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CASE 7

Implementation Research: A Strategy for Developing Indigenous-Specific Intercultural Competency Training Programs (Part B)[1]

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Nia Singh is head of the Intercultural Safety Training Program (ISTP) at the Southwestern Ontario Intercultural Education Centre (SOIEC). She is looking to expand the ISTP's impact to include an Indigenous-specific intercultural competency training program to help health care workers and Public Health professionals provide better and culturally safe care to their Indigenous patients. She has just looked over a final draft of the training module that she has been creating with her team over the past few months. After undertaking extensive research to determine the content of the module, she is eager to implement some of the recommendations made by her development team. Nia thinks about the valuable discussions she has had with the project's stakeholders and wonders how she can best ensure the training module will be implemented properly. Nia has worked at the SOIEC as an intercultural education specialist providing intercultural competence training to a wide range of clients such as settlement agencies, universities, police services, local Public Health units, hospitals, clinics, medical trainees and other not-for-profit organizations. Now, she has been tasked with implementing her Indigenous-specific training program and she is reminded of the challenges she has faced in the past when conducting training sessions for other clients. An important aspect of the training program will be to ensure the continued collaboration and engagement with Indigenous partners and ensure the program is delivered with the help of a trained facilitator who has an Indigenous perspective. With this in mind, she goes over the notes from her meeting the previous afternoon with Lea Spence, an Indigenous training coordinator from a local medical school, who reiterated the importance of continually evaluating these types of training programs. Reading her notes, Nia wonders whether she would benefit from a similar approach and she starts formulating a plan to monitor and evaluate her training program. Pondering this, she makes a quick note on her calendar to read helpful resources that will facilitate this goal. It is nearing the end of the summer and she realizes she will have to make important and timely decisions to set the next phase of her plan in motion.

BACKGROUND

Nia has been working at the SOIEC since 2014 and, as an intercultural education specialist, she has had the opportunity to provide intercultural competency training to numerous organizations to build intercultural competence in increasingly diverse workplaces. Part of her job also involves working with other researchers in the field. Through all of this, Nia has learned about the gaps in care provided to Indigenous patients. She believes her work will not be complete if

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[1]*Part B follows Part A, titled, A Stakeholder Analysis: Developing an Indigenous-Specific Intercultural Competency Training Module. Part A describes the process undertaken by the protagonist to develop the training module, while Part B's focus is on the implementation of the training module.*

she does not address these gaps, especially because it is known that a lack of culturally relevant care leads to poor health outcomes for Indigenous patients (Harfield et al., 2018). Moreover, Indigenous patients face racism and discrimination in health care settings both at the systemic and at the interpersonal level, which creates significant and complex barriers to receiving high quality care and has direct negative consequences on their health outcomes (Durey & Thompson, 2012; Horrill et al., 2018). Therefore, Nia has decided to use the resources and tools available to her at the SOIEC to develop a comprehensive training module that addresses these barriers. For the better part of the summer, she has left no stone unturned while creating a research plan. She has conducted in-depth research and organized interviews with various key stakeholders to help develop the training module. Through these interviews, Nia has gathered valuable input from Indigenous community members, health care organizations, health care practitioners, and other key informants.

After extensive consultation with these stakeholders, Nia developed the following training module recommendations:

1. Training sessions should be led by a trained facilitator who has an Indigenous perspective.
2. Training should be approached as a continual process.
3. Close partnerships should be created with Indigenous organizations, community members, and health care workers when developing, implementing, and evaluating the training module.
4. Decolonization and antiracist approaches should be applied to module content and training facilitation.

Additional content recommendations were made and applied to the development of the training module, including:

1. Cultural knowledge such as local Indigenous languages, history and cultural ceremonies so healthcare practitioners can gain more familiarity with their patients and their culture.
2. Knowledge about the history and effects of colonization, racism, and discrimination. This aims to help the training participants address their own biases and help understand the unique challenges that their Indigenous patients might face while accessing healthcare.
3. Effective practices for communicating with patients, such as active listening and embracing ethical concepts including informed consent.
4. Knowledge on how health care practitioners can advocate for their Indigenous patients through organizational and policy-related changes and knowledge of how Indigenous health is incorporated into the federal and provincial health systems.
5. Information on Indigenous-specific resources available in the community for healthcare practitioners to better aid their patients in navigating the healthcare system.

