CASE 5: A Stakeholder Analysis: Developing an Indigenous-Specific Intercultural Competency Training Module (Part A)

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CASE 5

A Stakeholder Analysis: Developing an Indigenous-Specific Intercultural Competency Training Module (Part A)[1]

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It is a hot summer day in London, Ontario. As Nia Singh leans back in her chair and takes a big sip of water, she reflects on her extensive time working at the Southwestern Ontario Intercultural Education Centre (SOIEC). After working at the organization as an intercultural education specialist for several years Nia has recently developed a renewed passion for her work and she is looking to expand her project portfolio and take on a new project— redesigning the Intercultural Education Programs pre-existing Indigenous intercultural competency training module. Specifically, Nia determines the objective of the new training module will be to educate health care workers about the importance of intercultural competency within health care organizations. As Nia puts down her glass of water, she recalls the Indigenous-specific intercultural competency training module that had been developed at the Centre before she first started working there in 2014. Now more than ever, Nia believes there is a need for this type of module and is inspired by the prospect of a potential new project. As Nia begins to flip through old documents pertaining to the development of the Indigenous intercultural competency training module, she begins to realize that, unfortunately, much of the literature and evidence used to develop the original module is significantly outdated. As she continues reading, Nia also realizes the scope of updating this training module may be much larger than she originally anticipated, and she will likely require assistance. She decides to request help from Steven Miller, an experienced colleague who is well suited for the job and who she has worked with extensively on previous projects. Nia contacts Steven and he immediately expresses interest in helping update the training module. Nia and Steven schedule an initial meeting to begin brainstorming the necessary steps that need to take place throughout the module planning and development phases. They recognize that conducting a stakeholder analysis and formulating a stakeholder engagement plan will be the two most important steps in developing an Indigenous-specific intercultural competency training module. As they start finalizing their plans, Nia and Steven look at each other with nervous excitement—they know they have their work cut out for them.

BACKGROUND

Over the past decade, cultural competence has emerged as one strategy to address health disparities between populations of different racial and ethnic backgrounds. Cultural competency can be viewed as a broad framework that aims to improve the accessibility and effectiveness of

[1] *This case was written to accompany the Implementation Research: A Strategy for Developing Indigenous-Specific Intercultural Competency Training Programs (Part B) case. For the full continuity of the case please complete both Part A and Part B.*

health care services for marginalized populations (Truong et al., 2014). The concept of using cultural competence to improve health care emerged in the 1980s to address linguistic barriers between health care workers and clients (McCalman et al., 2017). Initially, cultural competence was defined as a "set of congruent behaviours, attitudes, and policies that come together in a health care system, agency, or among professionals that enable that system, agency, or professions to work effectively in cross-cultural situations" (Cross et al., 1989). It was understood that health care workers needed to be able to engage effectively in a cross-cultural context, and this required them to develop an awareness of cultural differences (McCalman et al., 2017). Since its conception, the theory and praxis of cultural competence has evolved significantly. More recently, the United States National Quality Forum defined cultural competence as the "ongoing capacity of health care systems, organizations, and professions to provide for diverse client populations high quality care that is safe, client- and family-centered, evidence-based, and equitable" (McCalman et al., 2017). Because of the significant importance of cultural competence, its scope has expanded beyond practitioner–client relationships to integrating cultural competence within multidimensional health care systems. To this end, a systems approach to cultural competence requires the integration of structure, attitudes, practices, and policies at all levels to ensure health care organizations and professionals work effectively within a culturally diverse environment. The ultimate goal is to ensure that every person has access to safe, high quality health care.

Through her work as an intercultural education specialist and head of the Intercultural Education Program, Nia aims to develop and implement intercultural competency modules for potential clients such as settlement agencies, universities, local public health units, and other not-for-profit organizations. To achieve this, Nia provides customized training that focuses on three main areas: introducing the concepts of intercultural competency, promoting effective communication within culturally diverse work environments, and understanding how intercultural competency concepts can be effectively integrated into an organization's work environment. The training modules she delivers are based on extensive qualitative and quantitative evidence conducted by various researchers from highly regarded academic and professional institutions. Ultimately, the Intercultural Education Program is conducted to recognize cultural diversity as an asset and to effectively educate people about intercultural competency concepts in order to improve organizational working environments.

