</tr>
<tr>
<td>Age (years)</td>
<td>1.000 (0.997, 1.004)</td>
<td>1.004*** (1.001, 1.007)</td>
</tr>
<tr>
<td>Family Status</td>
<td>Lone Parent</td>
<td></td>
</tr>
<tr>
<td>(Married/Common-law)</td>
<td>Single Adult</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.916 (0.799, 1.050)</td>
<td>0.608*** (0.544, 0.680)</td>
</tr>
<tr>
<td></td>
<td>0.759*** (0.692, 0.831)</td>
<td>0.684*** (0.624, 0.750)</td>
</tr>
<tr>
<td>Residential Mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(moves over 5-yr period)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Residency in city</td>
<td>&lt;1 year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.011*** (1.755, 2.305)</td>
<td>0.745*** (0.632, 0.878)</td>
</tr>
<tr>
<td></td>
<td>1-5 years</td>
<td>1.729*** (1.572, 1.902)</td>
</tr>
<tr>
<td></td>
<td>1.244*** (1211, 1.278)</td>
<td>1.184*** (1.165, 1.203)</td>
</tr>
<tr>
<td><strong>Enabling</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>High School</td>
<td></td>
</tr>
<tr>
<td>(&gt;High School)</td>
<td>&lt; High School</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.234*** (0.205, 0.266)</td>
<td>0.462*** (0.419, 0.510)</td>
</tr>
<tr>
<td></td>
<td>0.785*** (0.705, 0.874)</td>
<td>0.690*** (0.618, 0.770)</td>
</tr>
<tr>
<td>Household Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>($80,000+)</td>
<td>$0-19,999</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$20,000-39,999</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$40,000-59,999</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$60,000-79,999</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.212*** (1.929, 2.537)</td>
<td>1.293*** (1.139, 1.468)</td>
</tr>
<tr>
<td></td>
<td>1.544*** (1.375, 1.734)</td>
<td>1.307*** (1.155, 1.479)</td>
</tr>
<tr>
<td></td>
<td>0.762*** (0.680, 0.855)</td>
<td>1.219** (1.069, 1.390)</td>
</tr>
<tr>
<td></td>
<td>0.507*** (0.445, 0.578)</td>
<td>2.068*** (1.823, 2.346)</td>
</tr>
<tr>
<td>Employment (Employed)</td>
<td>Unemployed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.814*** (0.739, 0.895)</td>
<td>1.778*** (1.636, 1.931)</td>
</tr>
<tr>
<td><strong>Need</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-rated Health Status</td>
<td>(F/P)</td>
<td></td>
</tr>
<tr>
<td>(E/VG/G)</td>
<td>1.672*** (1.497, 1.868)</td>
<td>1.818*** (1.648, 2.004)</td>
</tr>
<tr>
<td>Chronic Health Conditions</td>
<td>1+</td>
<td></td>
</tr>
<tr>
<td>(0)</td>
<td>1.843*** (1.685, 2.016)</td>
<td>2.947*** (2.687, 3.232)</td>
</tr>
</tbody>
</table>

***p<0.001, **p<0.01, *p<0.05

Winnipeg: r square = 0.239; Percentage correct: 69.6%
Toronto, r square = 0.188; Percentage correct: 65.8%
### Table 6: Correlates of Traditional Healer Use

<table>
<thead>
<tr>
<th>Variable</th>
<th>Odds Ratio, Toronto 95% C.I. for Exp(B) (n=25,500)</th>
<th>Odds Ratio, Winnipeg 95% C.I. for Exp(B) (n=43,500)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Predisposing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (Male)</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.188*** (2.691, 3.778)</td>
<td>1.622*** (1.463, 1.797)</td>
</tr>
<tr>
<td>Age (years)</td>
<td>0.966*** (0.960, 0.972)</td>
<td>1.015*** (1.01, 1.019)</td>
</tr>
<tr>
<td>Family Status (Married/Common-law)</td>
<td>Lone Parent</td>
<td>Single Adult</td>
</tr>
<tr>
<td></td>
<td>1.414** (1.142, 1.751)</td>
<td>3.717*** (3.254, 4.247)</td>
</tr>
<tr>
<td></td>
<td>2.105*** (1.807, 2.454)</td>
<td>1.346*** (1.346, 1.719)</td>
</tr>
<tr>
<td>Residential Mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(moves over 5-yr period)</td>
<td>1.187*** (1.140, 1.236)</td>
<td>1.027* (1.015, 1.019)</td>
</tr>
<tr>
<td>Length of Residency in city</td>
<td>&lt;1 year</td>
<td>1-5 years</td>
</tr>
<tr>
<td>(&gt;=5 years)</td>
<td>0.081*** (.050, 0.132)</td>
<td>1.154 (0.935, 1.424)</td>
</tr>
<tr>
<td></td>
<td>0.550*** (0.461, 0.656)</td>
<td>3.201*** (2.849, 3.597)</td>
</tr>
<tr>
<td><strong>Enabling</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education (&gt;=High School)</td>
<td>High School</td>
<td>&lt; High School</td>
</tr>
<tr>
<td></td>
<td>0.464*** (0.375, 0.573)</td>
<td>0.279*** (0.244, 0.319)</td>
</tr>
<tr>
<td></td>
<td>0.365*** (0.285, 0.469)</td>
<td>0.377*** (0.324, 0.439)</td>
</tr>
<tr>
<td>Household Income ($80,000+)</td>
<td>$0-19,999</td>
<td>$20,000-39,999</td>
</tr>
<tr>
<td></td>
<td>1.007 (0.801, 1.267)</td>
<td>0.667*** (0.544, 0.819)</td>
</tr>
<tr>
<td></td>
<td>0.667*** (0.544, 0.819)</td>
<td>1.929*** (1.648, 2.258)</td>
</tr>
<tr>
<td></td>
<td>$40,000-59,999</td>
<td>1.110 (0.934, 1.320)</td>
</tr>
<tr>
<td></td>
<td>$60,000-79,999</td>
<td>0.105*** (0.067, 0.165)</td>
</tr>
<tr>
<td>Employment (Employed)</td>
<td>Unemployed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.285** (1.103, 1.497)</td>
<td>0.293*** (0.262, 0.328)</td>
</tr>
<tr>
<td><strong>Need Factors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-rated Health Status (E/VG/G)</td>
<td>(F/P)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.450*** (0.360, 0.562)</td>
<td>1.367*** (1.193, 1.566)</td>
</tr>
<tr>
<td>Chronic Health Conditions (0)</td>
<td>1+</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.198*** (1.876, 2.574)</td>
<td>1.147* (1.030, 1.277)</td>
</tr>
</tbody>
</table>

***p<0.001, **p<0.01, *p<0.05

Winnipeg: r square = 0.239; Percentage correct: 56.8%
Toronto, r square = 0.194; Percentage correct: 70.6%

### Results

The results showed that in both cities Aboriginal women were more likely to use a physician than men and that for every increase in one year of age, the odds of using a physician increased (Table 6). Lone parents and single adults in Toronto were more likely to use a physician than married/common-law respondents, whereas in Winnipeg, single adults were less likely and lone parents were more likely. Residential mobility was not a significant predictor of physician use in Toronto, but in Winnipeg, for every additional move, the
likelihood of using a physician increased by 23.3%. In Toronto, urban newcomers had the highest odds of physician use, whereas in Winnipeg, newcomers were less likely to use a physician than long-term residents. In Toronto and Winnipeg, lower levels of education were associated with lower odds of physician use. Income was a significant predictor of use in both cities although the results show opposite effects. In both cities, unemployed respondents were more likely to use a physician, as were those who reported fair/poor health status or 1+ chronic health conditions.

Aboriginal women in both cities were more likely to use a nurse than men (Table 7). In Winnipeg, age and family status were significant predictors of nurse use. In Toronto single adults were less likely to use a nurse than married/common-law respondents. In terms of residential mobility, additional moves were associated with higher odds of nurse use in both cities. Newcomers to Toronto were twice as likely to use a nurse compared to long-term residents, whereas in Winnipeg they were less likely. In both cities, respondents with less education had a lower likelihood of nurse use. Again, income showed mixed results. In Toronto, unemployed respondents were less likely to use a nurse, while in Winnipeg they were more likely. In both cities, those reporting fair/poor health status and 1+ chronic health conditions were more likely to use a nurse as compared to their healthier counterparts.

In Winnipeg and Toronto, Aboriginal women were more likely than men to use a traditional healer (Table 8). Age showed opposite effects between the two cities. In both cities, family status was a significant predictor of healer use. In Toronto, the likelihood of traditional healer use increased by 18.7% with each move, while in Winnipeg, it increased by 2.7%. In contrast to the conventional models of health care use, urban newcomers and those who had lived in Toronto 1-5 years were less likely to use a traditional healer than long-term residents. In Winnipeg, those with 1-5 year urban residency were more likely to use a healer than long-term residents. Those with less education were less likely to use healers. In Winnipeg, household income was a strong predictor of traditional healer use. Unemployed respondents in Toronto were more likely to use a
traditional healer, whereas in Winnipeg they were less likely. Respondents who reported fair/poor health in Toronto were less likely to use a traditional healer. In Winnipeg they were more likely. In both cities, those with 1+ chronic health conditions had a higher likelihood of traditional healer use than their healthier counterparts.

Discussion

The objective of this research was to examine the association between Aboriginal peoples’ mobility and conventional/traditional health care utilization in Toronto and Winnipeg. Before discussing the findings, some limitations are addressed. First, the cross-sectional nature of the APS data represents only a snapshot in time and thus we cannot examine whether health care utilization increases or decreases as a person moves over time. Furthermore, it is not known how often, or where, health care was accessed (within the city or another community). The APS also misses Aboriginal people who are transitioning between households or experiencing homelessness. This overlooked population is certainly mobile, and their health care needs and choices are important and warrant consideration.

Notwithstanding these limitations, the results of this analysis make important contributions. Firstly, the research informs the existing Behavioural Model of Health Services Use. To date, with few exceptions (Duchon et al., 1999; Gelberg et al., 2000), issues of mobility have remained overlooked in this Model. After controlling for a range of predisposing, enabling, and need factors, mobility was shown to be a significant predisposing correlate of health service use in Toronto and Winnipeg. These findings point to a need for future research to consider the influence of mobility as a predisposing correlate of health care use within the Model. Second, this research represents one of the only studies to analyze the relationship between Aboriginal peoples’ mobility and health care use, and shows that the influence of mobility may be place-specific. Specifically, in Toronto, urban newcomers had the highest odds of physician or nurse use, whereas in Winnipeg, newcomers were less likely to use conventional health services than
long-term residents. This suggests a possible conventional health care gap for Aboriginal movers in Winnipeg. Another place-specific finding lies in traditional health care use. In Toronto, urban newcomers were less likely to use a traditional healer than long-term residents. This is in direct contrast to the effect of residency on physician and nurse use. Similar to Waldram’s (1990b) research, this finding may indicate that traditional healing represents an unmet health care need for newcomers to Toronto where the Aboriginal population and service landscape is less visible than Winnipeg and access to a traditional healer may require a person to leave the city (Waldram, 1990b). In support of this, the results demonstrated that urban Aboriginal respondents who move frequently were more likely to use a traditional healer, perhaps reflecting that they were accessing care outside the city. These findings point to future research directions.

The results of this research contribute to the nascent literature on the health care needs of urban Aboriginal peoples and represent one of the few studies to examine the association between mobility and health care use amongst urban Aboriginal populations in Canada. Continued research that explores this complex relationship is key to understanding urban Aboriginal movers’ health care needs and to informing and shaping effective and appropriate health care delivery in Canada, and beyond. As the Aboriginal population becomes increasingly urbanized, it is crucial that health care models respond to and represent the conventional and traditional health care needs and choices of urban movers.
CHAPTER FIVE

“I’m So Used to Moving All My Life”: Understanding Aboriginal Peoples’ Experiences of Mobility within the Context of a Critical Holistic Health Framework

Marcie Snyder and Kathi Wilson

To be submitted to: Health & Place

Abstract

Indigenous peoples around the globe face a disproportionate and growing burden of health disparities as compared to non-Indigenous populations. These disparities are reflected across the life course, and are intimately tied to social, economic, political, and cultural inequities, which stem from the intergenerational impacts of colonial legislation and policy. While investigating these disparities is increasingly becoming a priority for health researchers, it remains that little is known about the relationship between Aboriginal peoples’ mobility and urban health. Given that in recent decades Aboriginal peoples have become increasingly urbanized and geographically mobile, this gap remains a pressing matter of concern. While it has been suggested that mobile Aboriginal populations may be more likely to experience the disintegration of social ties and difficulties accessing health care, little substantive research has explored these claims, and mobility has yet to be directly linked to Aboriginal health. To address these gaps, this paper takes a critical population health approach, coupled with a holistic model of the determinants of health (physical, mental, emotional, and spiritual) to investigate the relationship between mobility and health. The results demonstrate that frequent and long-term mobility has an important impact on holistic health across generations and has been deeply influenced by colonial assimilation strategies. The impacts of mobility reveal a degradation of health over time (e.g., stress-related illness, adopting coping mechanisms, family dissolution). This paper makes an important contribution to the nascent urban Aboriginal health literature and serves to broaden the Aboriginal mobility literature by demonstrating that mobility is connected to movers’ health and wellbeing.
Introduction

Indigenous peoples\(^\text{15}\) around the globe face a disproportionate and growing burden of socio-economic and health disparities as compared to non-Indigenous populations (Adelson, 2005; Waldram et al., 2006). These disparities are reflected across all stages of the life course, and manifest in varying aspects of health, including: higher rates of infant mortality, youth suicide, chronic disease, and incarceration, lower overall life expectancy, lower levels of income and employment, as well as environmental dispossession, loss of language and cultural traditions (Adelson, 2005; Copenhagen, 2006; Marrone, 2007; Richmond & Ross, 2009; Smylie, 2009; Tjepkema, 2002). The roots of these health inequalities are intimately tied to social, economic, political, and cultural inequities, which stem from the intergenerational impacts of colonial legislation and policy that have actively dispossessed and dislocated Indigenous communities around the world from their lands, language, and culture (Smylie, 2009; Waldram et al., 2006). These inequalities are further sustained by an ongoing lack of state policy regard for the worldviews, health needs, and aspirations of Indigenous peoples (Adelson, 2005; Copenhagen, 2006; UN-HABITAT, 2010). While investigating these disparities is increasingly becoming a priority for health researchers, it remains that little is known about the structures that underpin and sustain these health and social inequalities over time (Richmond & Ross, 2009). Furthermore, little substantive research has examined the social determinants of health that operate within urban Aboriginal peoples’ everyday lives (Richmond & Big-Canoe, 2011) and there remains a lack of research that seeks to understand the complexities of urban Aboriginal health and its determinants (Wilson & Cardwell, 2012).

