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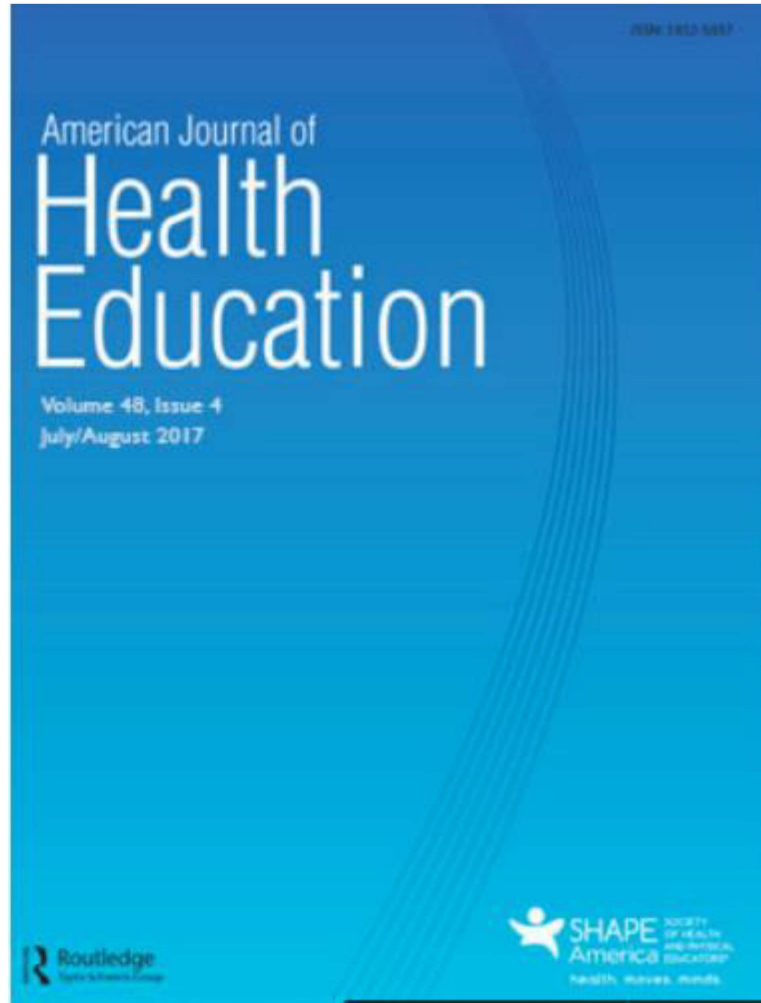
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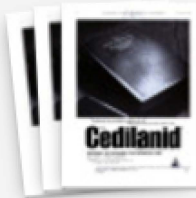
Climate change

Anonymous;

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Scholarly sources

documents is the movement away from such dependence on one face of an opposition and toward a healthier location within the play of oppositions.

More broadly, the novel's post-modernism suggests Morrison's political stance. In *Jazz*, as elsewhere, Morrison exposes the debilitating effects of white oppression, yet she avoids sentimental praise for African Americans. Instead, she locates her novel in the play between the two races: It is about the African American experience in white-dominated America and about how that experience is defined by African Americans' historical and continuing relationship with whites. Her novel thus mirrors her argument in *Playing in the Dark: Whiteness and the Literary Imagination* that the concept of "an American Africanism" (38) was created in the imaginations of whites as a way of defining themselves: "The process of organizing American coherence through a distancing Africanism became the operative mode of a new cultural hegemony" (8). If whites have defined themselves against the African American other, the characters in *Jazz* have no alternative but to define themselves against the white presence. In either case, Morrison foregrounds the play between the two entities, not the traditionally privileged entity and not a reactive substitution of the traditionally deprived one.

Without for the moment considering its Derridean implications, Joe Trace's name bears thematic weight. Joe is adept at hunting, having learned the art of tracking prey from Henry LeStory / LeStory. Good hunters follow the track of their prey by interpreting or reading its traces, the signs or evidence of its former presence. A track is also the forced or fixed direction imposed on one by external forces, such as the railroad tracks (which "control" the "feet" [32] of Joe, Violet, and the millions of other migrants), the record needle's track, or more general-

ly fate: A faithful man near fifty "is bound to the track. It pulls him like a needle through the groove of a Bluebird record. Round and round about the town. That's the way the City spins you. . . . You can't get off the track a City lays for you" (120).