Nia found these recommendations very valuable as she developed the training module and she also hoped to incorporate them effectively into her implementation plan.

The Intercultural Safety Training Program
The SOIEC is a not-for-profit organization that provides workplaces with the training and tools to succeed in culturally diverse environments. The Centre's services range from translation and interpreter services to the provision of online training certification. Nia is in charge of the ISTP, which offers training modules that are based on empirical research to promote intercultural competence in the workplace. As the SOEIC's intercultural education specialist, Nia has decided to expand the reach of the ISTP's training to include culturally competent and safe health care services for Indigenous people. Her primary role as the head of the ISTP is to develop and implement training modules for disparate clients, and this is an exhaustive process.

To achieve this, Nia undertakes extensive background research on the training topics, consults interested clients to gauge their expectations and mindset before the training session, prepares the training modules, and then facilitates the training sessions. She is constantly striving to improve her training sessions in an effort to increase client uptake and ensure workplaces are inclusive and culturally safe for everyone. She has been running an extensive campaign for the past two months to collect information that is critical to developing a new, Indigenous-specific training module. Her next steps include discerning the optimal approach for implementing the training program. Nia is considering utilizing implementation research methodologies to determine the effectiveness of her program, and she has also decided that developing evaluation criteria is an important part of this process. Nia has determined this step will help her address some of the challenges she has previously faced while conducting ISTP training sessions.

SPECIFIC AREA OF INTEREST
Intercultural Competence and Cultural Safety
Intercultural competence is an evolving topic in Public Health and can have multiple definitions depending on the context. Intercultural competence in health care settings is defined as "knowledge, information, and data from and about individuals and groups that is integrated and transformed into clinical standards, skills, service approaches, policies, and marketing programs that match an individual's culture and increase the quality and appropriateness of health care and health outcomes" (Davis, 1998). However, during the module development process, stakeholders emphasized that cultural competence tends to focus more on the attainment of certain skills and knowledge, which can be viewed merely as checkmarks to those attempting to master these skills. Such a mindset may not be as helpful or impactful in the long term. Thus, it is important to note that gaining intercultural competence does not mean acquiring a defined set of skills to achieve an end goal; rather, it is meant to be a continuous effort and a commitment to developing and inculcating culturally relevant and safe practices on the journey to achieving health equity. Furthermore, as described by Fleckman et al., (2015), intercultural competence is an iterative process that requires individuals to self-reflect on their attitudes and beliefs and utilize this continuous process to serve them in interpersonal interactions as well.

As noted by Churchill et al. (2017), there has been a move toward embracing the concept of cultural safety in health care training. Cultural safety was first introduced in New Zealand by a Maori nurse, Irihapeti Ramsden, and incorporates the concepts of cultural awareness, cultural sensitivity, and cultural competency (Exhibit 1) (Shah & Reeves, 2015). Cultural Safety, as described by Ramsden and Spoonley (1994), is a process wherein healthcare workers such as nurses should be cognizant of the influence their own culture can have on others while delivering care and recognizing the existing power differences. Cultural safety acknowledges the "physical, mental, social, spiritual, and cultural components of the patient and the community" (Polaschek, 1998) and takes into consideration the experience of the individual receiving care (Nguyen, 2008). It further includes self-reflection and the role of colonization, racism, and other structures that promote health inequities in Indigenous people (Churchill, 2017). Thus, cultural safety serves as a more holistic training concept and allows for continuous learning and introspection while also helping health care professionals acquire valuable skills and knowledge. Various cultural safety training programs, such as Ontario's Indigenous Cultural Safety Training program, exist across Canada. This training program is offered by the Southwest Ontario Aboriginal Health Access Centre and incorporates antiracist and decolonizing approaches to educate people working in health and social service settings.