Given that in recent decades, Indigenous peoples around the globe have become increasingly urbanized, particularly in Western settler nations such as New Zealand where 83 percent of the Indigenous population live in cities, Australia where 75 percent are urban, and in Canada and the United States

\(^{15}\) Indigenous peoples is a term that is usually used to refer to Aboriginal peoples internationally (NAHO, 2011).
where over 50 percent of the Indigenous population is urban (King et al., 2009), these gaps remain a pressing matter of concern. Despite notable rates of urbanization, Indigenous health research in general, and in particular the Canadian context, does not adequately portray the geographic diversity of Aboriginal peoples and has tended to focus on rural, reserve, and remote northern communities, leaving the urban Aboriginal population underrepresented and under-researched (Wilson & Young, 2008).

Furthermore, Indigenous peoples’ urbanization has also been accompanied by relatively high levels of geographic mobility between rural and urban areas, as well as within urban spaces, as compared to non-Indigenous populations (e.g., Newbold, 2004; Snipp, 2004; Taylor & Bell, 2004). While mobility has the potential to be detrimental to wellbeing, as it has been suggested that mobile Indigenous peoples are more likely to experience the disintegration of social and kin ties, difficulties accessing health care, and poor education attainment (Clatworthy & Norris, 2007; King et al., 2009; Skelton, 2002; UN-HABITAT, 2012), research has yet to link Indigenous peoples’ mobility to health. To address these research gaps, this paper takes a critical population health approach, coupled with a holistic understanding of the determinants of health (Loppie-Reading & Wien, 2009), to investigate the context in which mobility occurs, as well as how mobility impacts physical, mental, emotional, and spiritual health within the urban setting. To address these objectives, this paper draws upon the findings from in-depth interviews conducted with 24 urban Aboriginal movers and 15 Aboriginal-led service providers in the city of Winnipeg, Manitoba, Canada. Given the notable parallels between Canada and other settler nations, in terms of health disparities, mobility, and urbanization, this paper broadly informs the urban Indigenous health and mobility literature.

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16 The Indigenous population of Canada are referred to as Aboriginal peoples who, under the Canadian Constitution (1982), are recognized as three distinct groups: First Nations, Métis, and Inuit.

17 Reserves are Crown lands that were set aside for use of Indigenous peoples registered under the Indian Act, a colonial piece of legislation that essentially controlled Indigenous identity. The creation of reserves reflects a history of domination and attempts to assimilate Indigenous peoples in Canada (Adelson, 2005).
Setting the Context: Aboriginal Peoples' Mobility

Aboriginal peoples' mobility has been defined according to two types, or what might be though of as streams, of movement: migration, which includes moves between communities (e.g., rural to urban), and residential mobility, which includes a change of residence within the same community (Clatworthy & Norris, 2007; Norris & Clatworthy, 2003). In Canada, as well as in other settler nations, increasing rates of urbanization have been accompanied by a recurrent cycle of movement between rural areas and cities, as well as within cities. While research has documented rates and flows of population movement (Cooke & Bélanger, 2006; Norris, Cooke, Beavon, Guimond, & Clatworthy, 2004; Peters & Robillard, 2009; Snipp, 2004; Taylor, 1998), the impacts of mobility have received very little attention (Norris & Clatworthy, 2003). Given that the Aboriginal population changes their place of residence at a higher rate than the non-Aboriginal population, especially in urban settings (Clatworthy & Norris, 2007; Graham & Peters, 2002), these two streams of mobility remain a matter that warrants closer examination. The most recently published statistical analysis demonstrates that between 2000 and 2001, urban residential mobility rates were approximately 2.3 times higher for the Aboriginal population than for the non-Aboriginal population. Over this one-year period, nearly one in every three urban Aboriginal residents had either migrated in or out of an urban area, or changed residence within the same urban area. These notably high rates of mobility occur across the life course when compared to the mainstream population, and it has been suggested that frequent mobility can have damaging effects on “individuals, families, and communities” as well as serious implications on the wellbeing of urban Aboriginal peoples and communities (Clatworthy & Norris, 2007).

Mobility amongst Aboriginal populations is distinct in important ways. In terms of residential mobility, where moves for the mainstream population generally result from a desire to better align housing consumption with their needs and resources, Aboriginal peoples are all too often marginalized by systemic racism and unequal access to social and economic resources. As a result, moving is often involuntary, due to racism, poverty, eviction, family
violence, or crime and safety (Clatworthy & Norris, 2007; McCaskill et al., 2011), as well as by substandard housing conditions (CMHC, 1996b, 2002). Migration, on the other hand, has largely been motivated by geographic, political, and economic isolation that has resulted in a lack of favourable circumstances in many rural/reserve communities. More specifically, a number of push-pull factors have been identified as contributing factors for urban migration, including: a lack of access to health and social services, employment, education and training, family formation or dissolution, substandard housing, poor environmental conditions, and/or a lack of economic and political resources (Cooke & Bélanger, Norris et al., 2004; Peters & Robillard, 2009; Peters, 2000). Many urban newcomers experience isolation, housing difficulties, and barriers to accessing services. Factors such as these, often lead to frequent movement within urban areas or back and forth between rural/reserve and urban areas (CMHC, 1996; Cooke & Bélanger, 2006).

Having provided a basic description of Aboriginal mobility patterns and motivations, the following section describes the framework that guides this paper’s discussion and analysis. It provides a description of how and why the critical population health approach emerged in response to gaps in the population health model (Labonte et al., 2005). The paper then examines how this critical approach may be overlaid with an Indigenous determinants of health framework that takes into account the interrelatedness of physical, mental, emotional, and spiritual aspects of holistic health (Loppie-Reading & Wien, 2009). In conclusion, the results of the interview analysis with urban Aboriginal migrants, residential movers, and service providers are discussed and suggestions for future research and policy directions are put forward.

**Adopting a Critical Population Health Approach to Holistic Health**

In the 1990s, the Canadian Institute of Advanced Research (CIAR) developed a model of population health that has since had an important influence on Canadian and international health policy. The population health approach significantly shifted the gaze of health researchers beyond that of a biomedical,
health care-centered focus to consider the social and economic determinants that influence the health of populations. While this approach importantly identified health inequalities, disease burdens, and risks (Labonte et al., 2005) and brought attention to the relationships between society, economies, and health (Coburn et al., 2003), there has been little in the way of action taken to actually reduce these disparities (Bryant, 2009; Frohlich et al., 2006). As a result, the population health approach has been criticized for not actively contemplating possibilities for positive social change (Coburn et al., 2003) and its epidemiological roots have been admonished for their limited capacity to consider the local contexts which shape peoples’ health (Coburn et al., 2003; Raphael & Bryant, 2002) as well as theory for expounding these conditions (Coburn & Poland, 1996). By removing health experiences from the context in which they occur, population health has been critiqued for its limited, top-down approach to health that has primarily relied on obtaining health data through large-scale, objective surveys that denigrate community knowledge and disempower community members (Raphael & Bryant, 2002) who are not perceived to be acting with agency (Labonte et al., 2005). Most importantly, this approach does not interrogate why socio-economic and health disparities occur in the first place, nor how social determinants of health are a symptom of underlying social processes.

In response to these limitations, in 1999, the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) introduced and defined a critical population health approach that would actively work to deconstruct the ideological assumptions, as well as the historic and socio-economic structures that shape the determinants of health and that create and perpetuate the health inequities of certain populations (Labonte et al., 2002). Under this lens, they sought to find ways to reconsider these social, economic and political relations in an effort to improve the health of all people (Labonte, 2005; Labonte et al., 2005). To operationalize this approach to improving health, a “three-way dynamic” was proposed, where theoretically-driven research on the determinants of health would be connected to goals of policy-relevance and would be guided by, and responsive to, the needs of the community in which it is undertaken (Labonte et
The practice of critical population health research importantly seeks to contribute to improving understanding about non-medical health determinants, to question why health disparities persist, and to create conditions that improve the health and wellbeing of all people by combining theoretical, community, and policy engagement (Labonte et al., 2005; Labonte, 2005). Critical population health is also a framework that has importantly been employed in Indigenous scholarship as a means to critically examine the processes that undermine and reduce the quality of Aboriginal peoples’ on-reserve health and that maintain these disparities over time (Richmond & Ross, 2009).

A critical population health approach provides an important lens for Indigenous health studies. It speaks not only to the importance of engaging with community and policy action in the research process, but it also provides the space to deconstruct complex and historical relationships. Given that colonialism is a core, underlying determinant of Indigenous health which continues to impact all other social determinants of health, in the Canadian context and globally, (Lavallee & Poole, 2009; Loppie-Reading & Wien, 2009; Smylie, 2009), it is crucial that Indigenous health approaches take into account the persistent and underlying structures that produce health inequalities. Colonial practices have resulted in environmental dispossession (Richmond & Ross, 2009), have systematically marginalized Indigenous peoples, and have largely determined how social determinants are accessed and allocated (De Leeuw & Greenwood, 2011). Given the effects that colonization has had on the health of Indigenous peoples as individuals, communities, and nations, a critical population health approach is important for considering the interstices between people and their social and historical contexts (Adelson, 2005).

While a critical lens is crucial for addressing Indigenous health, it is also important to consider a holistic lens that takes into account a person, community, or nation’s health. Within the context of this paper, the concept of holistic health is understood according to the Medicine Wheel (see Figure 6). While the teachings of the medicine wheel are vast, it is commonly represented by a balance between the four interconnected directions, or quadrants, of physical,
mental, emotional, and spiritual health. While they are described separately here, these aspects are deeply interconnected and rely upon one another (Lavallee & Poole, 2008). For instance, it could be said that while physical health refers to the body, a person’s state of physical health is often dependent on emotional stressors in their life. Importantly, the body is a vessel through which a person experiences the world, and is affected by social, political, and historical forces. Mental health is related to the thinking activities of the mind, emotional health to the heart, or the feeling self, and spiritual health is embedded in spirituality, relationship, self-esteem, balance, and healing (for a more in-depth description, see: Macdonald, 2008).

Figure 6: Medicine Wheel with determinants of health placed around the wheel. Source: Eagle Urban Transition Centre.

While a critical population health lens provides an important tool for unpacking the socio-economic and health disparities that play key roles in Indigenous health experiences, it is also important to consider the relationships that occur between the different dimensions of health and to consider how they interconnect and intersect. This paper is therefore framed by a critical population
health approach in conjunction with aspects of the “Integrated Life Course and Social Determinants of Model of Aboriginal Health,” as proposed by Loppie-Reading and Wien (2009) (See Figure 7). This model is useful within the context of this research as it considers the underlying socio-political structures that influence health and recognizes the determinants of holistic health as integrated, dynamic spheres. Here, determinants of health are “filtered” through socio-political contexts and life stages, as well as through physical, mental, emotional, and spiritual dimensions of health. These aspects of the model provide a pathway by which to holistically visualize or “filter” the elements which Labonte et al. (2005) suggest that health researchers deconstruct (i.e., socio-economic structures, systems, and institutions that influence community and individual health).