Although Nia believes her work has merit, she is aware of the challenges associated with developing culturally competent training modules. From her experience working at the SOIEC, she has learned that cultural competence is a one-sided approach to understanding another culture that may require a specific set of skills or knowledge. This can be unattainable because no one individual can be fully competent of another culture or heritage. Likewise, a cultural competency model can result in a lack of knowledge of the context and variables that influence health and healthcare of diverse patients and communities negatively impacting their health outcomes (Fleckman et al., 2015). Instead, learning about other cultures should be an iterative process aimed at achieving equity for all individuals. Therefore, Nia is moving toward incorporating the concept of intercultural competence, which refers to the dual-sided learning of cultures rather than the adoption of a one-sided approach requiring people to substantially know another culture (Fleckman et al., 2015). An intercultural competency approach also allows for a greater understanding of others' worldviews and relies on an individual's ability to communicate and behave appropriately and effectively in new intercultural situations based on one's knowledge, skills, and motivations (Fleckman et al., 2015). Nia intends to use an intercultural competency framework when she develops training modules because she believes the

framework is geared toward a continuous learning process and a reciprocal understanding of culture.

After starting her position at the SOIEC, Nia realized the organization had previously developed a training module focused on Indigenous intercultural competence. As a result of her extensive experience researching and working with Indigenous communities, Nia believes the module should be modified and updated before it is used. Although Nia had always wanted to redesign the pre-existing training module, it was not until the winter of 2020 that she had adequate resources, including securing a government grant to undertake the project. At this time, Nia began to brainstorm all the necessary steps that had to be taken to develop a comprehensive training module. She believes the key objective of the training module should be to educate health care workers about the importance of cultural competency within health care organizations—with a specific focus on the Indigenous populations in Middlesex-London and surrounding areas—so these workers can better meet the health care needs of the local Indigenous people. Nia knows that to develop a training module that will be widely embraced, a variety of crucial steps need to be taken in the planning phase, with an emphasis on conducting a comprehensive stakeholder analysis. She appreciates that the results from this analysis will facilitate a better understanding of the individuals, groups, and organizations that will be most invested in this type of project and will help her better manage their engagement level so the project is successful. At the top of Nia's priority list are the Indigenous community members and Indigenous organizations that must be included in the stakeholder analysis and involved throughout the module development phase. Nia knows that because the SOIEC is not an Indigenous organization, it is especially imperative they develop an impactful Indigenous intercultural training module by consulting and partnering with Indigenous communities. Consequently, she will need to thoroughly research the best practice guidelines on collaborating with these communities so she can effectively form relationships with them as the module is developed.

At their meeting, Nia and Steven begin outlining the first step in the redesign process, which is to complete a literature review. To develop a training module based on current evidence and best practice guidelines, Nia knows they need to search the recent literature about the effectiveness of Indigenous intercultural competency training modules and the systemic barriers Indigenous people face when accessing health care services. Conducting this secondary research will be essential for gathering the background information they need for developing the appropriate context for the training module. The second step in the development process will be to synthesize and analyze the findings from the literature review to extract key themes. These key themes will then be used in later phases of the project that focus on developing interview guides for various stakeholders. Nia tells Steven the third and arguably the most important step in this process is to conduct a stakeholder analysis. As Steven sits in their meeting wondering about this type of analysis, Nia explains that engaging key stakeholders early in the project development process is important for its overall success. She emphasizes that actively engaging stakeholders significantly increases the likelihood that a project will meet its intended objectives. Nia expands on this and explains that a stakeholder analysis is a useful approach that helps elucidate the behaviours, motivations, interests, and investments of the relevant individuals, groups, or organizations. She says that this insightful information provides a better understanding about each stakeholder's power and influence and helps effectively manage their expectations throughout the process. Steven appreciates this explanation because it clarifies the need for this step.