Joe and Violet, like all the novel's characters, are bound to the track of Northern, urban, African American life. Lured from their rural Southern roots by the promise of economic opportunity and racial liberation, they are hooked by the City's music and throbbing energy. But, like many Morrison characters (for example, Cholly Breedlove, Son, Sethe, and Paul D), their identities are still linked to their roots in the rural South. The track of their lives is constituted by the traces of that past, largely their memories, which paradoxically give their present lives meaning and prevent the fulfillment of those present lives. Thus, Joe, haunted by his inability to verify his mother's existence, reconstructs her in Dorcas and attempts to relive his remembered joy (his "Victory") in Vesper County. For Violet, the traces of the past take the forms of her fear of repeating her own mother's suicide, her inability to have her own child, and yet her projections of a child onto Dorcas (108-09), Felice (197), and even Golden Gray, who "'lived inside [her] mind'" (208). Alice Manfred is also controlled by the traces of her past, for her bitter death-in-life is associated with her husband's infidelity and her desire for revenge. Similarly, Dorcas's present is dominated by the traces of her memory of the riot-caused fire that killed her parents and burned her treasured dolls.

But *trace* carries special significance, because it is one of the recurring concepts in Derrida's writing.³ For Derrida the trace designates the play or oscillation between a present, a thing-as-it-is, and an absence, an other. It is "the intimate relation of the living present to its outside, the opening to exteriority in general" (*Speech* 86). The trace is thus inseparable from Derrida's con-

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There are several signs to look for to tell whether a source is scholarly.

Descriptive title



The first sign is the title of the article.

Many scholarly articles have descriptive titles.

Descriptive title

Here's a sampling of a few scholarly article titles:

Humanities: “Traces of Derrida in Toni Morrison’s *Jazz*”

Science: “Accelerating Drug Development: Antiviral Therapies for Emerging Viruses as a Model”

Social Sciences: “Understanding the role of Indigenous community participation in Indigenous prenatal and infant-toddler health promotion programs in Canada: A realist review”

The next clue is to look for an abstract.

Abstract

A B S T R A C T

Purpose: Striking disparities in Indigenous maternal-child health outcomes persist in relatively affluent nations such as Canada, despite significant health promotion investments. The aims of this review were two-fold: 1. To identify Indigenous prenatal and infant-toddler health promotion programs in Canada that demonstrate positive impacts on prenatal or child health outcomes. 2. To understand how, why, for which outcomes, and in what contexts Indigenous prenatal and infant-toddler health promotion programs in Canada positively impact Indigenous health and wellbeing.

Methods: We systematically searched computerized databases and identified non-indexed reports using key informants. Included literature evaluated a prenatal or child health promoting program intervention in an Indigenous population in Canada. We used realist methods to investigate how, for whom, and in what circumstances programs worked. We developed and appraised the evidence for a middle range theory of Indigenous community investment-ownership-activation as an explanation for program success.

Findings: Seventeen articles and six reports describing twenty programs met final inclusion criteria. Program evidence of local Indigenous community investment, community perception of the program as intrinsic (mechanism of community ownership) and high levels of sustained community participation and leadership (community activation) was linked to positive program change across a diverse range of outcomes including: birth outcomes; access to pre- and postnatal care; prenatal street drug use; breast-feeding; dental health; infant nutrition; child development; and child exposure to Indigenous languages and culture.

Conclusions: These findings demonstrate Indigenous community investment-ownership-activation as an important pathway for success in Indigenous prenatal and infant-toddler health programs.

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Many scholarly articles include a brief abstract that tells you what the article is about.

Academic, expert-level language

Abstract

Purpose

Striking disparities in Indigenous maternal-child health outcomes persist in relatively affluent nations such as Canada, despite significant health promotion investments. The aims of this review were two-fold: 1. To identify Indigenous prenatal and infant-toddler health promotion programs in Canada that demonstrate positive impacts on prenatal or child health outcomes. 2. To understand how, why, for which outcomes, and in what contexts Indigenous prenatal and infant-toddler health promotion programs in Canada positively impact Indigenous health and wellbeing.

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Conclusions

These findings demonstrate Indigenous community investment-ownership-activation as an important pathway for success in Indigenous prenatal and infant-toddler health programs.

Next, look for academic, expert-level language.