Within the framework of this model, the determinants of health are understood to be proximal determinants that have a direct impact on physical, mental, emotional, and spiritual health (e.g., housing, poverty), intermediate determinants that are in turn found at the root of proximal determinants (e.g., poverty results from a lack of community infrastructure) and distal determinants that represent the broader social, economic, and political context (e.g., colonialism, racism) from which all other determinants are constructed (Loppie-Reading & Wien, 2009). This perspective illustrates that all determinants of holistic health are interrelated across the life course and that these determinants can have varying and multi-layered impacts on Aboriginal peoples’ experiences of health.
Research Methods: Community Engagement as the Foundation

The research that informs this paper is built upon a respectful and collaborative research relationship that was formed with a nonprofit, urban-based Aboriginal service organization called Eagle Urban Transition Centre (EUTC), which assists in the urban transition of Aboriginal peoples to and within the city of Winnipeg, Canada. EUTC’s clients are urban Aboriginal newcomers from reserve communities and/or are facing high rates of geographic mobility or homelessness within the city. Their clients often are often mobile due to difficulties with accessing adequate, safe housing, and are exposed to other barriers such as racism in the housing and job market, and unfamiliarity with the urban environment.
In response to the key mobility issues that EUTC identified, and given that their mandate is to provide access to resources that support a healthy balanced life in terms of physical, mental, emotional, and spiritual wellness, our research goal was to examine the relationship between Aboriginal peoples’ mobility and health in urban areas. This work was guided by the ethical principles of information ownership, control, access, and possession (or protection), commonly known as OCAP (Schnarch, 2004). OCAP emerged in the 1990s to improve ethics in research with and by First Nations peoples. Although OCAP originated from a First Nations context, its overall principles are applicable to Métis and Inuit communities as well. Essentially, OCAP principles should serve to protect the collective ownership of research information and to exemplify trust building, improved research relevance, capacity development, and community empowerment. These principles were operationalized through a research agreement between the university researcher(s) and members of EUTC. Our agreement respects and honours the knowledge, contributions, and right to research information for all team members, through all stages of the research process, including outlining objectives and undertaking data collection, analysis, and dissemination.

To address our goals, this paper draws on the results of in-depth interviews that were conducted with 15 Aboriginal service providers and with 5 migrants, 5 residential movers, and 14 migrants/residential movers (herein collectively referred to as “movers”). Migrants had moved to the city within the previous 5 years. Residential movers were urban-born and had moved at least twice in the year the interview took place. Migrants/residential movers were migrants who had found themselves in a cycle of residential mobility upon moving to the city. Many had experienced frequent mobility (defined as >2 moves/year) off and on over the course of their lifetimes (with two respondents reporting approximately 20 moves over a 5-year period). Movers were recruited using: i) snowball sampling where participants referred clients, family members, and/or friends and ii) recruitment flyers in community and neighbourhood centres, banks, grocery stores, and health clinics that were located in predominantly
Aboriginal neighbourhoods, as well as in universities and colleges (Peters & Robillard, 2009). Participants ranged from 18-54 years of age and consisted of 9 males and 15 females. All were of First Nation or Métis descent. Interviews took place in a mutually agreed upon location and ran between 20-90 minutes in length. Participants were asked what had motivated them to move, what some of their general experiences of mobility were, and if/how they felt mobility impacted their overall health.

Aboriginal service providers were recruited using a purposive sampling strategy. Aboriginal service providers worked for organizations that offered assistance to Aboriginal residents seeking support in maintaining or improving housing, education, employment, health, and/or social circumstances and were identified in consultation with EUTC and through service directories. Participants were contacted via telephone and/or email to establish initial contact, describe the research goals, and enlist interest. Once interest was established, participants were met at their place of employment, or in a public setting (e.g., coffee shops). Participants were asked about their role in the organization, about the challenges and successes that they experienced in working with urban Aboriginal migrants and residential movers, and if/how they felt mobility impacted clients’ health. The first author conducted all interviews between October 2010 and June 2011. All interviews were audio-recorded with participant permission, and movers were provided with an honorarium as a gesture of thanks for their time and knowledge. The transcribed interviews were then analysed using NVivo, a software program that assists with organizing and coding unstructured, qualitative data. Coding was done with the intention to bring out key themes that were related to experiences of mobility and health. The findings of this study were presented at a community forum in February 2012, where community members and service providers had an opportunity to review the results and provide feedback about the research.
Results

Results of the interview analysis reveal that both streams of Aboriginal peoples’ mobility, that is migration and residential mobility, impact physical, mental, emotional, and spiritual aspects of health, as defined by the medicine wheel. While residential mobility and urban migration had differential impacts on health, they both point to an influence on overall health and wellbeing. The results also revealed that mobility has health impacts across the life course and across generations. The following section examines the health impacts of residential mobility, urban migration, and of the intergenerational aspects of mobility.

Residential Mobility: Impacts on Mental, Emotional, Spiritual, and Physical Health

The most common reasons sited for frequent residential mobility were due to substandard housing conditions (e.g., pests, mold, disrepair) and issues with neighbourhood safety. As a result of having to negotiate these factors, residential mobility caused a great burden on mental/emotional health. Several movers discussed the stress that residential mobility placed on them. One respondent, who had migrated from her reserve community only a few months earlier, had been unable to secure safe, affordable housing. As a result, she had quickly found herself in a cycle of residential instability, staying temporarily with friends and family. She had been unable to settle and was experiencing constant worry:

It’s stressful. It’s really stressful. Like, since I’ve been here - I’ve been here since September, and it’s just like on the move all the time. Because sometimes we go sleep at his cousin’s place, my boyfriend’s cousin’s place and it feels like I’m not welcome there sometimes.  
(Christine18)

Two service providers also acknowledged the stress that residential mobility in particular placed upon their clients. A transitional counselor who worked predominantly with youth explained that:

18 In all cases, pseudonyms have been used to protect participant identity.
Moving around in the city too, is, you know, mentally exhausting, like its, trying to get another place, you know, it’s hard with housing, you know, its draining.

(Community Transition Counselor)

A housing provider also spoke of the emotional impacts of mobility, describing how racial discrimination in the rental market and a lack of access to adequate housing was a driving force of residential mobility, which caused emotional and mental stress. He stated that eviction caused emotional distress and impacted self-esteem (spiritual health):

The eviction part is probably the most emotional, because you’re dealing with someone’s life, and you can’t fool around with that.

(Organization Development Manager)

While the mental/emotional impacts of mobility manifested on their own, it was found that could also result in physical health problems. For a few respondents, they perceived that the emotional and mental stress of relocating within the city had culminated in physical health symptoms. One respondent, a lone parent who had moved within the city four times that year, was diagnosed with an ulcer. She felt that this physical ailment had surfaced due to the stress of chronic moving coupled with worrying about her daughter’s education:

Interviewer: Can you talk about how it has impacted or affected your life with your daughter having to move so many times, especially this year?

Respondent: It's impacted me a lot. Actually the doctor had to put me on medication 'cause I've been under a lot of stress. I guess with my daughter growing up, like it was her first year starting school. And then having to move, she couldn't start school, she just started today [two months into school year]. So she's kind of late starting school 'cause of all the moving...It's put me under a lot of stress so the doctor had to put me on medication.

(Dolores)

She explained that having to move on a regular basis had taken a toll on her overall health and that she was receiving medical treatment. She was one of two respondents who described being diagnosed with an ulcer due to mobility.
I'd just say moving is really a big job and it does take a lot of stress out of you and anger. And it is frustrating to move. 
(Dolores)

Mobility impacted general physical health. A respondent who had moved from the reserve to the city 2 years prior explained that he had yet to secure stable housing. He was subsisting on temporary employment, and was living in and out of shelters and temporary accommodation. Although he was seeking residential stability, there were no structures in place to support him. The resulting cycle of residential mobility that he was exposed to, as well as being in and out of homelessness, was taking a toll on his physical body:

Respondent: You have to like give an arm and a leg to get some assistance...I love to work but I need a place too, a stable place to go home after work. It just gets tiring when you've done a day’s work and you're wandering around on the street. I've been there before, I got sick doing that, before, hey? I don't want to do that again. You get overtired, hey. The body can only take so much. 
(Jon)

His frustration here is clear. In terms of physical health, residential mobility also had the potential to make it difficult to access regular medical care. One respondent explained:

I think finding a family doctor’s really hard...Like we don't even have a family doctor and I think just a place to go for a check-up...I go to the walk-in clinic and then if I go to one by my area, then we get a doctor there and I don't intend to be there for like forever and then that's all that time to go over that way. 
(Julie)

As a mother of three school-age children, having access to a regular physician was an important area of concern. However, due to income restrictions, she and her family had to change neighbourhoods twice that year and she planned to move again due to neighbourhood safety concerns. This made it difficult to care for her family’s physical health in terms of making regular medical checkups. These findings demonstrate that high residential mobility in this
population is rarely voluntary, and that it can have harmful impacts on movers’ overall health.

**Migration: Impacts on Mental, Emotional, Spiritual, and Physical Health**

While all respondents who experienced or discussed residential mobility spoke of its negative health impacts, migration from reserve/rural to urban areas had the potential to both heal and to create health concerns. As compared to residential mobility, which was propelled and sustained by negative circumstances, the most common reason for moving to the city was to pursue education/training opportunities. This section first examines the challenges of migration, and then looks to some of the successes.

All service providers who worked closely with urban Aboriginal newcomers (approximately half of which themselves had once been urban newcomers from reserve communities), acknowledged that loneliness and cultural isolation were the largest health concerns facing migrants. One counselor explained how migrants at times had difficulty finding housing or employment upon arriving in the city due to a lack of service support and knowledge. He also spoke to the loneliness that young migrants, in particular, experienced. As a result, migration affected their mental/emotional wellbeing:

If you’re not happy, you’re not gonna be healthy either, right? So if you come to the city, you got no job, you got no place to stay, you’re not gonna be happy, you know. And, a happy person a healthy person, right? And, they’re just alone. I guess sometimes too people come to the city, they don’t know anybody, they don’t have, you know, family or whatever. Their family might be back home, and they just get down...maybe that’s the mental part of their, you know [health], if they’re lonely, if they’re unhappy because, you know, because they moved away from the reserve. I talked to this one young guy there, and he was very lonely because he moved from the reserve to the city. He missed his family, he misses his, you know, he misses the community and stuff like that.

*(Employment Counselor)*

This counselor also related the story of an acquaintance that had migrated with his family from a remote northern community. Moving to the city had impacted their family relations, and they experienced disconnect from traditional activities,
such as hunting and fishing, which have been identified as determinants of health (Wilson & Rosenberg, 2002).

He [acquaintance] moved from up North and he moved his family. He had four kids I think and his wife, and they moved from up North, and he said that affected him a lot because he couldn't go out hunting, he couldn't go out fishing and stuff like that, where he could just do it every day back home. Here, you know, he was totally—everything's totally different right? You don't have the time anymore just to—if you're working, if you're goin' to school, whatever. You don't have the time just to go out, to do your things that they did. And then his kids, he started having problems with his kids because they started getting into the wrong crowd, you know, meeting the wrong people...[moving] does affect because it's totally different life from the reserve life to the city life. It's totally different, and you have to um, you have to cope with that. (Employment Counselor)

This finding demonstrates that coping with migration can impact spiritual aspects of health and wellness. Western values and culture shock can cause spiritual loneliness for Aboriginal people (Little Bear, 2000) where aspects such as language, ceremony, or traditional activities (Lavallee & Poole, 2008) are understood to be important aspects of health and well-being. Another service provider, who worked predominantly with youth, explained how migration impacted spiritual health:

Spiritually, it’s the culture, you know. Not being a part of it, or losing it, or like coming here and not having anyone to talk to in your language, you know what I mean, like not knowing how to read or write, or do what’s needed to be done properly, like even making a resume, [because] like their first language is Cree, you know.

This respondent also described how migration impacted aspects of physical, mental, and emotional health in significant ways. Using one of his clients as an example, he explained that depression affected Aboriginal youth in particular:

Mentally you know like the challenge of all the adjusting, you know, its mentally exhausting...I guess, you know, family...you know like those youth are missing the family, you know. They're having a hard time [emotionally]...[a] physical part of it is like depression, you know, like one of them is not eating and, you know, he’s having a hard time adjusting. He misses the mornings a lot because he sleeps, and that’s, you know a sign of depression is sleeping.
While migration had what might be considered a negative impact on health, moving to the city also presented opportunities for positive health impacts to emerge. The majority of migrants had moved to the city from rural or reserve areas to pursue their education and training and to provide a better life for their families. One woman who had recently moved from a remote northern community with her children and husband explained that migration had a positive impact on her individual and family health. For her personally, she had moved to the city to pursue second career training. The Aboriginal-led training program that she was attending had “supported her in any way they could” and she had found support and spiritual/emotional healing through the program. For her family as a whole, she said that:

We have more family time here because we didn’t have that at home [reserve]. Because we were both working and after we’d get home from work we’re tired and the kids go out. So, I guess we only see each other in the mornings and lunchtime as a family. While here, because my kids don’t really know the area, or the place here, so they tend to stay home, relax. We watch movies and we talk more.
(Sylvia)

Another migrant, who had moved between urban and rural areas for the past five years, had unexpectedly found healing and support upon moving to Winnipeg, largely through the support of service programs and the sense of community and belonging that he had discovered within these circles:

It's given me I would say an opportunity, I don't believe in luck or chance but it's given me an opportunity for a better way of life. I didn't like it in the beginning. I was kicking and screaming. And a lot of people loved me to health, back to health within my program. Gave me support and courage, loved me for me.
(Bryan)

This demonstrates that the urban area can be a space of healing and community connection for some migrants. And so, while migration can have negative health implications, this form of mobility also has the capacity to create opportunities for improving holistic health and for finding networks of support, as the quote above indicates.
Another key finding to emerge was that of intergenerational mobility. Most movers who had experienced imbalance in their physical, mental, emotional, or spiritual health due to frequent movement, had also experienced a history of intergenerational mobility. Mobility across the life course, as well as across generations, was largely situated within the context of the colonial legacy of residential schools and adoption scoops. As a brief history, assimilationist policies of the past century have largely targeted Aboriginal children. Over the course of the 20th century, the residential school system attempted to absorb Aboriginal peoples into mainstream society by forcibly relocating children into institutional environments. This destroyed family ties as well as long-held social and political systems within communities. Over several generations, natural socialization and family rearing was replaced by institutional abuse and trauma, to varying extents. The legacy of these policies is known to have manifested in all forms of health disparity (Sinclair, 2007). Another assimilationist policy was termed the “Sixties Scoop”, where from the 1960s until the mid-1980s, Aboriginal children were forcibly removed from their families and communities, without prior knowledge or consent, and were placed in non-Aboriginal homes throughout North America. This assimilationist policy coincided with the waning of residential schools (although the last residential school closed in 1996). In Manitoba alone, during the 1970s, there was a 60 percent increase in children taken into care.