Although conducting the stakeholder analysis will be one of the most critical steps in the development process, Nia tells Steven that to provide a complete project plan they also need to outline the other significant steps in the process. She explains that after the analysis is finished, they need to conduct key informant interviews with stakeholders such as Indigenous community members, different health care workers (e.g., nurses, physicians, occupational therapists, etc.), and academic professionals who research topics related to the project. Nia says that completing key informant interviews is necessary for gathering a variety of perspectives related to the efficacy of intercultural competency training modules, the barriers faced by Indigenous people accessing health care services, and the barriers faced by health care workers who treat Indigenous patients. Nia emphasizes it is especially important to hear from Indigenous communities because the content of the module focuses on Indigenous populations. Nia mentions that they should consider partnering with Indigenous organizations during the development process to ensure the content of the training module aligns with traditional Indigenous knowledge and practices. Nia knows that in the final stages of the project she and Steven will need to spend an extensive amount of time analyzing the results from the literature review and key informant interviews and then incorporate their findings into the comprehensive training module.

SPECIFIC AREA OF INTEREST

To develop the Indigenous intercultural competency training module, Nia and Steven begin by completing a literature review. They focus the review on three areas—the effectiveness of cultural competency training in health care settings, the health discrepancies between Indigenous and non-Indigenous people, and the barriers Indigenous people face when accessing health care services. The findings from the review will provide them with the appropriate context and background information for developing a well-informed training module.

Cultural Competency Training

Nia and Steven begin the literature review by researching the effectiveness of cultural competency training modules within health care organizations. Nia finds the first piece of important evidence—research by Beach et al. (2005)—which states that cultural competency training is a promising strategy to improve the knowledge, attitudes, and skills of health care professionals. Nia notes this article also presents strong evidence that cultural competency training impacts patient satisfaction. Nia and Steven also analyze the findings from an article by Truong et al. (2014), which concludes that interventions focused on improving cultural competency can improve patient/client health outcomes. Moreover, a randomized controlled trial conducted by Majumdar et al. (2004) assessed the effects of cultural sensitivity training on health care professionals and subsequently examined the satisfaction and health outcomes of patients from minority groups who had received care from sensitivity-trained health care workers. The results from their study highlighted that cultural sensitivity training resulted in increased open-mindedness and cultural awareness, and resulted in an improved understanding of multiculturalism and an improved ability to communicate with minority patients such as elderly patients, patients living in long-term care facilities and patients who primarily speak French (Majumdar et al., 2004). Overall, the study concluded that a cultural sensitivity training program can improve the knowledge, skills, and attitudes of health care workers, leading to improved health outcomes for minority patients (Majumdar et al., 2004). Nia and Steven found these results to be very promising, motivating them even more to develop the best training module possible.

Indigenous Health Disparities and Barriers to Accessing Health Care

In light of the literature related to cultural competency training modules, Nia and Steven believe they should continue their research by looking into the current health status of Indigenous people in Canada, making sure to research the barriers they face when accessing health care services. As Nia and Steven immerse themselves in the research process, they begin to acknowledge the extensive health disparities that exist between Indigenous and non-Indigenous populations. Indigenous Canadians self-report poorer health outcomes compared with non-Indigenous Canadians (Lafontaine, 2018). Research suggests that these poorer health outcomes are related to social inequalities, which may stem from a variety of factors including socioeconomic status, lack of connectivity with community, colonization, globalization, migration, loss of culture and language, and disconnection from the land (King et al., 2009). Epidemiological data reiterate these health inequalities and show that life expectancy for Indigenous people is as much as 15 years less than that for non-Indigenous people. These data also show that, compared with non-Indigenous populations, diabetes rates are almost four times higher for Indigenous people who live on reserve, tuberculosis rates are 270 times higher in Inuit populations, and opioid-related deaths are up to three times higher for Indigenous populations in British Columbia and Alberta (Indigenous Services Canada, 2018). This research aligns with Nia's knowledge base from previously working with Indigenous communities, that the poorer health outcomes Indigenous Canadians experience are a result of colonization and social inequalities.

