**Message from the Guest Editors**

Welcome to JCHLA/JABSC’s first special issue! It brings together a wide range of experiences and issues around Aboriginal health information and, as guest editors, we too are representative of the varied roles of librarians working in these areas. Jessie Loyer, Cree-Métis, is a member of the Michel First Nation and a librarian at Mount Royal University. Jim Henderson has worked in British Columbia and Quebec developing information services for professionals and researchers working with Aboriginal people.

This issue responds to growth in Aboriginal health as a field of study. First Nations, Inuit, and Métis peoples, collectively the Aboriginal or Indigenous peoples of Canada, make up the fastest growing and youngest segment of the Canadian population. The disparities in health and living conditions between Aboriginal and non-Aboriginal Canadians are significant and demonstrate the effects of inequalities in the social determinants of health [1]. More Aboriginal people live in poverty and, hence, in poor health. Inequities in access to health care and education and in living conditions result in higher child mortality, shorter life expectancy, and greater incidences of chronic conditions and infectious diseases. Historical issues—for example, residential schools and racism—exacerbate these challenges. Aboriginal cultures are resurgent, demonstrating resilience after years of suppression and historical challenges and health—especially culturally relevant and self-determined health—is an important element of this resurgence.

Growth in the field of study generates increased demand for Aboriginal health information and presents unique challenges for libraries with its dispersed, multidisciplinary literature. Campbell, Dorgan, and Tjosvold report on progress developing extensive MEDLINE search hedges for Canadian Aboriginal health information. Valuable insights into the challenges libraries face are provided through articles on knowledge translation and information literacy. Janet Smylie and colleagues review the considerations and cultural factors that lead to successful information programs in Aboriginal communities. Loyer and Small Legs provide an interesting perspective on non-insured health benefits and health literacy. We are pleased that this issue presents an international perspective. The article by Kathy Murray on the Arctic Council makes it clear that international borders are less relevant to Indigenous peoples and highlights the importance and variety of sources, including those for grey literature, to be included in searches on Aboriginal health. Brudie and Garrett report on efforts in Alaska to organize data on Aboriginal populations, ensuring compatibility with other US programs.

**Message des rédacteurs invités**

Bienvenue au premier numéro spécial du JABSC / JCHLA! Il rassemble un large éventail d’expériences et de sujets traitant de l’information sur la santé des autochtones et, à titre de rédacteurs invités, nous représentons nous aussi la variété des rôles qu’assument les bibliothécaires en ces domaines. Jessie Loyer, Crie-métis, est membre de la «Michel First Nation» et est bibliothécaire à l’Université Mount Royal. Jim Henderson a œuvré en Colombie-Britannique et au Québec au développement de services d’information à l’intention des professionnels et des chercheurs travaillant auprès des populations autochtones.

Le présent numéro résulte d’une réflexion face à l’importance que revêt la santé des autochtones comme domaine d’étude. Les Premières nations, les peuples Inuit et Métis, appelés collectivement Premières nations ou peuples autochtones du Canada, constituent le segment de la population canadienne le plus jeune et celui dont la croissance démographique est la plus rapide. Les disparités en santé et en conditions de vie entre les Canadiens autochtones et non autochtones sont importantes et sont manifestées des effets des inéquités des déterminants sociaux et de la santé [1]. Davantage de peuples autochtones vivent dans la pauvreté et partant, ont un piémètre niveau de santé. Les inéquités d’accès aux soins médicaux et à l’éducation, ainsi que celles liées aux conditions de vie résultent en un taux de mortalité plus élevé, en une espérance de vie plus courte, et en une incidence plus élevée d’états de santé chroniques et de maladies infectieuses. Des préoccupations historiques—par exemple, les pensionnats et le racisme—exacerbent ces défis. Les cultures autochtones sont en résurgence, elles font preuve de résilience après des années de répression et de déni; et la santé—particulièrement ces éléments de santé liés à la culture et à l’autodétermination—constitue un important élément de cette résurgence.