The results discussed in this section in particular, therefore point to the need for a critical eye when examining the relationship between Aboriginal peoples’ mobility and health, as a number of underlying historic and contextual factors are often at play. A residential school survivor who had experienced a lifetime of mobility described the stress of having “moved around too much since I was born.” While mobility was impacting her emotional and mental health, it was compounded by having to negotiate the distal impacts of colonialism (i.e., the abuses of residential school) and the intermediate impacts of a lack of structural support for finding residential stability. Another respondent, after being in and out of foster care his entire life, between reserve, rural and urban areas, explained
that when he turned 18, he did not have the skill set or confidence to find secure, stable housing. As a result, for nearly a decade he had been frequently mobile within the city. This history of mobility had impacted his emotional health, in terms of self-esteem and confidence. He explained: “I don’t think I believed in myself too much to find a place…it’s kind of a sad story…I never chose this life. Kinda just happened.”

Most respondents discussed experiences as residential school survivors or with Child and Family Services (CFS)\textsuperscript{19}. These tumultuous occurrences, the result of colonial policy and interference with family life, often resulted in forced mobility at a young age as children had no control over moving from location to location. An urban-born residential mover and college student described her experiences of moving as a child with her mother, and then on her own in her teens and early 20s. She explained that mobility had impacted her access to education and peer networks. She also attributed her experiences of frequent mobility to a physical illness, the appearance of a brain tumor, which manifested in her life:

My mom was moving around lots until she abandoned me at 13 and then moved in with my stepfather and my baby brother, and then he decided to move up North to raise my brother. And I was on my own since I was 15. So, high school was very, very difficult for me.

I hated [moving] when I was younger. I didn’t like it at all. Having to make new friends and make those changes and stuff. It was very difficult…And then it became harder over the years when I was on my own trying to finish school, that was the most difficult part. And that’s part of the reason why my tumor came about because of my stress. It was because of the stress the doctor said.

\textit{(Kim)}

Here, she explained how issues of abandonment, broken family ties, and residential mobility over the course of her life had come to have a negative effect on her overall health and wellbeing. Her experience with CFS and a mobile

\begin{footnote}{\textsuperscript{19} Child and Family Services are provincially organized agencies whose mandates are to care for the welfare of children. These organizations are increasingly branching out to include Aboriginal-led service delivery models in response to their colonial, paternalistic history where during the 1960s in particular, many Aboriginal children were forcibly taken from their families and placed in non-Aboriginal households.}

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parent had shaped her childhood mobility experiences which carried through into her adulthood.

For many respondents, frequent mobility within the city, as well as between reserve/rural and urban areas, became “normal” over time, and extended into adulthood. Interestingly, while over half of the respondents attributed frequent mobility with direct health impacts such as stress and physical illness, four respondents suggested that they were unaffected by moving, and had come to accept it as a way of life. This may be considered a coping mechanism for the years of trauma associated with family separation that is rooted in residential school and foster care legacies. All frequent movers who were interviewed had in some form accepted mobility as a part of their lives. A respondent who had lived in the city since her childhood had been in a cycle of residential mobility between urban neighbourhoods, as well as between the reserve and city. In her early years she moved with family members as well as in and out of foster care; in her later years, it was a matter of seeking stable housing. Her explanation of being “immune” to moving seems to suggest that her only reprieve from decades of mobility was to essentially shut down emotionally and mentally:

Yeah. Well my parents, they were either going back and forth. I’m so used to moving all my life, so…I’m just used to moving all the time. I’m immune to it. Y’know, that’s it. I know what it’s like, and I know the different areas to move in.

(Angela)

Another respondent who had been mobile since he was a child suggested that moving no longer bothered him. Now, as a father, he and his family found themselves in a cycle of residential mobility. When asked how this frequent mobility had impacted him, he replied:

Respondent: I don't know. Doesn't bother me.

Interviewer: Moving doesn't bother you at all?

Respondent: No. No. When I was a kid, like when I lived with my mom, we moved…Like, we moved everywhere…She just liked to move. I swear, we weren't in a place longer than like a year…We moved lots. Like I -
sometimes we never even unpacked…I don’t know why my mom moved around so much. But after awhile, we got put in CFS and all.  
*(Tom)*

Being apprehended by CFS had propelled him into another succession of moves, from family to family, as well as from home to home. His partner had also been in a cycle of residential mobility since the age of 10, where she had moved with a parent, both within the city, as well as back and forth between rural areas and the city until the age of 16, when she began to live on her own. At that time, she was moving as often as every three months.

In response to the ongoing impact of intergenerational mobility, an Aboriginal service provider has started to bridge these gaps in family connection and health through a Métis-based program that is also open to First Nations and Inuit families. One of their treatment workers described how the program offers residential stability by reuniting mobile or transitioning parents and their children through foster family programs. Here, rather than having the child move alone between foster homes, the parent and child are essentially “adopted” together as part of a flexible program where they can spend up to 2 years in the care of a stable home environment. This not only reduces childhood mobility, but also provides an option for parents to be stable as well as to foster their individual and family health. This Aboriginal treatment worker explained that not only had she seen children at the age of four who had been placed in as many as 5 different foster homes, but that the parents of these children had also often grown up in similar care situations. Having worked with mobile families in both rural and urban areas that had “moved around too many times,” she spoke to how a legacy of custodial care had “normalized” mobility from a young age. She also addressed the impact of mobility on health, and to how programs that promote stable, family-centered environments can serve to improve the holistic health and stability of both child and parent:

Mentally, that they’re stable. And I’m talking about both child and parent…that they’re finally with their child. Physically would have to be that they’re not moving around…because like I said, the parent, they’re not stable. They’re always moving house to house, kind of like couch-
surfing right, before we actually give them this opportunity. One of the things that I honour about our agency is that we give them the voices...It’s giving the power back to them [parents]...It’s that constant because we’re always connected with the people that they’re connected with...we pretty much know all of our family...Because you know what, this program wouldn’t be a success if they weren’t heard...And it’s putting them through the training that they need so they can walk away with something. Like for instance, if they didn’t finish their high school, what a prime opportunity if their child is at home with a foster parent, they’re able to go to school every day if that may be something.

*(Treatment Worker)*

This quote encapsulates the impact that mobility has had across generations and addresses key elements that are necessary for achieving health and stability. A history of chronic mobility has left many Aboriginal peoples feeling disempowered and struggling with issues of self-esteem and identity. This program acknowledges the importance of honouring peoples’ voices and in giving them back their ‘whole’ health, in essence. This section demonstrates how the complex and underlying issues that shape mobility also have an important impact on the holistic health across of individuals, families, and communities, and to how the community is starting to address the impacts of intergenerational mobility.

**Discussion & Conclusions**

This paper was inspired by a call for research that critically examines the determinants of Aboriginal peoples’ health and how health disparities are produced and sustained over time (Richmond & Ross, 2009) as well as by a need to contribute to the nascent body of urban Aboriginal health literature (Wilson & Young, 2008; Richmond & Big-Canoe, 2011), which has yet to make a connection between health and urban Aboriginal peoples’ mobility experiences. To this end, the goal of this paper was to examine how Aboriginal peoples’ mobility experiences determine health outcomes for urban populations. Using a critical population health framework, informed by a holistic model of the determinants of health (Loppie-Reading & Wien, 2009), this paper considered the
historic structures that shape mobility and that create and perpetuate health inequities for urban Aboriginal peoples (Labonte et al., 2005; Labonte, 2005).

While this research presents a number of important findings, certain limitations must be considered. One is that while the research provided an important analysis of mobility at large, it did not provide the opportunity to drill down to the mobility and health experiences of specific Aboriginal communities and groups. It would be useful in future to consider the distinct mobility experiences of First Nations, Métis, and Inuit peoples. It is also important to continue to investigate the experiences of different types of movers, such as those who move to the city specifically from reserve, rural, or out-of-province locations. Furthermore, while certainly not all urban Aboriginal peoples are mobile, this paper does provide an important examination of mobility, a research area that remains underdeveloped, particularly in terms of health. It seeks to demonstrate the links that exist between urban Aboriginal peoples’ mobility and the socio-historic context in which it occurs, and to how this impacts the holistic health of movers. It is important that future health research continues to acknowledge and investigate the role that mobility plays in influencing Indigenous peoples’ health. It may also be useful to conduct a comparative study that examines the experiences of movers living in other urban areas, both within the Canadian context and in other Western settler nations.

Notwithstanding these limitations, the results of this research bring important attention to key findings on Aboriginal peoples’ mobility and health. First, while residential mobility and urban migration represent two distinct streams of mobility, they both have notable impacts on the holistic health of movers. On the one hand, residential, or intra-city mobility is influenced by what might be deemed unfavourable factors – including exposure to social (e.g., neighbourhood safety) and housing issues (e.g., disrepair) that push vulnerable, socio-economically marginalized populations into a cycle of frequent mobility. This vulnerability largely stems from distal determinants of health such as colonization and systemic racism that have limited access to the resources necessary to increase socio-economic status and to secure adequate housing.
The impacts of residential mobility were felt in all aspects of health. In particular, the stress of frequent movement impacted not only the emotional and mental wellbeing of movers, but also manifested in diagnosed health conditions for some. Migration, on the other hand, was often motivated by the potential for opportunities in the urban area. Although this paper acknowledges that the need for urban migration is often influenced by a history of colonial dispossession that has limited on-reserve resources for some communities, migration does maintain the potential to create a positive impact on health (e.g., accessing health supports and training programs) as well as less favourable health circumstances (e.g., loneliness, depression, lack of access to traditional activities). These findings demonstrate that mobility bears an important relationship to holistic health.

The second key finding begins to deconstruct the historical and contextual relationships that have led to the health and mobility disparities that a disproportionate number of urban Aboriginal people experience. This finding importantly reveals that frequent and ongoing mobility impacts health and wellbeing not only over the course of a person’s life, but also across generations, and that it has been deeply influenced by colonial assimilation strategies. Given the existing discussion on colonialism as a determinant of Indigenous health (Lavallee & Poole, 2009; Smylie, 2009), it is feasible to argue that all experiences of mobility and their resultant health disparities are associated with this overarching determinant. The ongoing legacy of mobility, a direct manifestation of colonial policy and legislation that removed children from their families, dispossessed people of their lands, and relocated communities to socio-economically isolated reserve territories is impacting Aboriginal peoples of all ages, including families and children. The younger generation continues to experience the residential instability that their parents and grandparents were faced with as well. This can result in exposure to poor physical living conditions, loss of social ties, and changing schools – all health-related elements – as parents and guardians attempt to navigate socio-economic barriers, racism, and/or trauma while seeking out adequate housing. In examining the broader
context in which mobility occurs, this research uncovered intergenerational mobility, or lifelong moving, as importantly connected to health and as an aspect that lies at the root of many Aboriginal peoples’ current mobility experiences.

Applying a critical population health perspective in conjunction with an Indigenous model of the determinants of holistic health, created a framework through which to “filter” the socio-economic structures, systems, and institutions that influence mobile Aboriginal people’s health (Loppie-Reading & Wien, 2009). Furthermore, this paper supports the need for a three-prong approach to health research, one that engages with theory, community, and policy (Labonte et al., 2005). To do so, this paper provided a critical and contextual analysis of urban Aboriginal peoples’ mobility experiences that was largely informed by the voices of movers themselves, thereby providing important insight into how mobility plays out for many people. In terms of community engagement, this research speaks directly to our community-based and academic objective, which was to examine the impact of mobility on the health of urban Aboriginal residents and to actively create positive change through this research collaboration.