Having previously conducted research related to this topic, Nia is aware that Indigenous people face a multitude of systemic barriers when accessing health care services. While completing the literature review and searching for articles about these barriers, Nia and Steven notice several themes emerge. The first key theme relates to cultural discrepancies between Indigenous people and non-Indigenous health care workers. For example, Wright et al. (2019) note that Indigenous mothers expressed concern that acute health care professionals did not acknowledge the need for their infants to receive holistic care. The article states that although the physical needs of the babies were met, the spiritual, emotional, and mental aspects of care were overlooked by attending health care professionals (Wright et al., 2019). Another article stated that physicians sometimes outwardly displayed their religious values in the examination room, which resulted in Indigenous patients feeling uncomfortable and discouraged about sharing their own values and beliefs (Jacklin et al., 2017). Another prevalent theme Nia and Steven found in the literature was the racism and discrimination Indigenous people face when accessing health care services. Notably, Indigenous people reported mistrust toward the health care system as a result of prior negative racist and discriminatory experiences, typically in the form of insensitive comments and behaviours (Nelson & Wilson, 2018). These discriminatory behaviours included health care providers preventing patients from conducting traditional ceremonies or providers withholding prescription pain medication because of a preconceived assumption that Indigenous patients would abuse this medication (Jacklin et al., 2017; McConkey, 2017). Another major literature review theme that Nia and Steven believe is important is the issue of appointment wait times and the duration of patient consultations with health care providers. Indigenous patients felt physicians did not spend enough time discussing their concerns and were unwilling to discuss multiple concerns during a single visit, which forced these patients to book multiple appointments (Jacklin et al., 2017). Nia and Steven were both alarmed by these findings but agreed this information would be very useful for helping them develop the training module. After reading these articles, they believe a training module for health care workers could help bridge the gap between Indigenous patients and these professionals. Satisfied with the evidence from their literature review, they decide they are ready

to complete the stakeholder analysis phase of the development process— Nia and Steven are both anxious and thrilled to take on this new challenge.

INDIGENOUS PARTNERSHIP

After gathering extensive information about Indigenous health inequities, Nia feels that before continuing with the stakeholder analysis they should research potential Indigenous organizations to partner with. Nia and Steven talked more about why Indigenous voices and perspectives needed to be included in this process. Nia noted, as non-Indigenous people working at a non-Indigenous organization, it is vital that they work with Indigenous people who can help inform the content that will be included in the training module. Research by Smylie et al. (2009) reveals that interventions aimed at helping Indigenous populations are often not successful because they lack an Indigenous holistic wellness perspective. The researchers found that federal, provincial, and regional public health interventions often fail to assist Indigenous communities because the strategies they use are externally imposed on these communities and do not consider local Indigenous understandings of health, illness, and traditional ways of sharing knowledge (Smylie et al., 2009). This evidence reiterates to Nia the importance of seeking a partnership with local Indigenous organizations.

Nia and Steven talk further about the issue of non-Indigenous people conducting research on Indigenous communities. The literature shows there are often contradictions between researchers' perspectives in addressing community health issues and an Indigenous community's specific priorities and goals (Lines & Jardine, 2018). Because most Indigenous health researchers and practitioners are not Indigenous, socioeconomic and power imbalances can be perpetuated and the effects of a colonial history can be propagated even more (Lines & Jardine, 2018). Additionally, non-Indigenous researchers often collect their data and essentially "use" the Indigenous community without helping the same community bring about any positive change or reap the benefits associated with the research. The lack of Indigenous representation in health research is detrimental to Indigenous peoples' well-being and can only be mitigated through genuine collaboration with Indigenous communities and by creating spaces for Indigenous voices on systems, values, and traditional knowledge (Lines & Jardine, 2018). To this end, Nia and Steven recognize that to use this training module to reduce negative health outcomes, they need to go beyond simply hearing Indigenous perspectives and must form a collaborative partnership with Indigenous communities. With this in mind, Nia and Steven begin to discuss potential Indigenous organizations they could partner with. They believe that establishing this collaborative partnership is the best strategy for ensuring the training module includes the most appropriate Indigenous content and does not propagate negative Indigenous stereotypes or systemic issues associated with Canada's colonial history.

SPECIFIC PROBLEM OF DECISION

Stakeholder Analysis

After researching local Indigenous organizations, Nia and Steven identify several that would be a good fit for the project and email them to inquire about collaborating on the project. From her previous experience developing and implementing other cultural competency and mental health awareness programs, Nia knows buy-in from relevant stakeholders is directly related to the overall success of a project. The most appropriate next step in developing the training module is to conduct the stakeholder analysis and then outline the stakeholder engagement plan. Accordingly, Nia reviews the necessary stages of a stakeholder analysis to ensure that she is sufficiently prepared. Nia believes that to compile a comprehensive list of stakeholders, they should also hold a brainstorming session with several other SOIEC colleagues. Nia knows this will be a valuable exercise because they will have the opportunity to hear multiple perspectives

related to the training module. In agreement, Nia and Steven send out an email requesting the help of their colleagues.

