GETTING STARTED @ YOUR LIBRARY

UNIV 1200: KNOWLEDGE SHARING: INDIGENOUS RESISTANCE, RESURGENCE AND RELATIONSHIPS

LINDSEY ROBINSON
WHY AM I HERE?

- University assignments often require you use research to support your claims.
- It’s key that you use credible and appropriate resources.
WHAT ARE WE GOING TO DO TODAY?

- Choosing the Best Information
- Finding Quality Sources
- Where you can get HELP.
THE LIBRARY @ UOFG

- 7 Floors (including the basement)
- Open 8AM – 2AM (Mon-Thurs), 8AM – 11PM (Fri) & 11AM – 11PM (Sat and Sun)
- Ask Us Desk is there to help (Ask them any question!)
- Writing, Studying and Research Help
CHOOSING THE BEST INFORMATION
CRAAP TEST: CURRENCY

The timeliness of the information.

☐ When was the information published or posted?
☐ Has the information been revised or updated?
☐ Is it current or out-of-date for your topic?
☐ Are all the links working?
CRAAP TEST: RELEVANCE

The importance of the information for your needs.

- Does the information relate to your topic or answer your question?
- Who is the intended audience?
- Is the information at an appropriate level?
- Have you looked at a variety of sources to make sure this is the best one?
- Are you confident and comfortable using this source for an academic assignment?
CRAAP TEST: AUTHORITY

The source of the information.

- Who is the author? (publisher, source, sponsor)
- What are the author’s credentials or the source’s reputation?
- What makes them qualified to write on the topic?
- Can you get in touch with the author? (contact information / email)
CRAAP TEST: ACCURACY

The reliability, truthfulness and correctness of the information.

☐ Where does the information come from?
☐ What evidence do they use to back up their claims / statements?
☐ Has the information been reviewed or refereed?
☐ Can you verify it with another source?
☐ Is there bias?
CRAAP TEST: PURPOSE

The reason the information exists.

- What is the purpose of the information?
- Is it fact? Opinion? Propaganda?
- Is it objective and impartial?
- Consider the bias! (Political, ideological, cultural, religious, institutional)
Availability of health care services for Indigenous populations in urban and rural areas in Canada
Auditor general finds major problems in First Nations health care

Building code problems at nursing stations, nurses lacking proper training among problems


People living in remote First Nations communities in Manitoba and Ontario aren’t guaranteed to have access to clinical and client care services or medical transportation benefits, an auditor general’s report says. (Cullen Regele/CBC)

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People living in remote First Nations communities in Manitoba and Ontario aren’t guaranteed to have access to clinical and client care services or medical transportation benefits, an auditor general’s report says.

The report found serious problems, including that only one of 45 nurses in the group sampled by auditors finished all five mandatory Health Canada training courses chosen for the audit.

- Read the report on remote First Nations access to health care
- Read more from the auditor general’s 2015 spring report
- First Nations, Second-Class Care
- Visit CBC Aboriginal for more top stories

An internal audit raised flagged the problem five years ago.

Carolyn Bennett, the Liberal critic for aboriginal affairs, called the report “devastating.”

“The fact that this government has known about many of these issues since 2010, and it frankly looks like they have done nothing about it.”

CHOOSE THE BEST INFO: ACTIVITY

- In groups of 2-3
- Identify your source and evaluate it using the CRAAP test
**Aboriginal Health Access Centres**

**What are Aboriginal Health Access Centres**

Aboriginal Health Access Centres (AHACs) are Aboriginal community-led, primary health care organizations. They provide a combination of traditional healing, primary care, cultural programs, health promotion programs, community development initiatives, and social support services to First Nations, Métis and Inuit communities. There are currently ten AHACs in Ontario, providing services both on and off-reserve, in urban, rural and northern locations.

First announced in 1995, AHACs were closely modelled after Ontario’s Community Health Centres (CHCs), whose wide basket of services and supports had become the preferred mechanism to improve the health and well-being of communities in Ontario facing various barriers in accessing health care. In fact, two CHCs had already been established, one in Toronto and another in Timmins, with a mandate to apply this CHC model as the framework for services to local Aboriginal community members.