Nia needs to consider using these culturally sensitive approaches as she implements the training module. Not only will this help ensure a culturally safe environment for Indigenous participants and facilitators, but it will also encourage non-Indigenous participants to reflect on

their own experiences. During the stakeholder engagement portion of the project, Nia was advised to talk to interested clients before the training and ask about their reasons for joining the program and their expectations for it. After the training, the participants and the training facilitator would then complete a follow-up session to assess their experience and what they learned. Nia and her project team believe this is an excellent strategy for evaluating and modifying the training program after it is implemented and for ensuring the training program is sustainable. They decide to hold a meeting the next week with Vanessa Anderson, the Indigenous Health Coordinator at Middlesex-London Health Unit (MLHU), to discuss ideas and determine the best implementation approaches.

Implementation Research

Implementation research is defined as "the scientific study of the processes used in the implementation of initiatives as well as the contextual factors that affect these processes" (Peters et al., 2013). Peters et al. (2013) also describe the importance of implementation research in terms of assessing and analyzing Public Health programs within various contextual factors in a real-world setting. These contextual factors can be socioeconomic, cultural, or political, or they can be a part of the health care system (TDR, Special Programme for Research and Training in Tropical Diseases, 2014). Implementation research is also instrumental in helping organizations recognize the practical challenges they face while implementing programs, and this research can help them gain an understanding about their own capacity and performance. Although implementation research is used mainly to assess the direct impacts of health care interventions within a global health context, it is flexible enough to be adapted to many Public Health and health care settings. It can be employed while developing policy frameworks, health promotion projects, or even while developing smaller community programs. In its *Implementation Research Toolkit,* the TDR, Special Programme for Research and Training in Tropical Diseases (2014) describes implementation research as a type of research that "addresses implementation bottlenecks, identifies optimal approaches for a particular setting, and promotes the uptake of research findings." Implementation research can, therefore, be valuable in helping organizations anticipate any challenges or problems that might occur with a health care or Public Health program. It makes the transition between the planning stage and the practical application of ideas and concepts more seamless. The toolkit helps the user improve skills in six areas (TDR, Special Programme for Research and Training in Tropical Diseases, 2014) and these six areas are summarized in the implementation research cycle (Exhibit 2):

- contextualizing implementation research issues
- developing an implementation research proposal
- planning to execute implementation research
- analyzing implementation research data
- communicating the findings and feeding them back into the health system
- monitoring and evaluating the project

Furthermore, for implementation research to be successful, it should be a collaborative effort and involve all appropriate stakeholders. In Public Health settings, these partnerships are built between the researchers, the project planners, the decision makers, and the target audience.

Nia believes that in the context of the training program, an implementation research approach can be modified to a smaller scale and a more specialized setting. This will ensure that the training intervention will improve the intercultural competence of health care professionals and subsequently lead to improved health outcomes and experiences for Indigenous patients accessing health care services. Nia is very excited to share this idea with her development team and decides to use the *Implementation Research Toolkit* and adapt it to the training program.

Even though the training program is almost ready to be delivered, she believes it should be measured for its effectiveness and impact on a smaller scale before the SOEIC makes it a permanent part of their catalogue. Because of the importance of Indigenous partnerships, she also wants to ensure the training module follows respectful and ethical criteria. By using implementation research, Nia will be able to develop a research plan with her Indigenous partners and present the findings to these partners and the SOEIC to truly ensure that the cultural safety training allows health care and Public Health professionals to provide better care for their Indigenous clients.

Before her meeting next week with Vanessa and Lea, Nia plans to review the toolkit, complete step 1 of the process, and contextualize her intervention plan using the diagram provided in the workbook (Exhibit 3). As described in the toolkit, she summarizes the following contextual factors, which she shares with her colleagues at the meeting:

