**SHLA Journal Club – March 19, 2019**

Maestro, L., & Chadwick, D.J. (2017) Canadian health libraries’ response to the truth and reconciliation commission’s calls to action: A literature review and content analysis. *Journal of the Canadian Health Libraries Association*, 38(3), 92-101. doi:
<https://doi.org/10.29173/jchla/jabsc.v38i3.29300>

**Discussion Questions**

**1)** **At the time the paper was written, only 33% of Canadian health libraries had content that was Indigenous focused and only 15% had visible content related to the TRC’s Calls to Action.**

**-How much do you feel this has changed in the 2 years since this paper was published?**

**-Can you think of examples in your libraries where you are actively answering the calls?**

* UofS has an Indigenous Health research guide called ReconciliAction and perhaps a reasonable presence in general. The university makes an effort to incorporate land acknowledgements into everyday practice. More can certainly be done.
* Saskpolytech has an Indigenous Studies Libguide. It looks out of date though. We’ve subscribed to *Four Seasons of Reconciliation* (multimedia with great videos and Powerpoints, post-secondary instructor portal, student portal, professional development portal).
* Not much action at SHA Library but the Health Authority as a whole has certainly focused on it.
* Land acknowledgements is a nice thing to do but it’s not enough.

**2)** **What are some of the obstacles in your library/organization that you see impeding the answering of the TRC’s Calls to Action?**

* The amalgamation at SHA has made it difficult to dedicate time.
* Our classification system in libraries is out of date and reflects colonialism. Subject headings make it difficult as they reflect offensive language. This goes for all libraries.
* Besides a subject guide and land acknowledgement, what can we do? Something that feels less superficial? Money for resources in a hospital setting is based on demand. So it’s hard to commit budget for purchasing resources. This is a challenge.
* Indigenous colleagues are low in number in librarianship. It’s hard to speak on behalf of groups that we want to understand but we don’t.
* Would be helpful if CHLA continues to keep the discussion going. Perhaps we can focus on having people committed to indigenous health, not necessarily librarians. People might be reluctant to work with an organization they aren’t familiar with.
* This topic is only going to increase, it won’t be solved or going anywhere anytime soon.

**3)** **Do you believe that the content-analysis methods used to collect data were robust enough to support the authors’ final conclusions?**

* They mentioned removing about a third of the libraries which didn’t really have much of a web presence. That’s a lot.
* There might have been actions taken place but no published documentation yet. Maybe a survey would have been a better method. Could have sent something out via CanMedLib
* We would like to know what’s happening besides LibGuides.
* Evidence was lacking to make the conclusions that they did.
* More questions come out of this but maybe that’s a good thing about this paper. More robust research needs to be done.
* This was written by students getting their degree so how much time did they have to actually do research? This could be a factor. This seemed appropriate for a student paper.
* Would have been nice to see a more geographic breakdown. Seems like the prairie provinces have more of a need so would have been good to see this.
* Didn’t seem to be very explicit how they actually searched the different websites. Everyone’s website is likely different to search. How many pages did they look at?
* Most university libraries probably have an indigenous studies guide, but would it necessarily include health?
* The search terms they used weren’t robust. Didn’t search the word “health”.

**4)** **What do you think about the authors’ comments on their challenges searching databases using controlled vocabulary for “Indigenous”?**

* Did they not want to use them because it was offensive or did they actually not find anything?
* Unfortunately if you want to retrieve things you do have to use that legacy vocabulary.
* UofA has a search filter developed for indigenous people in Canada
* The TRC uses the word “Aboriginal” but it seems like “Indigenous” is becoming the more culturally-appropriate term now.
* Would have been nice if they shared their original literature search. This would help us see what was the obstacle and what wasn’t working. Maybe they weren’t searching the right way.

**-Does your library have a work around to facilitate retrieval of Indigenous content?**

* Hedges for searching based on HLWiki Search Filter in SHA. Will compare with UofA hedge.

**5)** **Do you agree with the authors’ comments about recognizing the TRC in Indigenous initiatives?**

***“…although we have determined that the important thing to acknowledge is that these initiatives exist, regardless of the catalyst for their implementation, recognition of the TRC as a significant national undertaking is still important, and is not being addressed to the level it should be.”***

* Might need the opinion of someone who is indigenous.
* Some initiatives likely predate the TRC.
* Our indigenous colleagues might be feeling burnout or a bit of a burden to have this responsibility put on them by someone else all the time. It’s not just their responsibility to teach us.
* The action piece is important otherwise it’s just words on paper.

**6)** **Was there anything you wanted more from in the results or something you wish the authors had included in their analysis?**

* As health libraries, is it really on us to take the lead on this? Should College of Medicine or Nursing be taking action to address TRC? Are we always going to be limited just due to the nature of our work? Maybe we need to make it known that we want to be an active participant.

-CHLA had a short term goal for its Chapters in each province to have a statement on websites and when opening meetings. SHLA is doing this.