Ontario’s experience with CHCs, including these two Aboriginal CHCs — Anishnawbe Health Toronto CHC and Misiway Milopemahtesewin CHC in Timmins — provided strong evidence that such organizations could play a powerful role in improving the health and well-being of Aboriginal communities throughout Ontario.
Types of Information: Website

Authors: Anyone

Use:
- ✓ To find current information.
- ✓ Information about companies.
- ✓ Information from all levels of government.
- ✓ Expert AND popular opinions.
Example 3

Aboriginal peoples in Canada

From Wikipedia, the free encyclopedia

"Native Canadian" redirects here. For Canadian-born people in general, see Canadians.

Aboriginal peoples in Canada, or Aboriginal Canadians, are the indigenous peoples within the boundaries of present-day Canada. They comprise the First Nations,[2] Inuit,[3] and Métis.[4] The descriptors "Indian" and "Eskimo" have been supplanted by "First Nations" and "Inuit" respectively in Canada, and are sometimes considered pejorative.[5][6][7]

Old Crow Flats and Bluefish Caves are some of the earliest known sites of human habitation in Canada. The Paleo-Indian Clovis, Plano and Pre-Dorset cultures pre-date current indigenous peoples of the Americas. Projectile point tools, bangles, chisels and scrapers mark archaeological sites, thus distinguishing cultural periods, traditions and lithic reduction styles.

The characteristics of Canadian Aboriginal culture included permanent settlements,[8] agriculture,[9] civic and ceremonial architecture,[10] complex societal hierarchies and trading networks.[11] The Métis culture of mixed blood originated in the 19th century when First Nation and Inuit people married Europeans.[12] The Inuit had more limited interaction with European settlers during that early period.[13] Various laws, treaties, and legislation have been enacted between European governments and Aboriginal peoples across Canada. Aboriginal Right to Self-Government provides opportunity to manage historical, cultural, political, health care and economic control aspects within first people's communities.

As of the 2011 census, Aboriginal peoples in Canada totaled 1,400,685 people, or 4.3% of the national population, spread over 600 recognized First Nations governments or bands with distinctive cultures, languages, art, and music.[13] Aboriginal Day recognizes the cultures and contributions of Aboriginals to the history of Canada.[14] First Nations, Inuit and Métis peoples of all backgrounds have become prominent figures and have served as role models in the Aboriginal community, helping to shape the Canadian cultural identity.[15]
TYPES OF INFORMATION: ENCYCLOPEDIA

Authors: Depends on the Encyclopedia

Use:
✓ Pick a topic and learn the basics.
✓ Find general information on a topic, identify important people, key dates, terms, etc.
✓ Identify keywords to help search.
✓ Use references to find new information.
Understanding Inequalities in Access to Health Care Services for Aboriginal People
A Call for Nursing Action

Brenda L. Cameron, PhD, RN;
María del Pilar Carmargo Plazas, PhD, RN;
Anna Santos Salas, PhD, RN; R. Lisa Bourque Bearskin, MN, RN;
Krista Hungler, MSc

We present findings from an Access Research Initiative to reduce health disparities and promote equitable access with Aboriginal peoples in Canada. We employed Indigenous, interpretive, and participatory research methodologies in partnership with Aboriginal people. Participants reported stories of bullying, fear, intimidation, and lack of cultural understanding. This research reveals the urgent need to enhance the delivery of culturally appropriate practices in emergency. As nurses, if we wish to affect equity of access, then attention is required to structural injustices that act as barriers to access such as addressing the stigma, stereotyping, and discrimination experienced by Aboriginal people in this study. Key words: Aboriginal health; access to health care; health inequalities; CIHR, Indigenous methodologies, hermeneutic phenomenology, partnership, nursing, social justice

Author Affiliation: Faculty of Nursing, University of Alberta, Edmonton Clinic Health Academy, Edmonton, Alberta, Canada (B Cameron, S Salas, Bearskin, and Hungler and Dr Plazas).