1. **Socioeconomic and Cultural:** The participants of the training (the target audience) will come from varying socioeconomic strata (health care workers, hospital administrative staff, or trainees, etc.). However, health care professionals tend to be from higher socioeconomic strata in terms of education and income. The health of the target patients is greatly influenced by determinants of health such as lack of access to health care, poverty, racism, and discrimination. Indigenous patients are disproportionately affected by systemic and interpersonal racism while interacting with the healthcare system (Horrill et al., 2018). Additionally, there is a disparity between on-reserve and off-reserve care, wherein Indigenous patients living in remote areas have difficulties accessing healthcare due to lack of transportation and high physician turn-over, which makes building a patient-physician relationship difficult (Jacklin et al 2017). The participants are also anticipated to be from diverse cultural backgrounds and will therefore have varying degrees of knowledge about Indigenous health. Generally, there is a lack of knowledge about Indigenous cultures, languages, histories, and traditional healing methods. Healthcare practitioners are described to be uninformed about traditional knowledge and perspectives related to health and well-being (McConkey, 2017). This is an important contextual factor to consider, as the participants come from different socioeconomic backgrounds and will have varying knowledge base and training. Thus, while implementing the training, it is vital to make sure there is opportunity to discuss this not only through the training curriculum but also during the facilitation of the sessions as well. This could be through group training and giving participants ample opportunity to ask questions and interact with each other. It will also be important to gather quantitative and qualitative data from the participants in the pre-training, during training, and post-training phases to assess their thoughts on their level of knowledge.
2. **Stakeholders:** The relevant stakeholders to be considered include Indigenous and non-Indigenous health care trainees, health care, and Public Health professionals, as well as Indigenous patients, Indigenous organizations, Indigenous educators, and the SOEIC. For the implementation to be effective, Nia believes these stakeholders should be involved throughout training and in the post-training phase to assess the overall effectiveness of the program.
3. **Health system:** Relevant trainees from the health system will include Public Health unit employees, health care professionals, health care administrative staff, and medical trainees. The goal is to introduce training to these participants to ultimately improve health outcomes for Indigenous communities. Consequently, long-term healthcare outcomes need to be measured to assess the impact of the training program. Nia also needs to discuss effective ways to recruit participants with the team, such as advertising in medical schools, seminars or through social media.

4. **Political:** The current political landscape supports reconciliation with Indigenous communities in Canada. The Truth and Reconciliation Commission of Canada (2015) encourages Indigenous-specific training for people working in health care and other public sectors. Overall, this is supportive to the organization's efforts to improve healthcare outcomes for Indigenous patients. Looking at getting government funding for the program after its initial implementation is another factor to consider for the team.

5. **Physical factors:** Due to concerns about social distancing during the COVID-19 pandemic, training might be difficult to conduct in person. However, online training can be challenging to conduct because of technical issues and because sessions are likely less interactive. Consequently, the ability to deliver both types of sessions is important.

6. **Institutional:** The SOEIC is considering expanding its ISTP initiative to reach additional clients and collaborate with other organizations and institutions. This can help the organization with expanding their training program to more healthcare organizations across Southwestern Ontario. Additionally, it would be beneficial in terms of financial resources and harnessing additional perspectives and points of view.

Indigenous Partnerships

As she developed the Indigenous-specific training program, Nia realized even more how important it is to include Indigenous perspectives and voices in the development process. Nia's stakeholder engagement plan enables her to work with Indigenous experts, health care workers, and relevant community members to create appropriate recommendations and content for the training module. It is important for her to honour her Indigenous partners and the valuable information they have provided in developing the module. Consequently, she believes that when research on Indigenous issues is undertaken or Indigenous community programs are introduced, it is important to follow the "4 R" framework—respect, relevance, reciprocity, and responsibility—which was developed by the Kirkness and Barhnhardt (2001). First, there should be respect for the diverse insight provided by Indigenous community members. Next, the project or intervention should be relevant to the needs of these communities. Nia was able to gather recommendations and valuable knowledge for her training module through consulting community members and local Indigenous organizations. She further plans to consult them for her implementation plan as well as throughout the evaluation phase. The learning process should also be reciprocal so both the communities and the researchers gain valuable knowledge from each other. Finally, the responsibility should lie with the researchers to actively involve the target community and foster sustained partnerships with its members. Strong Indigenous leadership and involvement is also needed in health research because health care initiatives and programs are often developed without these perspectives, which further exacerbates the lack of culturally relevant care for Indigenous people (Lines & Jardine, 2018). Furthermore, building trust between the target community and researchers is an important component of community participatory research and promotes openness to learning from community members (Snijder et al., 2020). While formulating the implementation research methodology, Nia plans to involve the Indigenous educators and key informants she has been in touch with during the stakeholder analysis. She also plans to consult local Indigenous organizations during the development of her implementation research plan as well as during the evaluation phase to ensure it is sustainable and culturally safe for the Indigenous participants and the entire Indigenous community. Having a trained facilitator with an Indigenous perspective to deliver the program is also paramount to ensuring Indigenous voices are included in all discussions on Indigenous topics.