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Author affiliation



The authors of scholarly sources are typically affiliated with colleges, universities, or other research institutions.

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1. Introduction

As a relatively affluent country, Canada is well positioned to respond to the striking health inequities experienced by its growing population of Indigenous infants and children (Postl et al., 2010;

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May include charts, graphs, or tables

abstracts according to pre-defined inclusion criteria [available upon request]. We then sorted included abstracts by geographic location of Indigenous populations and distributed retrieved articles grouped by geographies to the members of our international team most familiar with the specific domestic Indigenous context for more in-depth review. The authors of the study described in this paper comprised the Canadian review team.

Realist methods (Study Aim 2) are complex and detailed methodologic overview is beyond the scope of this article and can be found elsewhere (Pawson, 2006; Wong et al., 2013a, 2013b). Very briefly, realist reviews start with one or more preliminary theories regarding the mechanisms that drive program outcomes. Mechanisms are portrayed as the underlying processes that link program elements and activities to specific program outcomes within particular context and drive program success, changes in provider beliefs, or organizational culture (Pawson, 2006; Wong et al., 2013b). Evidence appraisal is focused on determining whether or not there is support for these initial mechanistic theories and in what contexts. Based on the evidence, preliminary theories are revised as necessary during data extraction and synthesis.

The Canadian review team started preliminary theory development using 13 articles identified by the international literature search that described culture-based parenting programs and interventions in Indigenous populations in Canadian and continental US/Alaska (References available upon request).

We began searching for potential underlying program mechanisms that could explain positive program outcomes. Initially this yielded several recurrent strategies, which are typically much more explicitly described and readily identifiable in program descriptions compared to mechanisms, which are commonly unseen as they relate to participant reasoning and beliefs and therefore need to be inferred (Wong et al., 2013b). Identified strategies included: community-based program governance and/or management; integration of program with local community infrastructure; program content and processes that reflect local community knowledge, skills, beliefs, and values; local community capacity building; and the endorsement of the program by key community stakeholders; protection and promotion of Indigenous ways of knowing and being; and the revitalization of Indigenous knowledge and kinship systems. We repeated this search using publications describing prenatal and infant-toddler health promotion programs in Canada (Chamberlain et al., 1998; Pennell and Burford, 2000; Anand et al., 2007; Kovess et al., 2009; Lawrence et al., 2008; Gray-Donald et al., 2000; Harrison and White, 1997; Harrison et al., 2006; Blanks, 2003; Macnab et al., 2008; Martens, 1999; Sawchuck et al., 1996; Verrill et al., 2006; Lawrence et al., 2004; Schreth et al., 2005; Marshall et al., 2005) and found very similar strategies.

We found that the identified strategies cut across diverse parental, child, and community level outcome groupings (i.e. specific child health outcomes, maternal health, parenting, community program participation). This is consistent with the view from Indigenous health knowledge systems and scholarship that there is an interconnection between individual, family and community level health processes and outcomes. This led to the development of an Indigenous realist framework. We superimposed the classic realist context = mechanism = outcome (CMO) pathway (Fig. 1) on a medicine wheel, to create an Indigenous CMO heuristic (Fig. 2). This supported the conceptualization of how within a given context, mechanisms might cut across program outcomes relating to children, families, and communities. The heuristic was immediately applicable to our need to build theory that was relevant to Indigenous contexts and systems as it reflected important Indigenous knowledge assumptions regarding inter-relationships among outcomes that are not adequately represented in the classic CMO

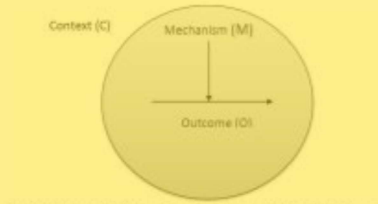


Figure 1. Classic realist CMO configuration.

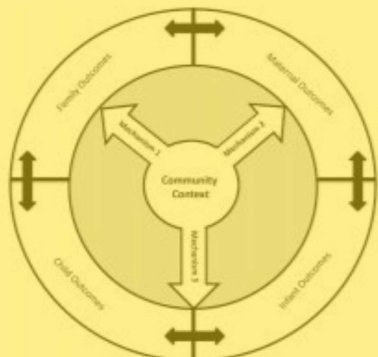


Figure 2. Indigenous realist CMO configuration showing interconnected maternal/infant/child/family outcome groupings.

configuration (Fig. 1). Simultaneously we attempted to identify one or more potential explanatory mechanisms linked to the aforementioned strategies. We identified community leadership and participation and the core integration of local Indigenous values, beliefs, knowledge, skills, and practices as two key domains that appeared foundational to the identified strategies and also linked to health promotion program success across child, family, and community outcome groups.