Since 2002, this access research initiative has been led by eminent scholar Elder Rose Martel, who has been the head, heart, spirit, and inspiration for 8 years of investigation. We lack words to express our deepest and sincerest gratitude to our research participants who gave of their time and experience. This intervention was funded by CIHR/GRH Reducing Health Disparities initiatives.

We’re all equal people; we have two arms, two eyes, a nose, a mouth, we can talk and smile—you know, we shouldn’t be treated differently. That’s how I felt like I was being treated: like I was just a different colour. It took a while for me to get a room. Research participant in ED

GLOBALLY, INEQUALITIES in health and
Authors: Scholars in an academic or profession

Use:
✓ When doing scholarly research.
✓ To find out what has been studied on your topic.
✓ Bibliographies (Works Cited) that will take you to other related research.
✓ For Peer-Reviewed / Refereed Information
   ✓ [What is Peer Review? (Video)]
Example 5

TYPES OF INFORMATION: NEWSPAPER

Authors: Journalists.

Use:
✓ Find information or opinions about popular culture
✓ Up-to-date information about current events
Indigenous peoples in Canada, and indeed around the world, have known for a long time something that non-Indigenous scholars, health care professionals, and decision makers are only recently embracing. Namely, that the well-being of individuals and communities is linked to much broader dynamics than typically assumed by the individualistic, biomedical approaches to health that have long dominated non-Indigenous medicine. In the realms of mainstream medicine and public health, the acknowledgement that health is at least partially determined by social circumstances and contexts—as opposed to being solely dictated by individual biology—has gained traction and credibility only in the last decade. This credibility and traction have emerged as a burgeoning body of literature and research known broadly as social determinants of health (SDoH) work (see, e.g., Raphael, 2009; Commission on Social Determinants of Health, 2007; Kelly et al., 2007; Marmot, 2005; Anderson, Shinn, & St. Charles, 2002; Wilkinson & Marmot, 1998).

In Canada and beyond, social determinants of health approaches have made possible a more contextually nuanced analysis of the enduring health inequities experienced by Indigenous peoples relative to non-Indigenous peoples (see for instance, Richmond & Ross, 2009; Loppie Reading & Wien, 2009; Larson, Gillies, Howard, & Coffin, 2007; Baum & Harris, 2006; Adelson, 2005; Wilson & Rosenberg, 2002). In much of this work, SDoH approaches applied to Indigenous peoples have raised three important insights. First, within social and political domains, colonialism has yet to be fully and consistently accounted for as a significant determinant of health. This is despite the fact that Indigenous peoples still live under colonialism and the impacts of colonialism on the current dispositions in the health of Indigenous populations.
TYPES OF INFORMATION:

BOOKS

Authors: Variety of people. May write fact or fiction. You’ll want to look for ones that are written at an appropriate level (not too juvenile, not too advanced).

Use:
✓ To find LOTS of information on a topic.
✓ To understand your topic within a larger context.
✓ To find historical information.
✓ To find summaries of research to support an argument.
CHOOSING THE BEST INFO

- All sources need to be evaluated
- Does it pass the CRAAP test?
- Watch Choose the Best Info: Why Evaluate? (VIDEO)
FINDING QUALITY SOURCES
Availability of health care services for Indigenous populations in urban and rural areas in Canada
FIND INFORMATION: COURSE GUIDE

Course Guide: http://guides.lib.uoguelph.ca/UNIV1200RESISTANCE
B E F O R E  Y O U  S E A R C H

☐ What keywords or phrases describe your topic?

☐ Are there synonyms (other words that mean the same or nearly the same)?

☐ Related Words
LET’S RESEARCH: TIPS

- Refine Your Results:
- Resource Type
- Date
- Subject
QUESTIONS?
GETTING HELP
MORE HELP @ YOUR LIBRARY

- Help finding sources for assignments
- Get feedback on your writing
- Learn about citation and reference styles
- Time management and study strategies
- Supported Learning Groups (SLGs)
- Hands-on workshops and more!
- Chat, Email, Phone or Drop By