SPECIFIC PROBLEM OF DECISION

Nia has already been talking with the MLHU about conducting her first training session at the health unit in the next couple of months. She knows that their Indigenous Health Coordinator, Vanessa, might be able to help her with augmenting her implementation research plan.

Vanessa has described an implementation research project that the health unit has been using to assess the effectiveness of their Healthy Baby program. In Nia's quest to ensure her training program will be effective for multiple clients (Public Health organizations, clinics, hospitals, medical trainees, etc.), she decides to ask the health unit about how she can utilize a similar methodology. She believes it will be an effective way to monitor the program in different settings and see whether long-term benefits are observed, specifically in health care settings with health care professional–Indigenous patient interactions or in Public Health units catering to Indigenous clients.

A week later, Nia meets with Vanessa and the team to present her plan. Because the SOEIC is looking to expand its clientele and does not currently have the resources and personnel needed for conducting the research, they decide to conduct the small-scale implementation research project with the help of the MLHU. The team also discusses the possibility of asking their partners at the local Indigenous organization to help draft the research proposal.

Nia and her team draft the following list of considerations to be discussed at the meeting:

1. The primary focus is the engagement aspect of the program and its uptake by the target audience. Nia has previously worked with clients who were resistant to learning and reluctant to open themselves up to meaningful conversations or embrace the context of the training. She wants to encourage open conversations while also maintaining a culturally safe environment for Indigenous participants and training facilitators.
2. The aim of the program is to use a mixed-model format offering some sessions in person and some online. There will be an opportunity for self-learning as well. Therefore, different evaluation procedures might have to be developed for the different modes of information delivery.
3. It is important that measurable qualitative and quantitative variables be used to assess the effectiveness of the program. These assessments could include asking health care and Public Health professionals to describe their program experience, self-evaluate their new knowledge, and assess their perceived confidence in interacting with Indigenous clients. After the program, Indigenous clients who receive care from program-trained professionals should also be asked about their experiences and interactions, and compare their experiences to healthcare they've received prior to interacting with healthcare workers trained in intercultural competence. Criteria for measuring long-term improved health outcomes can also be developed.
4. The resources, time, and funding for the implementation research project need to be considered. This will include establishing avenues for collaborating with other Public Health units and Indigenous organizations to use the best information and expertise on the topic. While the initial implementation will likely be small-scale, these additional partnerships can help bring in more diverse perspectives if SOIEC decides to expand its reach. While this will be beneficial to the program, the team needs to consider their financial resources and perhaps look at obtaining more funding in the long term to make this a reality.
5. The program will have to be monitored continuously and a feasible evaluation plan will have to be developed.
6. The people involved with implementing the program should be cognizant of the political, social, cultural, historical, and local Indigenous context as they disseminate the training.
7. The delivery and content recommendations gathered during the stakeholder engagement process must also be considered when the implementation research study is conducted.

CONCLUSION

The next step for Nia and her team is to draft a research proposal to present to her organization and the MLHU. The proposal will be developed in conjunction with an Indigenous training expert

from a local Indigenous organization to ensure the proposal considers the historical and sociopolitical context of the training material and its impact on Indigenous communities. The team can use the research proposal to identify the resources needed and to source sufficient funding for a small-scale implementation program. In addition, the research proposal for the implementation plan will aid the project team in formulating a research methodology (pre- and post-intervention plans and specific variables to consider), identifying any barriers to the implementation plan, help formulate timelines, and plan the evaluation phase. After the meeting, Nia takes a deep breath and settles into her office; she is hopeful for the future and excited to see more opportunities to partner with Indigenous and local health organizations as a result of her efforts. Although the project is in its infancy, she believes this initiative will encourage the organization to expand its capacity and approach other ISTP projects in a similar way.

EXHIBIT 1
Conceptual Model Describing Cultural Safety in the Indigenous Context

Improved Health Outcomes through Cultural Safety

Cultural Awareness: Acknowledgement of difference

Cultural Sensitivity: Attitude change; respecting difference

Cultural Safety: Self-reflection, leading to empathy & advocacy for clients

Cultural Competence: Skills, knowledge & attitudes

Source: Shah & Reeves, 2015.

