

Stakeholder Identification

Bartholomew et al. (2016) suggest five groups to consider when engaging stakeholders for program planning. They suggest those with expertise on the health problem, the diverse perspectives and participants, those with responsibility or authority, those with influence, and those who are committed to the issue. The following discusses relevant community experts and stakeholders for a health promotion program to decrease the risk of cardiovascular disease for Indigenous women in Canada. See the figure for overview.

Figure

| Planning Groups to Consider | Experts and Stakeholders |
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| Expertise in the health problem or causes | <ul style="list-style-type: none">• Indigenous people (including community members, Elders, and Knowledge Keepers)• First Nations Health Authority• National Collaborating Centre for Indigenous Health (holistic health) |
| Diverse perspectives and community participation | <ul style="list-style-type: none">• Indigenous People are the clients, participants, and beneficiaries• Right-wing politicians (potential critics)• Community members (potential critics relating to modern and historical contexts with healthcare) |
| Responsibility and authority | <ul style="list-style-type: none">• Government of British Columbia (funding)• Community leaders (partner)• First Nation Health Authority (partner)• Regional and provincial health authorities (resources) |
| Influence | <ul style="list-style-type: none">• First Nations Health Authority• BC Association of Friendship Centres• Office of Indigenous Health• Indigenous Services Canada |
| Commitment to the issue | <ul style="list-style-type: none">• First Nations Health Authority• Heart and Stroke Foundation of Canada• National Collaborating Centre for Indigenous Health (holistic health)• Researchers at the Canadian Journal of Cardiology |

Expertise

When planning health promotion interventions, health promoters recognize and acknowledge that the true *experts* on any health issue are the community members experiencing the issue (Bartholomew et al., 2006). Thus, in this intervention, the members of the Indigenous community (including female community members, Elders, and Knowledge Keepers) are the

experts on the risk of cardiovascular disease (CVD) and its causes. Apart from the community itself, a recognized expert stakeholder at the provincial level includes the First Nations Health Authority (FNHA). Lastly, a third and broader expert in Indigenous health and well-being at the national level includes the National Collaborating Centre for Indigenous Health.

These groups represent community experts and stakeholders who possess unique and valuable insights into the causes resulting in the high prevalence of CVD, as well as viable solutions to reduce the risk of CVD development in Indigenous women. The Indigenous community members are a source of expertise through their lived experiences. The FNHA possess expertise regarding the health of Indigenous Peoples through their knowledge and research programs. The National Collaborating Center for Indigenous Health maintain resources for Indigenous Health and advocacy. In particular, the National Collaborating Centre for Indigenous Health describes an Indigenous ecological approach to health via the Social Determinants of Indigenous Health (Loppie & Wien, 2022).

Diverse Perspectives

Members of the Indigenous community have direct needs relating to decreasing the risk of CVD as they are directly affected by the health intervention, being both participants and beneficiaries of the program. The FNHA also benefit from the health intervention as the FNHA strives to enhance the health and well-being of Indigenous communities in BC. In addition to program development through delivery, the FNHA also champions culturally safe health programs. This is important while recognizing the historical abuse and ongoing discrimination that Indigenous people experience when interacting with the Canadian healthcare system. In addition to the potential critics relating to this ongoing discrimination, it is anticipated that politicians may be critical of such health intervention. Specifically, right-winged politicians may be more focused on economic policies (Cya, 2024) rather than health policies regarding Indigenous Peoples.

Responsibility

Stakeholders with responsibility and authority relating to the health intervention include community Elders and Knowledge Keepers, as well as health authorities and the government of BC. Leaders within the Indigenous community will be collaborators and partners. In addition to community leaders, female community members will communicate and explore the identified needs with the health promoters. Outside of the community, the FNHA will also be involved through planning, intervention, and evaluation, as the FNHA has a responsibility to enhance the health and well-being of Indigenous communities. Additionally, the regional health authority on Vancouver Island (Island Health) will be a source of resources (two nurse practitioners), while both Island Health and the Government of BC will be sources of funding for the project.

Influence

In addition to the FNHA, other Indigenous organizations and stakeholders that influence the success of this health intervention include the Office of Indigenous Health, Indigenous Services Canada, and, more locally, the BC Association of Friendship Centres. The Office of Indigenous Health uses an Indigenous lens for setting priorities, crafting legislation, and developing programs and policies (Government of BC, 2024). Indigenous Services Canada offers funding through the

Indigenous Health Equity Fund for programs such as the proposed health intervention (Indigenous Service Canada, n.d.). Lastly, the BC Association of Friendship Centres are resource centres for Indigenous People across the island, with six friendship centres in operation on Vancouver Island. The BC Association of Friendship Centres is an Indigenous-led non-profit organization already existing within several communities across Vancouver Island, offering a wide range of services (including primary health care) to Indigenous Peoples. Establishing a relationship and learning their perspective on the proposed health intervention would be valuable for program success.

Commitment to the Issue

Stakeholders committed to the issue are primarily external to the Indigenous community where the health intervention occurs and include the following organizations: the FNHA, the Heart and Stroke Foundation of Canada, and the National Collaborating Centre Indigenous Health. As provincial and national organizations vested in enhancing the health and well-being of Indigenous women, these organizations would be committed to the program's success. Additionally, researchers at the Canadian Journal of Cardiology would be interested in the outcomes and findings from the health intervention as it relates to enhancing the cardiovascular health of Indigenous women from a clinical perspective.

References

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