We then held a two-day consultation meeting with international research team colleagues, policy makers, and service providers to review our initial evidence including identified success strategies; hypothesized underlying mechanisms; and linked program outcomes. Indigenous community leadership and participation (which we coined "community investment"), and programming that builds on and transmits Indigenous cultural knowledge and practice (which we coined "cultural integrity") were identified as key domains to be further theorized. Building on the preliminary review of the literature, the shared results and discussions at the international meeting and the experiences of local community based Indigenous health service and program development of the Indigenous health professionals on our

Table 2

Study descriptions.

Lead author or title/ location	Program name	Description of program participants (demographics, lead id, kin lines)	Study design	Program description	Outcomes (measures and results)	Evidence of indigenous community investment (score of 3 or more across 4 stages)
Anand et al. (2007), Six Nations Reserves in Brant County, ON	No specific name but referred to as "Household based lifestyle intervention"	57 households with male and/or female parent with at least one child living in the same household and all individuals between 5 and 70 years of age	Randomized controlled trial	3 components: dietary, provision of goods, physical activity. Included home visits by Indigenous health counselors who assessed and set dietary/physical activity goals for each family member.	No statistically significant differences between intervention and usual care groups in household outcomes including: nutrition, physical activity, physical measures, knowledge about healthy lifestyles. Significant positive changes for intervention families: decreased consumption of (a) fast food; decreased sedentary behaviors; improved child knowledge on healthy food choices.	No
Baines et al., 2013	Healthy Roads North	Women of childbearing age (19–44 years) in six communities in Nunavut and Northwest Territories (NWT) – 3 intervention and 3 control communities	Quasi- experimental	Promotion of healthy lifestyles, healthier meal planning, and obtaining sufficient vitamins and minerals. The program was implemented in local food stores, health clinics, offices, and at community special events, such as fairs. Community media, such as radio, local television, newspapers and other community communication channels promoted program messages.	Significant differences between intervention and control in vitamins A and D intake. Significant improvement in adherence to the dietary reference for vitamins A, D and K, calcium, magnesium, potassium, sodium and zinc. The program did not have a significant impact on calorie, sugar, or fat consumption.	Yes
Banks (2003), Kanatah, ON/ QC	Ka'mashew Teukshew	Muhawik mothers who recently gave birth in Kanatah community.	Pre-post test	Wanted to establish one group of breastfeeding women exclusively at birth, 100% and raise community support for breastfeeding. Training a grandmother from community to discuss breastfeeding with pregnant women, she was available for free 24/7 for mothers, attended deliveries.	100%–12% babies breastfed exclusively at birth; 100% breastfed at 4 months, 2001 – 75% babies breastfed for first week of life; 42% still breastfed by 4 months (increase of 43% and 23%).	Yes
Gagne et al., 2011	No specific name	Parents of children aged 1–4 years attending a childcare centre in Nunavut, Quebec	Quasi- experimental - with control group, parent only	Four-week cycle menu of traditional and healthy store- bought foods administered in a childcare centre	Statistically significantly higher intake of omega-3 fatty acids, calcium, total iron, bioavailable iron, phosphorus, beta-carotene, folate, pantothenic acid, riboflavin, and vitamin K among children attending the childcare centre during the reference period than those not attending. Higher number of children attending childcare centre met the recommended intake for total and bioavailable iron, and recommended number of servings of vegetables and fruit, grain products, and milk and alternatives than those not attending.	Yes
Gray-Donald et al. (2000), James Bay, QC (Chinook, Wemundji, Wapwanapi, Matami)	No specific name, referred to as "the intervention"	Cree women using prenatal services before 26 weeks in their pregnancy from July 1995–January 1997	Quasi- experimental	Women evaluated by dietitians. Nutritionist/Cree health workers led activities to promote healthy lifestyles.	General results: correlation between energy intake and weight gain; no significant differences in diet between groups. Only dietary differences among intervention group - significant reduction in	No

(continued on next page)

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Health Agency Of Canada, 2014) draws on an Indigenous framework to evaluate the success of submitted public health interventions. Evaluation criteria include: basis in the community, wholistic approach, integration of Indigenous cultural knowledge, building on community strengths and needs, partnership/collaboration and demonstrated effectiveness. We note that these evaluation criteria overlap heavily with the initial list of strategies that we identified as linked to program success, from which we further formulated our theory of Indigenous community investment.