EXHIBIT 2
Implementation Research Cycle
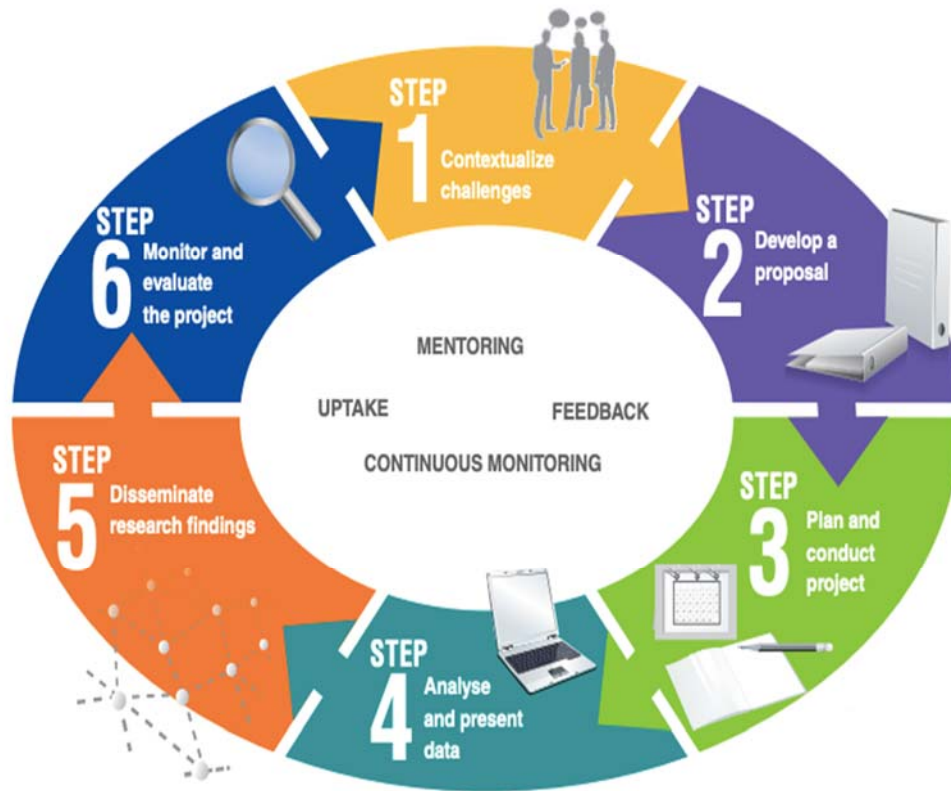
Figure 1: The six steps of the implementation research cycle

Source: World Health Organization, 2014.

EXHIBIT 3
**Contextual Factors for Implementation Research**
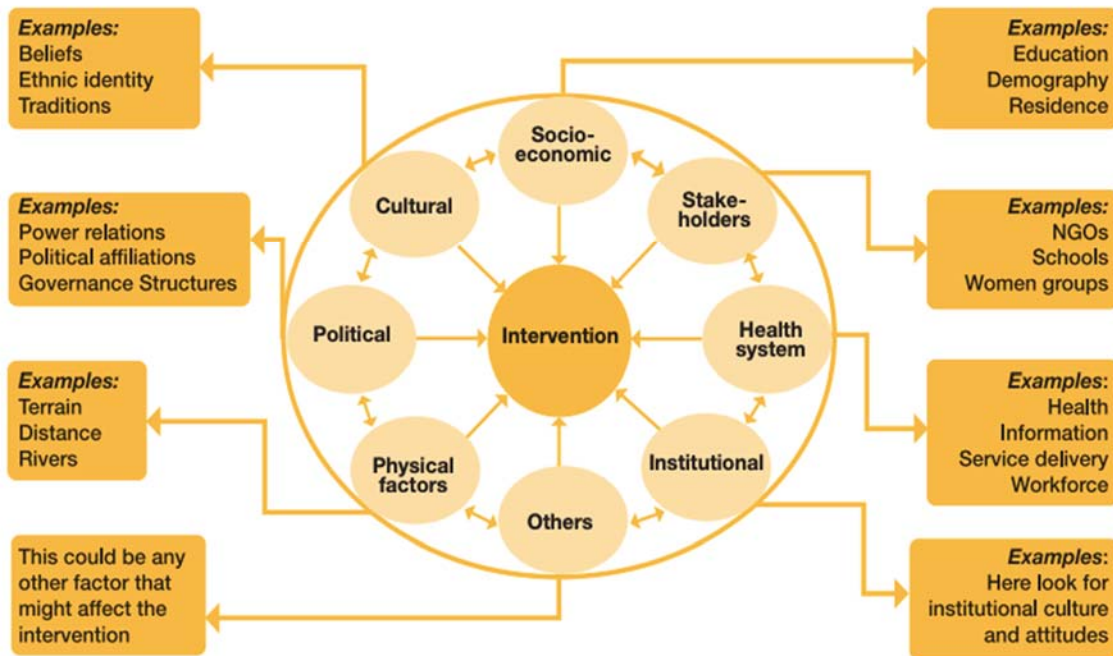
Figure 1: Contextual factors for implementation research