On Tuesday of the next week, Nia and Steven prepare for the meeting with their colleagues. They have come up with a list of potential stakeholders; however, they are excited to hear from their co-workers on the matter. Nia begins the meeting by introducing herself and Steven and then explains the purpose and focus of the training module. She discusses the objective of the meeting and why they have requested help. Standing at the front of the room, Nia states the aim of the session is to brainstorm a list of potential key stakeholders that should be involved in developing the Indigenous-specific intercultural competency training module. She tells her colleagues the ultimate goal of the module is to educate health care professionals about the importance of providing culturally competent care to Indigenous populations in order to improve the quality of care for these populations in Southwestern Ontario, particularly in Middlesex-London. Nia says, “Steven and I value your opinions and perspectives and we believe that hearing from you today will help us develop a diverse and comprehensive list of stakeholders. Thank you for taking the time to join us in this inaugural stage of developing this training module.” After Nia takes her seat, her colleagues immerse themselves in the brainstorming process. By the end of the meeting, the group identifies 10 key stakeholders they believe are the most critical in developing the training module. Steven and Nia debrief after the meeting and Steven says he now really understands the value of engaging other colleagues when completing a stakeholder analysis. Before heading home, Nia and Steven plan steps two, three, and four of the stakeholder analysis, which will take place the next day.

The next morning, Nia and Steven enter the office feeling rejuvenated and ready to complete the final steps of the analysis. According to Nia’s extensive research, the second step of a stakeholder analysis is to prioritize the stakeholders. To accomplish this, Nia and Steven discuss the importance of prioritizing stakeholders who may oppose the training module along with those who will most likely support it. The information Nia read in the Middlesex-London Health Unit’s *Engage Stakeholders Concept Guide* will help balance the various stakeholder perspectives while also helping identify the potential risks or challenges that may arise throughout the development process (Middlesex-London Health Unit [MLHU], n.d.). In addition, defining the role of each stakeholder in the project can help prioritize them properly. Nia and Steven write down the four different categories that stakeholders fall into according to the Tamarack Institute (2017): core stakeholder, involved stakeholder, supportive stakeholder, and peripheral stakeholder. To facilitate the process, Steven writes a brief description about each type of stakeholder under each category. He emphasizes a core stakeholder is someone who will be actively involved in developing the training module and may suggest ideas or potential modifications for it. An involved stakeholder is someone who will be consulted frequently throughout the development process and will be given the opportunity to provide in-depth feedback and suggestions (Tamarack Institute, 2017). These stakeholders will continue to be consulted on a regular basis throughout the development process. A supportive stakeholder is someone who is not directly involved in the development process but provides some form of support or input (Tamarack Institute, 2017). Finally, a peripheral stakeholder is someone who will be kept informed as the training module is developed but will be less involved in providing their feedback and ideas (Tamarack Institute, 2017). With a clear idea now about the various types of stakeholders, Nia and Steven are ready to categorize them accordingly.

After reviewing the 10 stakeholders they had discussed the day before, Nia and Steven place them into one of the four specified categories. To complete this task more efficiently, Nia and Steven decide to use a stakeholder wheel as a visual aid (Exhibit 1) (Ontario Agency for Health

Protection and Promotion (Public Health Ontario), Snelling & Meserve, 2016). To accurately prioritize each stakeholder, Nia and Steven systematically review the list of stakeholders and discuss where they believe each stakeholder should be placed on the wheel. After deliberating the priority of each stakeholder and placing them accordingly, Steven and Nia prepare to move to the third phase of the stakeholder analysis.

During this phase, Nia and Steven focus on the level of engagement required by each stakeholder. They transition into a discussion about how different stakeholders require different levels of engagement according to their priority level. For example, top priority stakeholders are considered core stakeholders that require more extensive levels of engagement than peripheral stakeholders. Nia and Steven apply criteria developed by the Department of Education and Early Childhood Development (2011) to identify four levels of engagement that can be used: inform, consult, collaborate, and empower. Next, Nia and Steven construct different engagement strategies for the different stakeholders according to their level of priority. For example, Nia says the Indigenous organizations they partner with will be a core stakeholder and will, therefore, fall into the fourth level of engagement: empowerment.