La croissance dans le domaine des études génère une demande croissante d’information en santé des autochtones et représente des défis uniques pour les bibliothécaires en ce qui concerne la diversité et la multidisciplinarité de la documentation. Campbell, Dorgan et Tjosvold nous informent des progrès dans la mise en valeur intensive d’éléments de recherche en information en santé des autochtones du Canada dans MEDLINE. D’intéressantes perspectives relatives aux défis auxquels font face les bibliothécaires sont l’objet d’articles traitant du transfert des connaissances et de la littératie en information. Janet Smylie et ses collègues passent en revue les considérations et les facteurs culturels garants de réussite des programmes d’information au sein des communautés autochtones. Loyer et Small Legs offrent une perspective intéressante sur les soins médicaux non assurés et sur la littératie en santé. Nous nous réjouissons du fait que ce numéro offre une perspective internationale. L’article de Kathy Murray
A number of Aboriginal communities are taking over governance of their health care, leading to progress on the social determinants of health as well as the health of their members. The article by Read et al. reports on self-governance in the field of data and elucidates the principles of ownership, control, access, and possession (OCAP) to address the need to respect community interests in using data, perhaps suggesting the political aspect that comes into play often in Aboriginal health. We are pleased that the issue contains two articles on data management, as discussion in the context of Aboriginal health information presents a useful perspective for health libraries on this burgeoning field. This issue highlights the usefulness of a cross-cultural lens and presents the range of challenges and means of addressing them for libraries working with Aboriginal researchers and communities.

As well as the relevance of the social determinants of health, many Aboriginal cultures embrace a holistic, integrated view of health, land, and environment. We hope that readers gain understanding of these shifts in perspective needed to work in Aboriginal health information through the lens of authors that include librarians and those of Aboriginal descent. Although the use of standard sources, such as MEDLINE which indexes scholarly publications, is essential, grey literature sources need to be consulted. Sources covering the broader range of disciplines used by librarians working in public health are therefore relevant, with a nuance of integration that is unique to Aboriginal health information.

We would suggest that library values enable work with Aboriginal health information and partnerships with Aboriginal peoples. Reciprocity with Aboriginal communities would not be uncomfortable for librarians; we have a lot to offer each other. Historical and demographic challenges of aboriginal communities parallel the challenges libraries are currently facing with threats to services from budget cuts and rapid changes in information technology. The National Network of Libraries of Medicine Pacific Northwest Region’s Tribal Connections project launched in 1997 helped 16 American Indian and Alaska Native groups with Internet connectivity and access to web-based health resources [2, 3]. The community-based, culturally sensitive approach to outreach led to partnerships successful in building community capacity if not always technical infrastructure and use of web resources. Respect for libraries as keepers of community knowledge and our non-judgmental, respectful approach was recognized. The values and approach of the librarians in the project engendered trust from the diverse communities participating. Through the process, past issues with government and university researchers made aboriginal communities distrustful, yet the librarians were able to build relationships “built on mutual, time-tested trust and respect” [2]. Organizational approaches of libraries and librarians’ professional values enable us to work with culturally diverse communities and enable knowledge translation with strategies described in this issue.

Despite the breadth of knowledge evident in this issue, many gaps remain. The organization and availability of literature on First Nations, Metis, and Inuit health is concerning, especially with the closure of the National
Aboriginal Health Organization (NAHO), which produced and made available online many reports on Aboriginal health topics (its web site will continue to host these reports until 2017). Although international perspectives are presented here, gaps in the bibliographic control of literature do not reflect the wide-ranging international and interdisciplinary nature of Aboriginal health research. Analyses of the databases from various disciplines important in Aboriginal health need to be more in-depth, and terminology remains a challenge, with Canadian usage standardized as First Nations, Inuit, and Métis, whereas American Indian and Alaska Native are used in the US, with MeSH using “Inuits” even though “Inuit” is plural.

Working on this Special Issue has been a pleasure and an honour. We thank the JCHLA editorial team for this opportunity and their professional approach. We trust that this issue will be valuable to readers, introducing and advancing the field of Aboriginal health information.

Ekosi pitama (that is all, for now).

Jim and Jessie

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References