There is also potential for these findings to guide policy and to redress the social, economic, and political context that lies at the root of urban Aboriginal health and mobility disparities. In order to work toward improving the living conditions and material circumstances of urban Aboriginal movers, and to support the distinct needs of transitioning urban Aboriginal peoples, policy needs to consider all aspects of the mobility experience, including its connections to holistic health, as well as the context in which mobility experiences and health disparities are situated. Mobility impacts health across the lifetime, and beyond a single generation. There remains a strong need for policy and programming that recognizes the intergenerational effects of frequent mobility, as well as the resulting separation from communities and families. Family and child service models that offer residential stability for Aboriginal parents and children and that recognize the value of bringing generations together in a stable, holistically supportive environments, may take crucial steps to bridging intergenerational disparities in health and its determinants – including mobility status.
Transitional support programs also remain a key to supporting urban Aboriginal newcomers, who are seeking service support in the form of health, housing, education, or social services. By acknowledging the underlying structural issues that influence mobility such as the residential school system, the “Sixties Scoop,” and experiences with institutions such as CFS, policy may be better able to address ongoing health inequities. Rather than treat urban Aboriginal mobility as an occurrence that needs mending, policy should look to the structures and processes that create a climate for mobility in the first place, as “the origin of good health arises long before conception, with the historical, political, economic and social contexts into which we are born” (Loppie-Reading & Wien, 2009, p.25). If mobility is treated within the context of health, then urban Aboriginal policy can better respond to the health and healing needs of the urban Aboriginal community. This research remains one of the few studies to have considered the interrelated social determinants of Aboriginal health. A critical population health lens provides an important tool for excavating beneath the surface of ongoing health disparities and to uncovering previously overlooked influences, such as mobility and its intergenerational impacts. It remains that continued research is needed to examine and expound the complexity of urban Indigenous health and its determinants.
CHAPTER SIX

Dissertation Conclusion

“If research doesn’t change you as a person, then you haven’t done it right” (Wilson, 2008, p.135)

Introduction

While Aboriginal mobility research has demonstrated that Aboriginal peoples experience higher rates of migration and residential mobility (Clatworthy & Norris, 2007; Norris & Clatworthy, 2003; Norris et al., 2004) as compared to their non-Aboriginal counterparts, it remains that to date, little to no research has examined the context in which mobility occurs. Given that increasing rates of Aboriginal urbanization have been accompanied by high rates of mobility, it is important that researchers look to how mobility impacts the lived experiences of urban Aboriginal movers as well as to how mobility is linked to important aspects of health. Given that urban Aboriginal health research remains under-developed (Wilson & Young, 2008; Young, 2003) and that the complexities of urban Aboriginal health and the determinants that operate in Aboriginal peoples’ everyday lives remain a matter of concern (Richmond & Big-Canoe, 2011; Wilson & Cardwell, 2012), this dissertation has addressed two significant gaps to the current understanding of Aboriginal mobility and urban health. This dissertation has made a contribution to theory by acknowledging and critically examining the broader socio-historic context in which mobility occurs. In doing so, it has importantly introduced a link between experiences of mobility (including migration and residential mobility) and holistic concepts of health. This dissertation has also addressed the relationship between mobility and scales of health care and service delivery, an area of research that had yet to be examined in any detail.

By using multiple methods, the results of this dissertation were drawn from a large-scale quantitative analysis of the 2006 Aboriginal Peoples Survey (APS)
at the Census Metropolitan Area (CMA) level (providing a comparison of Winnipeg and Toronto, Canada) as well as from a qualitative analysis of in-depth, semi-structured interviews that were conducted with 22 service providers and 24 urban Aboriginal movers in Winnipeg, Canada. The quantitative analysis provided a broad picture of mobility at the CMA-level and examined the relationship mobility and health care use in two distinct geographic settings. In order to examine the context in which urban mobility occurs, and to explore questions that cannot be asked in large scale surveys, qualitative interviews were used to explore the perspectives of Aboriginal and non-Aboriginal service providers who work with mobile Aboriginal populations, as well as the perspectives of Aboriginal movers themselves – both migrants who had relocated to the urban area, and residential movers who were frequently moving within the city of Winnipeg. This analysis provided a unique examination into the relationships between mobility and health as well as service access in the city of Winnipeg. These interviews also revealed the connections that mobile Aboriginal populations create between reserve/rural and urban spaces, as well as the networks of support that are co-created within urban spaces. This concluding chapter provides a summary of the main findings of this thesis as shaped by the four main research objectives:

1. To examine the underlying factors and motivations that shape the experiences of Aboriginal mobility, and to develop a more nuanced understanding of Aboriginal mobility.

2. To determine how Aboriginal peoples’ mobility may impact health and social service organization, access, and delivery in urban areas (and in turn how mobile Aboriginal populations are affected by scales of service delivery).

3. To determine how Aboriginal peoples’ mobility impacts the use of conventional and traditional health care services.

4. To examine the link between Aboriginal peoples’ mobility and Indigenous concepts of holistic health and its determinants (i.e., physical, mental, emotional, and spiritual).
The remainder of this concluding chapter is presented in two parts. The first part summarizes the main research findings as presented in each chapter, and as shaped by the four main research objectives, and explains how these findings relate to the theoretical frameworks that were used to examine the findings. The second part discusses suggestions for future research directions, as well as the implications and relevance of these findings for urban Aboriginal policy directions in Canada. These policy and research directions might perhaps extend into other settler nations, where the experience of colonialism, urbanization, and mobility is common.

**Summary of Key Findings and Contributions**

**Chapter Two** was driven by two overarching goals: i) to provide a critical literature review of the Aboriginal mobility scholarship to date so as to investigate current and past understandings regarding the context in which urban Aboriginal mobility occurs, including the underlying factors and motivations that drive mobility and ii) to use a transnational migration lens, coupled with the Indigenous concept of the hub, to deepen and broaden current understandings of Aboriginal mobility. This perspective contributed to a more nuanced understanding of the networks of connection that transnational urban Aboriginal migrants create between reserve/rural and urban boundaries, as well as within cities. Overall, this chapter served as a basis from which to address objective 1. Research findings were drawn from in-depth interviews.

This chapter provided a critique of the Aboriginal mobility literature which revealed that Aboriginal mobility is still largely understood to be a demographic and economic response to socio-structural processes. To date, this body of research is largely influenced by a neoclassical economic approach, or by quantitative measurement, and the lived experiences of migrants and their cultural agency have rarely been considered. With rare exception (e.g., Cooke & Bélanger, 2006; Prout, 2011), cultural agency has yet to be developed in Aboriginal mobility research, and the notion of a cultural turn in Aboriginal mobility studies remains in its infancy. Motivations for migration have largely
been understood as problematic, where Aboriginal culture was positioned as a barrier to adjusting to city life, or placed in juxtaposition to mainstream urban culture, the only remedy for which was assimilation. Early scholars assumed that migrants would need to sever ties to their reserve community and assimilate into the urban milieu. Currently, motivations for migration are categorized according to a neoclassical push-pull model. While this approach provides important baseline information about the factors that influence Aboriginal mobility – the most common of which are family-related reasons, education, employment, and housing, it does little to set the context within which Aboriginal peoples’ migration occurs, nor does it provide adequate explanation as to why these motives for migration exist at all.

Transnational migration theory provided an important lens for uncovering and examining how transnational Indigenous migrants in Winnipeg maintain “multi-stranded relationships – familial, economic, social, religious and political – that span borders and link their societies of origin and settlement” (Basch et al., 1994). Essentially, transnational networks provide the space to consider how links between spaces that were conventionally perceived as discrete, or separate in nature (i.e., reserve-urban), come to be stretched over space and time. In Winnipeg in particular, the findings reveal that although urban Aboriginal migrants may experience feelings of loneliness and isolation, they are not “permanently ruptured” from a sense of Aboriginal community, which is often in fact sparked and nurtured within the city. Similarly, they are not necessarily permanently removed from geographic reserve/rural spaces as they maintain active ties to their communities, or in some cases these ties are facilitated by service organizations who run cultural programming on-reserve. As such, movers are active agents in maintaining a variety of experiences and connections within and across urban and reserve/rural scales. This is not to idealize transnational experiences. Certainly not all Aboriginal movers are transmigrants. This being said, those interviewed were found to be sustaining networks across boundaries (and across generations), and it can be theorized that, in an effort to maintain
their well-being, migrants are countering experiences of isolation or marginalization by maintaining relationships with non-urban communities.

Some second generation urban-born residential movers also saw the reserve as point of connection. Although their living circumstances were fluid within the city (i.e., high residential turnover), they maintained connections across geographic boundaries that were once theorized as discrete. Rather than assimilate as was believed to be the case by early researchers, migrants reveal that networks of connection can be maintained across the boundary of generations and that nationhood, or Indigenous identity, is not limited to reserve boundaries. The findings of this chapter reveal that despite a colonial history that has dislocated and disconnected many Aboriginal communities and families, migrants demonstrate resilience through connections to family, home, and support networks across reserve/rural and urban boundaries. A number of second-generation urban dwellers were also maintaining these connections. This suggests that urban Aboriginal migrants were not severing home community ties and assimilating as was once assumed, but rather are negotiating new and creative strategies for maintaining transnational identities across geographic boundaries, as well as over the course of generations. This also points to the emergence of a unique urban-Indigenous identity that challenges and transcends notions of a racialized juxtaposition between reserve and urban spaces, as movers form new identities that include elements of more than one community.

The concept of the social field in transnational migration literature is also important. This is where networks of ideas and resources are exchanged across different scales and begin to become “institutionally complete” spaces in which to engage in transnational activities (Levitt, 2001). These social fields are similar in nature to what Ramirez (2007) describes as the hub. The research findings indicate that perhaps the hub might be thought of as an “Indigenized social field.” Like a hub on a wheel, urban Aboriginal peoples occupy the centre, connected to multiple communities, represented by the wheel’s spokes (Ramirez, 2007). Hubs can be both tangible and geographic (i.e., service organizations), tangible and non-geographic (e.g., cultural events), or intangible (i.e., volunteering, traditional
teachings). In the case of this research, hubs have become spaces of support for urban Aboriginal community members, and also a space in which to acknowledge a shared urban-Indigenous identity that transcends racialized juxtapositions.

A mobile Aboriginal person is a traveller who may be considered “a carrier of knowledge who….weave[s] networks of relationships across great distances” (Ramirez, 2007, 27). Back and forth mobility, and ongoing relationships across ideological and geographical boundaries, can therefore strengthen identity and culture through return visits to reserve communities but also through activities and community gatherings that take place within the city. These ideas tie into the second core theme in this chapter, which is creating new territories through urban networks. These networks occur within same scale, via connections with urban Aboriginal service providers, and in some cases with non-Aboriginal drop-in centres. Aboriginal service providers and movers are co-creating new territories, regardless of landbase, that are reinvigorating a sense of identity, that act as safe “Aboriginal environments” for urban community members from all nations to gather. These hubs also often connect clients to on-reserve traditional ceremonies, and are therefore connecting service users to reserve/rural spaces.

After examining the context in which Aboriginal mobility occurs and the networks of connection that migrants are forging across geographic boundaries, or scale, Chapter Three provided an opportunity to examine how jurisdictional scales (i.e., municipal, provincial, federal, reserve) impact service organization and delivery for mobile urban Aboriginal populations. Little to no work has examined how the scales of mobility and service delivery might impact Aboriginal movers’ relationships with, or access to, Aboriginal-led and non-Aboriginal services, as well as their transition to urban spaces. In response to these gaps, this chapter uses scale as a lens to examine how urban Aboriginal and non-Aboriginal services are organized and delivered, with a focus on how this plays out for mobile Aboriginal peoples. By drawing on the results of in-depth interviews, the overall goal was to gain a better understanding of the successes and challenges that service providers and movers encounter, the role that scale
plays in shaping service delivery and access, and what is needed to support the healthy and successful transition of urban Aboriginal movers. This chapter addresses the second research objective.

In terms of jurisdictional scale, the federal government has never recognized a constitutional responsibility for Aboriginal peoples living off-reserve, including status and non-status Indians, Métis, and Inuit peoples. As a result, responsibility is often downloaded to provinces that tend to subsume Aboriginal peoples into the general population. Furthermore, funding for urban Aboriginal services has not matched the growth of the urban Aboriginal population and, at the local level, municipal governments rarely have an explicit policy to serve urban Aboriginal migrants. As a result, there is a longstanding jurisdictional dispute over which scale(s) of government should support urban Aboriginal service delivery policy. This has resulted in policy gaps, and as a result, urban Aboriginal service delivery is often underfunded and uncoordinated. The research findings revealed that scales of resource allocation profoundly shape service delivery and access for mobile Aboriginal populations, and that this mismatch in resources and need has had an impact on the successful transition of urban Aboriginal peoples who are moving between reserve/rural and urban scales, as well as within, urban areas.

Jurisdictional scales (which create policy) and scales of service delivery (rural/reserve and urban) are still bound up by hierarchical entities. They are treated as distinct in nature, but this research demonstrates that decisions made at one scale, play out at another. Each scale is interrelated, and although there remains a policy gap, individuals and organizations are working to flatten these scales. Urban Aboriginal peoples, and service providers in particular, are creating “new organizational scales” that are linking local communities. Scale serves as an important theoretical framework for examining the relationships that are occurring across jurisdictional scales, as well as the gaps that surface within these patriarchal hierarchies.