Before finalizing the engagement strategies for each stakeholder, Steven suggests plotting each stakeholder on a power–influence matrix (Exhibit 2) (Smith, 2000). Steven had come across this strategy when he was conducting his own preliminary research to understand the stakeholder analysis better. Steven explains to Nia they can use the matrix to place stakeholders into one of four different categories or quadrants: low interest/low power, low interest/high power, high interest/low power, or high interest/high power. Steven explains that plotting each stakeholder into the different quadrants will provide a visual aid to illustrate how different stakeholders may interact with one another, and that this will also help define the most influential and powerful stakeholders. Steven goes on to say that using the matrix will also help determine how to effectively manage and work with each stakeholder based on their level of power so that the training module is successful. After hearing this explanation, Nia thinks it is a useful framework and suggests they move on to that task immediately. Because Nia and Steven had already prioritized the stakeholders it was easy to plot each of them on the matrix already drawn on the whiteboard in Nia's office. They agree that completing this task is informative and will promote the overall success of the module. After plotting each stakeholder on the power–influence matrix they had a greater sense about how to engage each stakeholder.

Finally, Nia and Steven move on to the last phase of the process, which is to develop a stakeholder engagement plan. Nia reminds Steven that before engaging the stakeholders it is important that they have a clear project vision and purpose. To ensure they are on the same page, Nia reiterates that the purpose of the training module is to educate health care professionals on the importance of cultural competency so they can better provide safe and effective care to Indigenous patients. Referring back to the stakeholder engagement plan, Nia notes that different strategies will be used for different stakeholders based on their level of investment and priority. One of the most important engagement strategies will be with the priority populations (i.e., core stakeholders), which in this case are the Indigenous communities and health care workers. Therefore, Nia and Steven must take the time to build strong, trusting relationships with both populations. One engagement strategy that could be used is to conduct in-depth focus groups or key informant interviews with these two stakeholder groups. Nia and Steven believe this may be a good approach because it will provide health care workers and Indigenous community members with the space to openly voice their opinions, thoughts, concerns, and ideas about the training module. Nia emphasizes that hearing from these two populations is most important because they are the ones who will be the most significantly

impacted by the training module. Nia says that the engagement strategies for supportive or peripheral stakeholders may be less intense and could include completing questionnaires, surveys, or brief email/phone call interviews. After finalizing the engagement strategies, Nia and Steven both let out a deep sigh as they realize their stakeholder analysis is almost complete.

After a long day, Nia puts away the files on her desk and takes a minute to relax and reflect. She goes over the process of conducting a stakeholder analysis and thinks to herself that it was a very useful exercise. Now that it is complete, Nia has a clear vision about which steps need to be taken to develop the training module. Nia knows the next step will be to finalize which Indigenous organizations to partner with. She will contact the key stakeholders tomorrow and arrange focus groups/key informant interviews in order to accurately receive feedback about the training module. The experiences and stories the stakeholders share will be fundamental in building a sustainable training module that can be implemented successfully.

The next day, Nia contacts different Indigenous organizations and other stakeholders to begin building relationships with them and determine whether they are interested in collaborating on the project. After exchanging several emails with various Indigenous groups to explain the objective of the project and arrange some in-person meetings, Nia and Steven have determined which organizations they will partner with. The organizations are excited about joining the development team and providing their expertise in creating an Indigenous-specific intercultural competency training module.

Next, Nia begins reaching out to other key stakeholders to determine whether they want to participate in an interview pertaining to developing the module. Fortunately, the Indigenous organizations are also able to provide Nia and Steven with a list of pertinent contacts. Luckily, after sending out many emails, Nia receives several responses from different stakeholders offering to participate in key informant interviews. Nia, Steven, and members from the Indigenous organizations immediately get to work developing interview guides. Nia explains to the development team that the purpose of these interviews is to hear perspectives from Indigenous people and health care workers related to their experiences accessing health care services and treating Indigenous patients, respectively. The secondary objective is to listen to their thoughts and opinions about whether the intercultural competency training module can help bridge the practitioner–patient gap between health care workers and Indigenous communities.