Gladwell's popularized theory defined the "tipping point" as "the moment of critical mass, the threshold, the boiling point" (Gladwell, 2006), which results in an epidemic of social change in which an idea, product or behaviour spreads exponentially like a virus. Social scholars have also used critical mass theory and epidemic modelling to explain non-linear neighbourhood effects on social problems such as youth school non-completion (Crane, 1991). Key to these theories is the importance of peer influence. Drawing on this work the critical state of Indigenous community ownership we have theorized as necessary for Indigenous community activation could be considered an "Indigenous tipping point". There is resonance between epidemic theories of social change and Indigenous knowledge translation scholarship regarding the contributing importance of networks of friends and family as key sources of health information (Smylie et al., 2009), culturally relevant knowledge leaders (Smylie et al., 2009), strategic messaging, local context, and quality social relationships to achievement of the tipping point (Gladwell, 2006; Smylie et al., 2014, 2009).

Study limitations included our primary reliance on published literature and program reports, the majority of which did not have adequate program and context details for full exploration of our hypothesis of community investment-ownership-activation and precluded completely our investigation of cultural integrity. We were also limited by the overall shortage of published studies and program reports in the area of Indigenous health promotion and substantive methodological deficiencies in the overall quality of program evaluation reporting that was available. For example, evaluation tools had not always been validated for use with Indigenous populations; outcomes measures did not always appear to match with local Indigenous community definitions of success; and/or small numbers may have precluded detection of program impacts. Finally, there was no comprehensive index of Indigenous prenatal and infant toddler health promotion programs and/or program reports at the time we conducted our review. We therefore were required to systematically contact key informants in regions across the country, which was time and resource consuming. A comprehensive index with up to date list of contact persons would facilitate a more iterative search for evidence and better accommodate evolving theories.

5. Conclusions

In summary, our findings support the foundational importance of processes that support local Indigenous community leadership and participation in Indigenous prenatal and infant toddler health promotion programs. Thicker program descriptions, that explicitly detail how local Indigenous community members are involved in program development and implementation, as well as the degree of alignment of programs with local Indigenous values, beliefs, knowledge, skills, and behaviours will allow for an enhanced understanding of how and in what contexts Indigenous participation and alignment with Indigenous ways of knowing and doing contribute to programs success in different local contexts. The further development of Indigenous program evaluation and evidence synthesis methods that are both scientifically rigorous and

reflective of Indigenous understandings of success will facilitate the identification of programs that are culturally relevant and effective in Indigenous communities. Initiatives such as the PHAC "Indige-

Text Box 1 Stages of Community Investment (Context).

- Stage 1 (Initiation): Health issue identified as a priority for action by local Aboriginal community health workers/community members.
- Stage 2 (Development): Aboriginal community workers/leaders engage the broader Aboriginal community to gather, share and mobilize resources regarding this issue.
- Stage 3 (Implementation): Initiation of new local community service informed by this broader Aboriginal community engagement and aligned with local ways of knowing and doing.

Text Box 2 Search Terms.

Health promotion OR wellness program* OR health campaign* OR health information OR preventive program* OR patient education OR health behavior* OR health behaviour* OR prevent* OR population health OR primary health care OR prenatal care OR postnatal care OR family plan*) AND (Aborigin* OR eskimo* OR inuit OR inuk OR metis OR "first nation" OR maori OR "pacific islander" OR "north american indian" OR "American Indian" OR "Alaska native" OR "Native American" OR "Native Hawaiian" OR Hawa* OR Indian OR "torres strait islander" OR Indigenous) AND (Child* OR Infant* OR infancy OR newborn OR neonatal OR neonate* OR baby OR babies OR Preschool* OR Toddler* OR School age* OR fetus).

nous Tried and True" section of the Canadian Best Practices Portal, which index existing programs, need to be supported and expanded upon.