In examining scale as relationship, the research reveals that hierarchical notions of scale (i.e., jurisdictions) are creating gaps that result in a lack of
information transfer and coordination between reserve/rural and urban scales of service delivery. The first core theme, identifying/locating service knowledge prior to arrival demonstrates that movers who are relocating from reserve/rural areas are often left unprepared and without the necessary supports in place to ease the transition. In terms of the second core theme, mobility and continuity of care, the results demonstrate that moving between scales is not supported (whether this is between urban and rural/reserve scales, or between neighbourhoods in the city). Given that service providers are often the main source of support for mobile Aboriginal peoples (either because movers’ social connections are outside the city, or the connections that they have within the city are of a negative influence), this gap is of serious significance. While service providers and movers are active agents in working toward filling these gaps by using word of mouth networks, for example, it is necessary to begin to consider strategies for unbundling existing hierarchies so as to consider multiple ontologies and to co-produce policy decisions with all invested parties.

Urban Aboriginal service gaps persist as service providers negotiate a neoliberal policy environment and as hierarchical scales of jurisdiction (i.e., federal, provincial) remain in dispute over who has responsibility for meeting the service needs of urban Aboriginal peoples. These gaps are rooted within an inherently vertical hierarchy that is deeply intertwined with socio-economic and political structures that have placed reserve communities at the bottom of the hierarchy and the federal government on the top “rung” of the ladder. It is little wonder that Aboriginal peoples’ mobility has been construed as negative or disruptive to service delivery within the literature, given that it is situated within a colonial context that has generated a patchwork of mismatched scales of resource allocation and a landscape of service delivery is often uncoordinated or inadequate. By placing a relational scalar lens over this hierarchy, this chapter demonstrated the unsustainable reality of these scalar relationships and that a lack of cohesive urban Aboriginal policy challenges the continuity of service delivery to mobile urban Aboriginal populations, whether they are seeking service support and knowledge at the urban scale, or across its boundaries.
Chapter Four provided a quantitative analysis of the relationship between mobility and conventional, as well as traditional, health care use. This chapter allowed for a broader analysis of service use, with a focus on health. It also provided a larger scale analysis at the CMA-level, as well as an opportunity to draw comparisons between Winnipeg and another Canadian urban centre (Toronto). Drawing on data from the 2006 APS, this chapter examined Aboriginal peoples’ mobility (i.e., length of residency in the city and number of moves over a 5-year period) as a correlate of health service use (i.e., contact with physician, nurse, and traditional healer over a 12-month period). This chapter directly addresses the third objective of this research. Analysis also took place in two distinct cities: Toronto and Winnipeg, Canada so as to determine if and how health care utilization might vary according to urban setting. These cities provided an important point of urban comparison, as they are vastly distinct in terms of Aboriginal population, geographic location, and levels of service provision.

Logistic regression analyses were used to determine if mobility was a correlate of the dependent variable, which was measured based on respondents’ answer to having consulted with a physician, nurse, or traditional healer within the past 12 months. All three variables were binary, where a ‘yes’ response indicated health care use and a ‘no’ response indicated no health care use. By controlling for a set of independent variables, logistic regression was used to estimate the odds of health care utilization. Determinants of health care use, or independent variables, were framed according to the Behavioral Model of Health Services Use (Andersen & Newman, 2005 [1973]), where: predisposing factors influence health service use prior to the onset of illness (e.g., age), enabling factors influence how health services are obtained (e.g., household income), and need factors represent an individual’s diagnosed or perceived illness level. This chapter made two significant contributions: i) mobility was found to be a significant predisposing correlate of conventional and traditional health service use. This finding therefore informs the Behavioral Model of Health Services Use, which to date, with few exceptions, has overlooked the issue of mobility, and ii)
distinct urban settings differentially influence patterns of health service utilization for mobile Aboriginal peoples. For example, in Toronto, urban newcomers were more likely to use a physician or nurse compared to long-term residents. This was in direct contrast to the effect of residency on physician and nurse use in Winnipeg. In Toronto, urban newcomers were less likely to use a traditional healer than long-term residents, indicating that traditional healing may represent an unmet health care need. The results of this research contribute to the nascent literature on the health care needs of urban Aboriginal peoples and represent one of the few studies to examine the association between mobility and health care use amongst urban Aboriginal populations in Canada. This chapter argues for the importance of health care models that respond to and represent the conventional and traditional health care needs and choices of urban Aboriginal movers.

After examining the context in which Aboriginal peoples’ mobility occurs, as well as the relationships that exist between mobility and different types of service delivery, the final chapter looked to experiences of health specifically. Chapter Five makes the important link between Aboriginal peoples’ mobility and holistic health. Frequent mobility has the potential to be detrimental to wellbeing, as it has been suggested that mobile Aboriginal peoples are more likely to experience the disintegration of social and kin ties, difficulties accessing health care, and poor education attainment. Although these allusions to health have emerged in recent literature on Aboriginal mobility, research has yet to make a direct connection to health. Furthermore, given that the urban Aboriginal population remains underrepresented in the health and social science literature, this chapter makes an important contribution to the nascent urban Aboriginal health literature and also serves to broaden and deepen understandings of Aboriginal mobility as it contributes to building an understanding as to how mobility impacts movers’ overall health and wellbeing. This chapter speaks to the fourth research objective of this dissertation, and draws on the findings from the in-depth interviews.

In recent decades, health geographers have increasingly used a population health perspective to understand health experiences. A critical
population health approach was therefore useful for examining how to create conditions that improve health and to take into account the socio-historical context within which Aboriginal peoples' mobility occurs and how this might contribute to causing health disparities over time. This socio-historical context is crucial as Aboriginal peoples' mobility occurs within the context of a colonial history and family separation. It is also the frequency and inter-generational quality of Aboriginal mobility that sets it apart from mainstream mobility. While arguably frequent mobility may impact the health of any population, Aboriginal mobility occurs within a particular context that sets it aside from mainstream mobility experiences. The research results demonstrate that colonial assimilationist strategies have had a deleterious affect on the holistic health of Aboriginal peoples.

While a critical population health lens provided the necessary tools for contextualizing experiences of mobility and health, it was necessary to consider these experiences from an Indigenous perspective. As such, Loppie-Reading and Wien's Integrated Life Course and Social Determinants Model of Aboriginal Health (2009) was also used to filter the interview findings. This framework acknowledges all aspects of holistic health (physical, mental, emotional, spiritual) as integrated, dynamic spheres that interact with one another across the life course and which are influenced by social structures and systems. This model provided the opportunity to further unpack how mobility and health are interrelated across time and space, and to consider the role of colonialism as a determinant of health. Holistic approaches to Indigenous health acknowledge that if one part of a person’s system is out of balance, then so too are the other elements. For example, a number of interview participants indicated that chronic moving influenced their mental and emotional health (e.g., created stress). While stress alone is not necessarily an unusual phenomenon for any population on the move, it is the context in which it occurs, as well as in seeing these health experiences as holistic, that essentially Indigenizes this critical approach to health, and makes unique contributions. More specifically, the stress which manifested for several movers indeed came to impact their physical health (e.g.,
one participant attributed a lifetime of mobility to the emergence of a brain tumor) as well as spiritual health – for example, one participant spoke to how ongoing mobility, and being part of a colonial legacy of foster care, had impacted his sense of self-worth. He states that he did not even believe in himself enough to find a stable home. These physical, mental, emotional, and spiritual aspects of health must certainly be considered as part of a whole. If treated in isolation, the story remains incomplete.

For too long, mobility and individual aspects of health have been considered and treated in isolation, and from a Western viewpoint. This has done little to improve the well-being of many urban Indigenous peoples, as health disparities and inequities continue to persist. Given the colonial context in which Aboriginal mobility occurs, it is absolutely crucial that we consider the socio-historical structures and distal determinants (such as colonialism and racism) that are at play in shaping Aboriginal movers’ health. An Indigenous approach to understanding health provides a necessary perspective for understanding the multi-generational health of mobile populations. Simply examining mobility and health as linear in cause and effect would not have drawn out the nuances that lie beneath the surface of this relationship. A holistic lens provides the space to consider the holistic effects of mobility and its interrelationship to the distal determinants of health. In this way we as researchers may come to view mobility not as a deficit, or as a symptom that needs mending, but rather as an intricate and interrelated element that plays out holistically across the life course and intergenerationally.

This chapter provides a contextual understanding of how Aboriginal peoples’ experiences of mobility are importantly connected to health. The results reveal two key themes. First, while residential mobility and urban migration represent two distinct streams of mobility, they both have notable impacts on the holistic health of movers. On the one hand, residential mobility is influenced by what might be deemed unfavourable factors – including exposure to social (e.g., neighbourhood safety) and housing issues (e.g., disrepair) that push vulnerable, socio-economically marginalized populations into a cycle of frequent mobility.
This vulnerability largely stems from distal determinants of health such as colonization and systemic racism that have limited access to the resources necessary to increase socio-economic status and to secure adequate housing. The impacts of residential mobility were particularly felt in terms of the stress that it caused. This had an impact on the emotional and mental wellbeing of movers, but also manifested in diagnosed physical health conditions for some. Migration, on the other hand, was often motivated by the potential for opportunities in the urban area, rather than necessarily by adverse circumstances. Although the need for urban migration is often influenced by limited on-reserve resources for some communities, migration does maintain the potential to create a positive impact on health (e.g., accessing health supports and training programs) as well as less favourable health circumstances (e.g., loneliness, depression, lack of access to traditional activities). These findings demonstrate the important impact that mobility has on holistic health.

The second core theme in this chapter importantly revealed that mobility impacts health and wellbeing not only over a person’s lifetime, but also across generations, as it has been deeply influenced by colonial assimilation strategies. This chapter demonstrates that the ongoing legacy of mobility, a direct manifestation of colonial policy and legislation, that removed children from their families and dispossessed people of their lands, is impacting Aboriginal families and children, and is importantly related to holistic health. The younger generation continues to experience the residential instability that their parents and grandparents were faced with as well. In examining the broader context in which mobility occurs, this research uncovered intergenerational mobility as an element of health that lies at the root of many Aboriginal peoples’ mobility experiences. By excavating beneath the surface of ongoing health disparities this chapter uncovers the previously overlooked relationship between mobility and health.
Limitations of the Dissertation

While the research findings described above make important contributions to geographical thought, as well as to the Aboriginal mobility literature and to urban Aboriginal health research, a number of limitations must be addressed to the work presented in this dissertation. The first limitation relates to the 2006 APS. Firstly, the cross-sectional nature of the APS data represents only a snapshot in time and thus we cannot examine whether health care utilization increases or decreases as a person moves over time. Furthermore, it is not known how often, or where, health care was accessed (i.e., whether it was accessed within the city or another community). The APS also misses Aboriginal people who are transitioning between households or experiencing homelessness. This overlooked population is certainly mobile, and their health care needs and choices are important and warrant consideration. Surveys of this nature also do not account for people who opt out of participating for personal or political reasons. Furthermore, the creation of artificial identity categories is limiting. These categories were constructed by colonial law (such as defining Indian status or non-status), and have been used for the purposes of controlling populations and to racially discriminate and segregate Aboriginal peoples. These categorizations do not take into account Indigenous peoples diversity, nor do they consider their histories, worldviews, or political, economic, and spiritual experience (Backhouse, 2001). While the methods of data collection, particularly by large-scale federal surveys, may not be ideal, respondents who participate in surveys of this nature often do so with the intention of contributing to statistical knowledge and policy development. Survey data remains a crucial tool for responding to and addressing the health and unmet health care needs of different populations, including Aboriginal peoples.

The remaining limitations relate to the qualitative interview data. While the research provided an important analysis of mobility experiences at large, mobility is a complex process. As a result, the space of this dissertation did not provide the opportunity to drill down to the mobility and health experiences of specific Aboriginal communities and groups, nor to fully consider the diversity that exists
within and between Aboriginal groups. But certainly, the goal of the research was not to be representative of the entire urban Aboriginal community, which is distinct and diverse in many aspects including its histories, tribal affiliations, and socio-economic status. It would be useful in future to consider the distinct mobility experiences of First Nations, Métis, and Inuit peoples. These migrants will possibly have distinct mobility patterns and experiences of home community and support networks. A more detailed examination of the mobility experiences of specific groups is beyond the scope of this research, but represents an important area of future development that could serve to expand upon the service relationships that emerge for different populations. Furthermore, this dissertation research acknowledges that certainly not all urban Aboriginal peoples are mobile, and future research that considers the viewpoints of non-movers could prove useful to fleshing out current understandings of mobility.

Another limitation is that the majority of urban newcomers and residential movers who were interviewed were connected in some way to a service network. It is also possible that participants did not fully disclose their experiences with mobility and health due to discomfort with being interviewed, or perhaps due to perceptions of researcher-participant power dynamics. These interviews may therefore overlook mobile persons who are more isolated or disconnected.