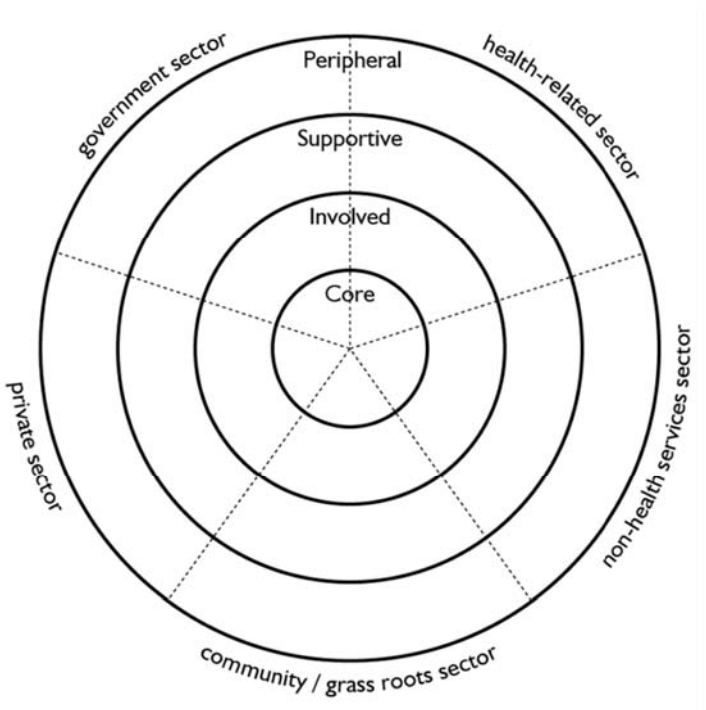
After completing several interviews and gathering many perspectives, Nia, Steven, and members from the Indigenous organizations develop a pilot version of the training module that will first be implemented on a small scale and then revised and implemented on a larger scale. Nia and Steven are extremely excited about this new module and are ready to take all the necessary steps to ensure the implementation process is sustainable and successful.

CONCLUSION

Nia knows that time is of the essence for finalizing the development of the training module. After spending an extensive amount of time planning it, she recognizes the hardest part is yet to come and that she needs to devise an effective implementation strategy. Although she has a few ideas, she still needs to review each option and finalize the process. Nia realizes the main challenge will be buy-in from health care workers and health care management teams. Consequently, her communication campaign must effectively market the training module and must demonstrate the need for the program. However, before she gets ahead of herself, she

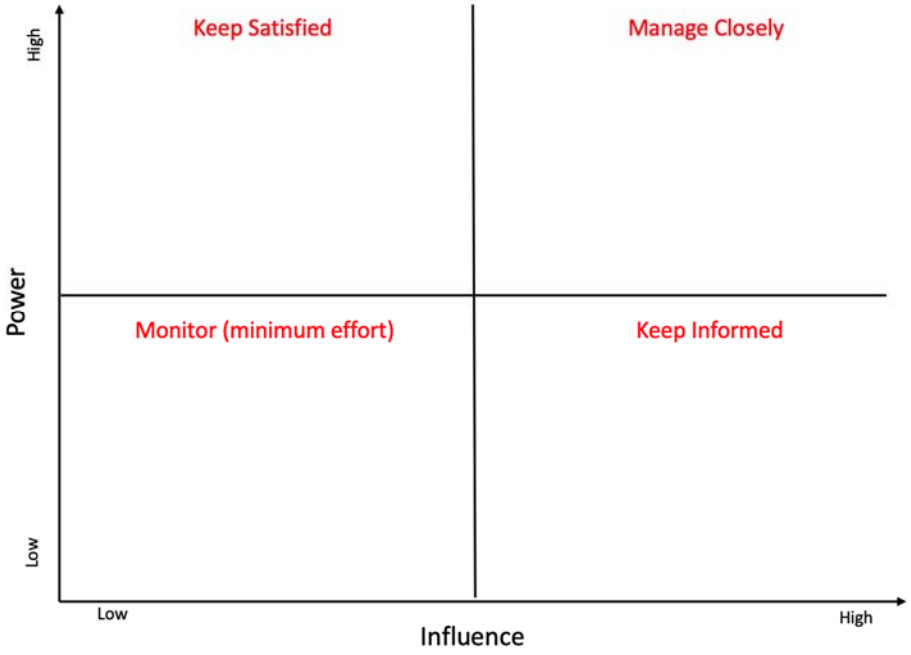
must determine the most effective implementation strategy to use, and she plans to do this when she returns to work tomorrow.