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Source: World Health Organization, 2014.

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INSTRUCTOR GUIDANCE

Implementation Research: A Strategy for Developing Indigenous-Specific Intercultural Competency Training Programs (Part B)

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BACKGROUND

Nia Singh is an intercultural education specialist and leads the Intercultural Safety Training Program (ISTP) at the Southwestern Ontario Intercultural Education Centre (SOIEC). She has undertaken significant work with the ISTP developing and implementing training sessions and webinars to help clients make their workplace more culturally competent. Nia has recently observed that the ISTP could greatly benefit from including training materials to help health care practitioners provide improved health care to Indigenous patients. Indigenous people face numerous social, political, historical barriers while accessing healthcare services in Canada. Cultural differences can also lead healthcare practitioners to discriminate against their Indigenous patients and consequently, lead to worsening health outcomes (Harfield et al., 2018). Therefore, seeing the need for an Indigenous-specific program aimed at improving the intercultural competence and awareness of health care professionals, Nia contacted relevant stakeholders to help her research and develop a training module. With the background research and stakeholder input complete, Nia is finalizing the training module and delivery plan. She is now faced with the task of optimally implementing the training and assessing the challenges that may arise as the training is disseminated to its intended audience. During the implementation phase of the process, Nia collaborates with prospective clients to ensure the training module is used effectively and successfully fosters important dialogue about health equity and patient-centred care among health care professionals. At the end of the case, Nia decides to collaborate with the Middlesex-London Public Health Unit's Indigenous Health Coordinator, Vanessa Anderson, to draft an implementation research proposal so she can assess the impact of the new training program and evaluate it as it is disseminated in a practical, real-world setting.

This case is intended to provide students practice with contextualizing an implementation research plan so they can assess an Indigenous-specific cultural safety training program through an Indigenous lens. In addition, it will help students consider the value of multiple stakeholder perspectives while implementing these types of programs.

OBJECTIVES

1. Identify and predict the challenges of implementing an evidence-based cultural safety program in a Public Health Organization.
2. Apply the concepts of implementation research within an Indigenous-specific context to formulate an effective and sustainable plan for implementing this type of safety program.

3. Explain the importance, in an Indigenous context [perspective], of valuable community partnerships and stakeholder involvement to ensure sustained implementation of an Indigenous-specific intervention.
4. Distinguish between intercultural competence and cultural safety and discuss some ways in which cultural safety can be incorporated into the training program.

DISCUSSION QUESTIONS

1. In your learning team, design a research plan for the training module developed by SOIEC. Specifically, what will be your methodology, what study participants will you include and how will you evaluate the plan?
2. Who should be consulted when evaluating a Public Health intervention aimed at improving the intercultural competence of health care professionals?
3. How will implementation research help the SOIEC improve its capacity as an organization?
4. What are some best-practice approaches to keep in mind while implementing Indigenous-specific programs?

KEYWORDS

Intercultural competence; cultural safety; health equity; evaluation program; implementation research; Indigenous health; stakeholder; training program