**Implications for Future Research and Policy Directions**

This section first outlines future research directions, then moves to provide more specific policy recommendations. Firstly, this research calls for the need to continue expanding and deepening the dialogue on Aboriginal mobility by further unpacking the networks of connection that are occurring across what were once perceived to be discrete boundaries, and to understanding the implication that this has for urban-Indigenous identity. This research importantly reveals that although urban Aboriginal movers are met with challenges and barriers in terms of health and service access, they are also demonstrating resilience, and are active agents in their everyday lives. They are maintaining kin and social networks across urban-reserve boundaries while simultaneously creating new
territory, or hubs of connection through urban community networks and the support of Aboriginal-led service providers. Mobile Aboriginal populations are finding new strategies for supporting urban community, cultural identity, and transitional support within urban areas through maintaining familial, social, and institutional relationships that span borders. It may also be useful to conduct a comparative study that examines the mobility experiences of Indigenous peoples living in other urban areas, both within the Canadian context and in other Western settler nations.

The quantitative findings of this dissertation point to a need for future research that considers the influence of mobility as a determinant of conventional and traditional health care use. It also points to the importance of comparing distinctions between geographical areas. The findings demonstrated that traditional healing may represent an unmet health care need for newcomers to cities where the Aboriginal population and service landscape are less visible and that access to a traditional healer may require a person to leave the city. These initial findings point to the need for future research that examines the experience of health care use amongst mobile Aboriginal populations. As the Aboriginal population becomes increasingly urbanized, it is crucial that health care models respond to and represent the conventional and traditional health care needs and choices of urban movers.

In terms of policy directions, first and foremost, this dissertation urges that future health research continue to acknowledge and investigate the distinct influence of mobility on Indigenous peoples’ health. Understanding mobility’s current and intergenerational impacts on health presents important potential to guide policy and to redress the social, economic, and political context that lies at the root of urban Aboriginal health and mobility disparities. In order to work toward improving the living conditions and material circumstances of mobile urban Aboriginal populations, and to support the distinct needs of transitioning urban Aboriginal peoples, policy needs to consider the colonial context in which mobility experiences and health disparities are situated. It remains that there is a strong need for policy and programming that recognizes the intergenerational
effects of frequent mobility, as well as how this often results in separation from communities and families. A service model such as the one described in *Chapter Five* – one that offers residential stability for Aboriginal parents and children and that recognizes the value of bringing generations together in a stable, holistically supportive environment, may take crucial steps to bridging intergenerational disparities in mobility, health, and its determinants. By acknowledging the underlying structural issues that influence mobility such as the residential school system, the “Sixties Scoop,” and experiences with institutions such as CFS, policy may be better able to address ongoing health inequities. Rather than treat urban Aboriginal mobility as an occurrence that needs mending, policy should look to the structures and processes that create a climate for frequent mobility in the first place. If mobility is treated instead as an influential component of health, then urban Aboriginal policy can better respond to the health and healing needs of the urban Aboriginal community. It remains that continued research is needed to examine and expound the complexity of urban Indigenous health and its determinants.

Secondly, this research has importantly demonstrated that jurisdictional gaps among federal, provincial, urban, and reserve scales create challenges for urban Aboriginal migrants in particular, as well as for Aboriginal-led service providers, and that there remains a need for interscalar relations between reserve/rural and urban service providers, as well as among all levels of government to facilitate urban transition and to promote service support within urban spaces. One solution to bridging the service gap could be to use international immigrant and refugee settlement models as a policy template for facilitating the transition of urban Aboriginal newcomers who often arrive from remote locations, some with English as a second language, and with little knowledge of the urban area or service supports. This would need to be met with jurisdictional synergy that actively engages with the needs and aspirations of urban Aboriginal people. Interestingly, immigrant and refugee settlement, led by Citizenship and Immigration Canada (CIC), is an area of shared responsibility between the federal and provincial governments, as well as the not-for-profit
sector and aims to help immigrants settle and integrate by providing a welcoming reception and orientation, referral to community resources, and employment-related services (CIC, 2013). Given that newcomer services have successfully assisted in the transition of international migrants, it is rather likely that an investment in Aboriginal settlement strategies would bear similar rewards. It remains however, that “although the transition from rural and reserve areas to a major city can be much like immigrating to Canada from another country...Urban Aboriginal transition programming receives less than 5 cents for every dollar spent on immigrant settlement and transition” (Chalifoux & Johnson, 2003, p. 57).

As a result, although the need for urban transition programs remains high, Aboriginal service providers remain gravely underfunded and under-supported. Service providers such as our community partner, EUTC demonstrate the need for transitional supports for urban Aboriginal newcomers and mobile populations. Their client base continues to grow, with over 7,000 walk-in clients passing through their doors this year alone, and yet year-to-year, they subsist on piecemeal, project-based funding.

This research has also demonstrated that non-Aboriginal and Aboriginal service providers can play a pivotal role in facilitating the transition of urban Aboriginal movers. Arguably, Aboriginal-led service providers could also play a key role in improving urban Aboriginal policy, as they have an intimate knowledge of client mobility experiences, the mismatched scales of resource allocation between reserve/rural and urban spaces, and its impact on migrant preparedness. Given that Aboriginal political and service organizations have much to offer as stakeholders at the policy table, it is to a serious policy disadvantage that Aboriginal representatives are rarely co-producers in policy decisions, but are rather left securing resources. In order to further strengthen these relationships, all levels of government will need to form sustainable, co-productive relationships, not only with each other, but also with Aboriginal political and service organizations (Walker et al., 2011). Governments and policymakers will need to step forward to address these service gaps in earnest, through large-scale, cohesive, tripartite agreements that holistically address the
transitional needs of migrating and transitioning urban Aboriginal residents and that work to foster healthy, sustainable urban communities. It is due time that all levels of government stepped forward with a long-term, collaborative vision that seeks to improve and maintain the well-being of all urban residents.
REFERENCES


CIC. (2013). Integration of Newcomers and Canadian Citizenship.


APPENDICES

APPENDIX A: Research Collaboration Agreement

Between EAGLE Urban Transition Centre (an Assembly of Manitoba Chiefs project) and Marcie Snyder (University of Toronto) for the research project: Aboriginal Mobility and Health in Urban Canada: Navigating the Landscape of Service Provision in Winnipeg

1. Parties
This document constitutes an agreement of collaboration between EAGLE Urban Transition Centre, as represented by Program Manager Jason Whitford and the University of Toronto, as represented by PhD Candidate Marcie Snyder, with support and guidance from the Assembly of Manitoba Chiefs.

2. Purpose of Agreement
In the spirit of collaboratively producing knowledge that works toward positive change, the purpose of this agreement is to establish a set of principles that will guide the conduct of the research project, Aboriginal Mobility and Health in Urban Canada: Navigating the Landscape of Service Provision in Winnipeg. These principles recognize and emphasize Manitoba First Nations, Métis, and Inuit cultural values and perspectives in the research process, including: input, feedback, analysis, and communication of research findings.

3. Duration and Amendments
This Agreement on Research Collaboration will be in effect throughout the entire research process, from the moment efforts are made to implement the proposal, through the development of the research methodology and questions, data collection, and analysis phases into the dissemination of and publication of the findings. Upon mutual consent by all research partners, this agreement can be amended.

4. Research Project Description
Building on the Institute of Urban Studies’ First Nations/Métis/Inuit Mobility Study (2004), our guiding research questions are:

• How does frequent mobility between reserve and urban areas, as well as within urban areas, shape the overall health of First Nations/Métis/Inuit peoples?
• How does mobility impact the planning, organization, and delivery of urban services?
• What are the motivations, experiences, and impacts that shape the experience of mobility?

Research Goals:
• To speak with Aboriginal and non-Aboriginal service providers as well as First Nations/Métis/Inuit movers as a way to share and link community knowledge and experience about mobility and health in Winnipeg;

Research Team:
University members of the research team include: Marcie Snyder and Dr. Kathi Wilson (University of Toronto); Community members of the research team include: Jason Whitford, Shanolyn Maytwayashing, and Kevin Bruce (EAGLE Urban Transition Centre).

5. Guiding Principles: Ownership, Control, Access, and Possession
The research team acknowledges, supports, and will follow the principles of ownership, control, access, and possession as defined by the Manitoba First Nations as represented by the AMC Health & Information Committee (HIRC) and Schnarch (2004). This agreement is guided by the following principles:

1. Research Advisory Committee: This committee will meet twice a year at EAGLE Urban Transition Centre to review ongoing progress of this project. The committee members will consist of: Kathi Avery Kinew, Jason Whitford, and Marcie Snyder.

2. Members of the research team acknowledge and respect the First Nations right to self-determination. In doing so, the research process shall be built upon meaningful engagement and mutually respectful interactions between the research team and First Nations/Métis/Inuit community members. Further, the research team agrees that they will respect the privacy, dignity, culture and rights of First Nations/Métis/Inuit peoples;

3. The research team are to provide fair treatment to all persons taking part in the research project, fully respecting the rights of individuals to the confidentiality of their shared information, the rights of First Nations to control over their community information and traditional knowledge; and the rights of contributors to their intellectual property rights, which shall not supersede the rights of First Nations. Multiple viewpoints will be respected and fairly represented;

4. The research team will collectively make decisions on research questions, data collection, interpreting results, drafting reports, and in dissemination
of findings to the community at large, and will work to ensure that the research project is relevant and beneficial to First Nations, Métis, and Inuit community members transitioning to and within the city;

5. In dissemination strategies to community members, the research team agrees that the language and manner of sharing will be appropriate for all community members. All material disseminated to the First Nations/Métis/Inuit communities must be jointly developed by all members of the research team;

6. The purpose of the research study and its benefits and risks will be explained clearly in a language that is appropriate to the people receiving the information;

7. The research team agrees they will not sensationalize problems in First Nations/Métis/Inuit communities, but will strive to present a balanced portrait that also focuses equal attention on the more positive aspects. As such, the research team understands that they will collaboratively prepare draft findings prior to submission for publication or presentation. Any draft findings for publication or presentation must receive commentary from EAGLE Urban Transition Centre, even if it is only a note that it has been reviewed. The draft findings will be reviewed in a timely manner and any questions regarding the draft findings from team members posed to other team members must be answered in a timely manner with due consideration for the tight time frame within this project is undertaken;

8. Given that all members of the research team will be provided the opportunity to review and comment on findings prior to publication or presentation, any one member of the research team may not, particularly once initial dissemination occurred, further analyze, publish or present findings resulting from the above mentioned research study unless the entire team reaches a consensus;

9. To ensure the highest standards of research ethics, the Research team is responsible for maintaining the integrity of all data collected, such as storing participant consent forms, storing raw data, destroying data, and identifying who will destroy the data. Determination of how the integrity of the data will be maintained will be made by consensus. Any changes to how the data is maintained must be reached by consensus. If no consensus can be reached, then the data must be maintained at a site identified or acceptable to the Research team upon recommendation by the Research Advisory Committee;

10. Once the privacy and confidentiality of participants has been demonstrated, data sets in the form of the appropriate computer files may
be shared with all members of the research team. In cases of
disagreement over transfer of data sets, the research partners will strive to
achieve a significant degree of consensus, consulting with the Research
Advisory Committee as necessary;

11. The Research team recognizes the value of capacity building and agrees
to provide meaningful and appropriate capacity-building, as indicated by
including First Nations project staff.

6. Key Benefits

This project provides a number of key benefits to all research members,
including:

1. A more comprehensive picture of mobility and its impact on the physical,
   emotional, mental, and spiritual well-being of First Nations/Métis/Inuit
   peoples living in urban areas;

2. Service and program development that works toward providing enhanced
   support for frequent movers and urban newcomers who are moving to and
   within urban spaces.

3. Designing and conducting a survey that specifically identifies the needs of
   EAGLE Urban Transition Centre service users.

7. Research Team Responsibilities

Community Research Facilitators – Jason Whitford, Shanolyn Maytwayashing,
and Kevin Bruce

• Assist in contacting and recruiting service users and movers for interview
  and provide meeting space for interviews;
• Participation in an interview that explores experiences with mobility,
  service use and its connection community well-being. Interviews will last
  approximately one hour;
• Provide comment/contribution in analysis of interviews and report writing.

University Research Facilitators – Marcie Snyder and Kathi Wilson

• Based upon information gathered during interviews with service users
  and providers, prepare a community report, manuscript(s) for academic
  publication, and a proposal to appropriate funding bodies for providing
  continued support for mobile First Nations/Métis/Inuit persons in Winnipeg
  and in other urban areas in Canada;
• Provide comment/contribution in analysis of interviews and report writing.
8. Authorship
Criteria outlined by Huth (1986) will be used as guidelines for authorship of publication based upon the findings of the research. The criteria recommend that all authors must (i) make a substantial contribution to the conception, design, analysis, and/or interpretation of data; (2) be involved in writing and revising the manuscript for intellectual content; and (3) approve the final draft and be able to defend the published work. Those who have made other contributions to the work (e.g. data collection without interpretation) or only parts of the above criteria should be credited in the acknowledgements, but not receive authorship. Further,

- All members of the research team will be provided the opportunity to review and comment on findings prior to publication or presentation;

- The explicit permission of an individual, unit, or organization must be sought prior to acknowledging their contribution in a paper or presentation;

- A research team member or a partner may chose to include a disclaimer if they do not agree with the content or views presented in a publication or presentation. In the case of a presentation, the disclaimer must be incorporated in the presentations in a manner which gives it the possibility of noticeable attention by those attending the presentation. The manner which the disclaimer is to be included must be approved by those providing the disclaimer.