EXHIBIT 1
Stakeholder Wheel



Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario), Snelling & Meserve (2016).

EXHIBIT 2
Power/Influence Matrix for Stakeholder Prioritization



Source: Author created from Smith, 2000.

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INSTRUCTOR GUIDANCE

A Stakeholder Analysis: Developing an Indigenous-Specific Intercultural Competency Training Module (Part A)

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BACKGROUND

The case focuses on developing an Indigenous-specific intercultural competency training module and outlines the steps needed to achieve this, with particular emphasis on the importance of conducting a stakeholder analysis and developing a stakeholder engagement plan. The protagonist of the case, Nia Singh, heads up the Intercultural Education Program at the Southwestern Ontario Intercultural Education Centre. After working at the organization as an intercultural education specialist for several years, Nia is looking to expand her project portfolio by redesigning the Intercultural Education Program's pre-existing Indigenous intercultural competency training module. Nia determines the objective of the new training module will be to educate health care workers about the importance of intercultural competency within health care organizations. Specifically, the module will focus on Indigenous populations and will aim to improve the quality of care they receive so their long-term health outcomes ultimately improve. Nia works with her colleague, Steven Miller, to complete a stakeholder analysis and engagement plan, and they use four different steps to accomplish this: 1) brainstorming all possible stakeholders who have a vested interest in the training module; 2) prioritizing and categorizing each stakeholder as a core stakeholder, involved stakeholder, supportive stakeholder, or peripheral stakeholder; 3) determining the level of engagement required for each stakeholder; and 4) determining which engagement strategies to use for each stakeholder. After completing the stakeholder analysis and engagement plan, Nia and Steven arrange to interview the key stakeholders in order to gather additional opinions, ideas, and perspectives related to developing the training module. These stakeholders include health care workers, Indigenous community members, and other relevant informants. Once the interview process is complete, Nia and Steven develop a pilot version of the training module that is ready to be implemented on a small scale. However, Nia and Steven know they still have their work cut out for them in terms of identifying an effective implementation strategy.

This case is intended to be a skills practice case with the primary objective of having students learn about conducting a stakeholder analysis and then learn about stakeholder engagement. By examining this case and completing the learning team activity, students will be able to understand the importance of stakeholder analysis and stakeholder engagement as they relate to developing an Indigenous-specific intercultural competency training module. Once students have acquired this knowledge, they will be able to apply stakeholder analyses and engagement strategies to developing a variety of public health programs. However, given that the training module focuses on Indigenous populations, the case will focus on concepts related to health equity and the barriers faced by Indigenous people when they access health care services. A

secondary learning objective is for students to acquire knowledge pertaining to intercultural competency, particularly in terms of its significance within the field of public health and how it can be used as a strategy for reducing health disparities for other marginalized populations.

OBJECTIVES

1. List and explain the steps required to complete a stakeholder analysis and engagement plan.
2. Apply knowledge garnered from conducting a stakeholder analysis to develop public health interventions.
3. Define intercultural competency and explain its importance in developing public health programs.
4. Discuss the importance of establishing Indigenous partnerships when non-Indigenous people and/or organizations are developing programs.

DISCUSSION QUESTIONS

1. What is intercultural competency and what is the benefit of using an intercultural competency approach rather than a cultural competency framework?
2. When developing an intercultural competency training module, who are the key stakeholders that should be included throughout the development process?
3. Why did you choose these stakeholders and why do you think they will be invested in the project? What knowledge/experiences/resources do you think they will provide that will be beneficial in developing the module?
4. What level of engagement do you think each stakeholder requires? Describe the potential engagement strategies (i.e., minimal engagement to extensive engagement).
5. Why do you think it is important to complete a stakeholder analysis when developing public health interventions/programs?

KEYWORDS

Health equity; marginalized populations; intercultural competency; health care worker education; stakeholder analysis and engagement.