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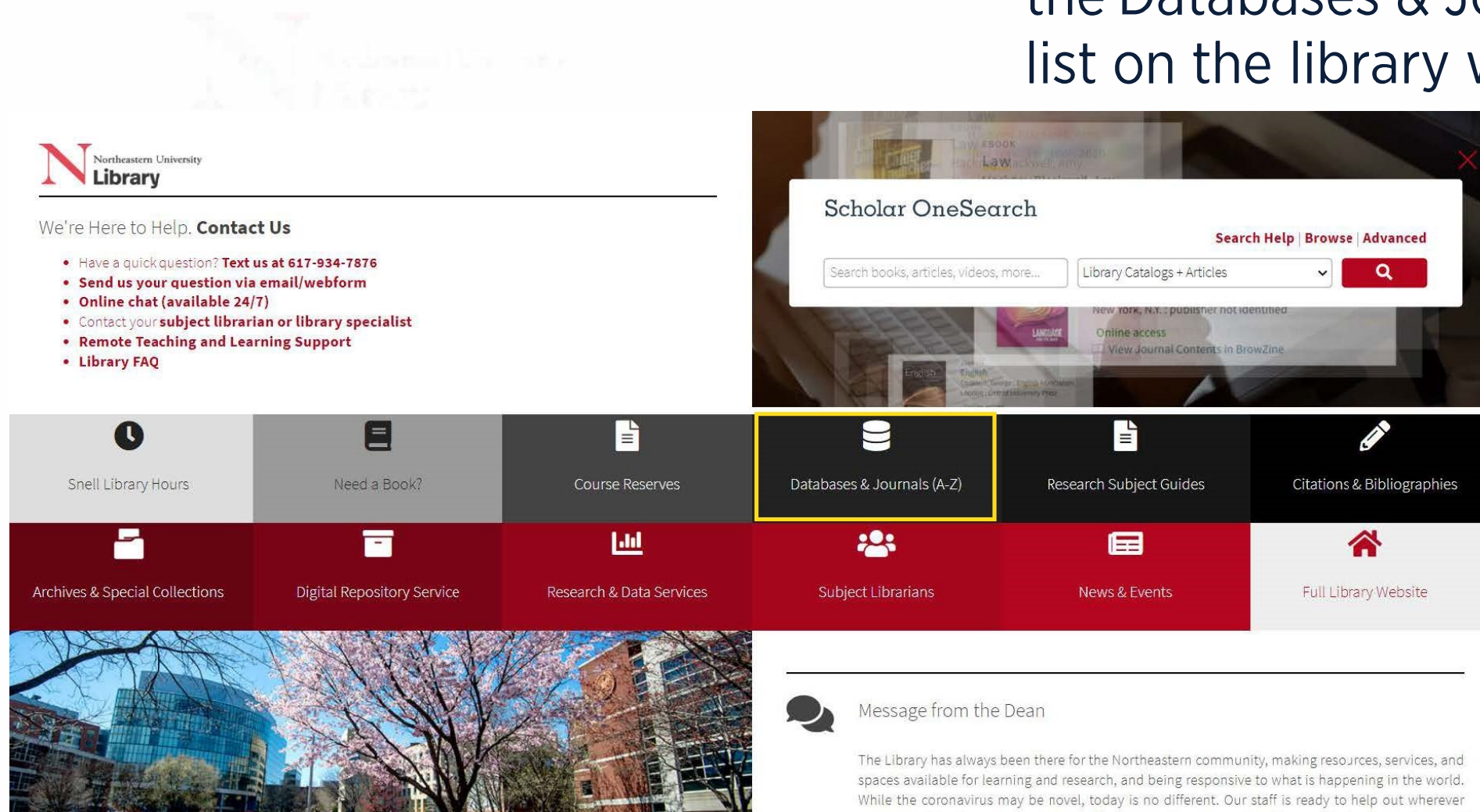


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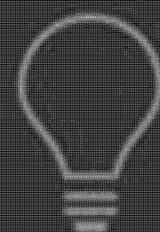
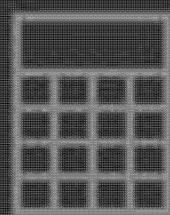
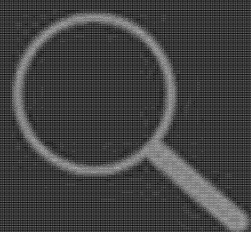
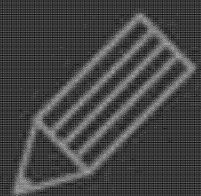
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