6. Ethical Considerations
The research collaboration partners to this agreement collectively share the responsibility for ethical standards throughout the project. Ethical codes of conduct for research in Aboriginal communities have been articulated in the federal government’s Tri-Council Policy Statement. In addition, each member of the research team has responsibility for raising any ethical concerns and/or issues. Ethical dilemmas are to be resolved on the basis of the research team striving for a significant degree of consensus. Further to this,

- As per the University ethics, individual level confidentiality will be protected by providing participants the opportunity to review transcripts and audio recordings and to remove any parts as requested;

- Copies of interview summaries will be provided to EAGLE Urban Transition Centre for their own records and determined use;

- As per the University ethics consent form, and in order to protect confidentiality, original interview transcripts and audio recordings will be stored by the Principal Investigator in a locked cabinet in a secure research lab in the Department of Geography at the University of Toronto.
Electronic transcripts will be stored on a password protected computer in the same research lab. EAGLE Transition Centre will have copies of all final written reports, survey data, and interview summaries to store in the community.

We have read this agreement and understand the nature of the project and how it will be carried out. All our questions have been answered satisfactorily. The risks and benefits have been explained. We understand that the research maybe be stopped anytime at our request.

Signed this _____ day of ______________, 201__

________________________________
Name of Research Partner & Institution

________________________________
Signature

________________________________
Name of Research Partner & Institution

________________________________
Signature

________________________________
Witness
APPENDIX B: Interview Guide for Residential Movers and Migrants

Broad themes are numbered; follow-up questions are bulleted:

1. Basic introductions and thank you, restate the main objectives of the research, explain the consent material, introduce recording method that will be used
   - Do you have any questions regarding the consent information?
   - Do you have any questions regarding why this research project is being done?
   - Do you feel comfortable going ahead with this interview?

2. Establishing mobility patterns
   - Where were you born? Where is home to you?
   - If moved to city, when did you first move to Winnipeg? When was your last move back home?
   - How often have you moved in the past year? Have these moves been to and from the city or within the city? How long have you been away from home/stayed in various locations?
   - Have you moved on your own? With family/friends/children?
   - Do you feel that you are moving often? Too often? Not often enough? How do you feel about moving around?
   - What are/were your main reasons for moving?
   - Where do you live now?

3. Discussing ideas around health
   - How would you define health? What does health mean to you?
   - Would you consider yourself to be healthy? Why or why not?
   - What factors might have positive/negative effects on your health or well-being? What do you think are the most important determinants of your health (i.e., employment, etc.)?
   - How do you feel that moving around/moving to the city has affected your health/well being? What about the health of your family? Has it impacted the health of your community?

4. Role of social/community networks, support networks
   - Do you have family support/community support/social networks? How important is it to have these?
   - How does (frequent) movement affect your connection to community (i.e., neighbourhood, reserve, support networks)? Your connection to family and friends?
   - If you moved to the city recently, do you have some kind of support network? If no, would you like to have more support? How do you think you might find the support that you need? If yes, what kind of support do you have?
   - How important is it to you to have a support network of some kind?
5. Access to/use of urban services
   - Do you use urban services (i.e. friendship centres, health clinics, housing, education, employment training)? Which ones? Which ones do you use most often? Why do you access these services?
   - What is/has your experience been with these services?
   - Are these services important/relevant to you?
   - Are they important for your health? How? Which ones are most important for health?
   - What about a lack of access to services? Does this affect your health? Which services do you lack access to? In what way (i.e., availability, accessibility) are they difficult to access?
   - Has frequent movement impacted your use of these services? Does not moving facilitate your use of these services?
   - Does service delivery meet your expectations? If yes/no, what are your expectations of the existing services?
   - What kinds of services would you like to see happening in the city?
   - What kind of programs or services would contribute to building your health?
   - What, if any, services/supports are missing in this city?

6. Concluding questions
   - Is there anything else that I didn’t cover that you would like to discuss?

7. Other thoughts or questions, thank interviewee for their time, open conversation
APPENDIX C: Interview Guide for Aboriginal Service Providers

Broad themes are numbered; follow-up questions are bulleted:

1. Basic introductions and thank you, restate the main objectives of the research, explain the consent material, introduce recording method that will be used
   - Do you have any questions regarding the consent information?
   - Do you have any questions regarding the goals of this research project?
   - Do you feel comfortable going ahead with the interview?

8. Interviewee’s personal information and general experience in the field
   - What is your personal experience/background in this sector?
   - How long have you worked in the field?
   - Do you identify as First Nations, Métis, or Inuit?
   - If relevant, what was your previous work experience?
   - What types of services or resources does this organization offer?
   - What is your role within this organization?

9. Servicing a mobile Aboriginal population
   - What do you feel this organization contributes to the urban Aboriginal community? Does it contribute to community building/capacity building?
   - What is your experience working with mobile populations (i.e., newcomers, those who move frequently within the city)? Based on your experience, what is it that motivates these moves?
   - What are some general challenges/successes that you have experienced in terms of working with mobile populations?

10. Access to services
    - If people move, do they still qualify for the services that you provide? If so, how do you cope with/accommodate highly mobile populations? Urban newcomers?
    - Does frequent movement/newcomer status impact how people access your service (i.e., knowledge of service, making time, etc.)? If yes, how so? If no, why not?
    - What is the relationship like between your service organization and other service providers within the city? Is there some type of network/information sharing? Would developing a network be productive?
    - What is the role of non-Aboriginal service providers in the city? How do you believe they meet the needs of their Aboriginal clientele?
11. Discussing strategies/policies that address a mobile Aboriginal population
   ▪ Have service users ever suggested any change in the types of Aboriginal and/or non-Aboriginal based services that the city provides?
   ▪ How are the needs of Aboriginal movers different from non-Aboriginal movers?
   ▪ What might facilitate a movers' transition to the city (i.e., method/type of service delivery, support networks)?
   ▪ Do you face challenges in service planning/delivery for a mobile population? If so, what types of challenges? If not, why do you believe this is?

12. Determinants of health
   ▪ In your opinion, what are some key determinants of health for your clients? That is to say, what opportunities or constraints (i.e., access to services, knowledge of the city) do you feel might impact clients’ health?
   ▪ Do your clients experience health disparities as compared to the general population? If so, why do you think this might be occurring? How might it be resolved?
   ▪ What role do feel mobility plays in shaping client health? Would you say that it is positive or negative?

13. Mobility and the broader community
   ▪ How do you think mobility might affect the broader community? A sense of community?
   ▪ How important are personal relationships, social support, belonging to a community? Do they affect health outcomes? Does mobility impact these factors in any way?
   ▪ Do you think that the urban scale a sufficient unit of intervention (i.e., should services extend beyond urban boundaries)?

14. Concluding questions
   ▪ Is there anything else that I didn’t cover that you think is important to discuss?
   ▪ Is there anyone else that you think might be important to speak to about the challenges/opportunities of service provision in the city?
   ▪ Do you know of any movers/non-movers that might be interested in participating in this study?

15. Other thoughts or questions, thank interviewee for their time, open conversation
APPENDIX D: Interview Guide for Non-Aboriginal Service Providers

Broad themes are numbered; follow-up questions are bulleted:

1. Basic introductions and thank you, restate the main objectives of the research, explain the consent material, introduce recording method that will be used
   - Do you have any questions regarding the consent information?
   - Do you have any questions regarding the goals of this research project?
   - Do you feel comfortable going ahead with the interview?

2. Interviewee’s personal information and general experience in the field
   - What is your personal experience/background in this sector?
   - How long have you worked in the field?
   - Do you identify as First Nations, Métis, or Inuit? Are you aware if any of your employees/co-workers identify as First Nations, Métis, or Inuit?
   - If relevant, what was your previous work experience?
   - What types of services or resources does this organization offer?
   - What is your role within this organization?

3. Providing services for the Aboriginal population and mobile populations
   - What do you feel this organization contributes to the urban community in general? What about the urban Aboriginal community?
   - What is your experience working with mobile populations (i.e., newcomers, frequent movers)? What about mobile Aboriginal populations?
   - What are some general challenges/successes that you have experienced in terms of working with mobile populations?
   - Do you think that the urban scale a sufficient unit of intervention for Aboriginal/non-Aboriginal clientele (i.e., should services extend beyond urban boundaries)?

4. Access to services
   - If people move, do they still qualify for the services that you provide? If so, how do you cope with/accommodate highly mobile populations? Urban newcomers (all and/or Aboriginal newcomers)?
   - Does frequent movement/newcomer status impact how people access your service (i.e., knowledge of service, making time, etc.)? If yes, how so? If no, why not?
   - What is the relationship like between your service organization other service providers within the city? Is there some type of network/information sharing? Would developing a network be productive?
5. Discussing strategies/policies that address a mobile Aboriginal population
   - Do you know of any municipal policies that specifically address urban Aboriginal peoples’ service needs?
   - Does your organization offer specific services for Aboriginal peoples? Do you have any specific policies/mandates for addressing the Aboriginal population?
   - Have Aboriginal service users ever suggested any change to the types of services that the city provides?
   - Are the needs of Aboriginal clients different from non-Aboriginal clients? If yes, how so? If no, why not?
   - What challenges might you face in service planning/delivery for a mobile Aboriginal population?
   - Does your organization provide cultural sensitivity/cultural safety training?

6. Determinants of health
   - In your opinion, what are some key determinants of health for your clients? That is to say, what opportunities or constraints (i.e., access to services, knowledge of the city) do you feel might impact clients’ health?
   - Do your Aboriginal clients experience significant health disparities as compared to non-Aboriginal clients? As compared to the general population? If so, why do you think this might be occurring?
   - What role do you feel mobility plays in shaping client health? Would you say that it is positive or negative?

7. Concluding questions
   - Is there anything else that I didn’t cover that you think is important to discuss?
   - Is there anyone else that you think might be important to speak to about the challenges/opportunities of service provision in the city?
   - Do you know of any movers/non-movers that might be interested in participating in this study?

8. Other thoughts or questions, thank interviewee for their time, open conversation
First Nations’ Mobility and Health: Understanding the Pivotal Role of Service Providers in Winnipeg

A Study undertaken in partnership with members of Eagle Urban Transition Centre, the University of Toronto, and the Institute of Urban Studies

Research Report, February 2012
Executive Summary

Over the past 50 years, the First Nation population has experienced increasingly high rates of urbanization. The 2006 Canadian census reveals that approximately 45% of First Nations members were urban. The Aboriginal population in Winnipeg shows similar urbanization trends to the rest of urban Canada. Winnipeg is home to the largest urban Aboriginal population in Canada. According to Statistics Canada, in 2006, over 68,000 urban dwellers in Winnipeg claimed Aboriginal status or identity, representing approximately 10% of the city’s population. Winnipeg is also home to the largest First Nations population in Canada, and 40% of the Aboriginal identity population in Winnipeg is First Nations.

Our study examines the experience of mobility amongst First Nation/Aboriginal people who are transitioning to the City of Winnipeg from reserve, remote, or rural locations, or who are frequently moving within the city. It is well documented that First Nation/Aboriginal peoples experience higher rates of mobility than the non-Aboriginal population, particularly within urban areas and that frequent and first time movers are in highest need of transitional support services. Appropriate, culturally relevant service support has the potential to impact movers’ health and well-being. The main goal of our research is therefore to examine how moving to or within the city of Winnipeg shapes the health of urban First Nations citizens and to investigate the role that Aboriginal and non-Aboriginal service providers play in facilitating a successful transition to, or within, the city.

Based on the results of over 40 interviews, we examine key areas of concern for movers and service providers, and provide a list of achievable recommendations that are centred on providing continued and enhanced transitional supports to the urban and mobile First Nations community of Winnipeg.

Acknowledgements

We would like to thank and acknowledge all of our participants who shared their stories and experience. We would also like to thank the Social Science and Humanities Research Council, The Manitoba Network Environment for Aboriginal Health Research (NEAHR), and Kathi Avery Kinew and Leona Starr of the Assembly of Manitoba Chiefs for their guidance and support with this project. Thanks also to our research assistants, Rodney Contois and Ravi Gabble. Migwetch.

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2.0 The Interview Findings

2.1 Understanding the Broader Motivations behind Mobility
   2.1.1 What Motivates Migration to the City?
   2.1.2 What Motivates Residential Mobility (Moving within the City)?

2.2 Understanding the Impacts of Mobility
   2.2.1 Mobility Shapes Physical, Mental, Emotional, and Spiritual Health
   2.2.2 Finding Housing, Feeling Healthy
   2.2.3 A Summary of the Results

2.4 The Role that Service Providers Play in Supporting Mobile First
    Nations/Aboriginal Populations
   2.4.1 Understanding the Successes and the Gaps in Service Delivery for
    Transitioning First Nations People