Participatory health research

Celebrating smoke-free homes

Vivian R. Ramsden RN PhD MCFP(Hon) Shari McKay MA Shirley Bighead Gail Boucher Carrie Bourassa PhD Peter Butt MD CCFP FCFP Andrea Clinton RN(NP) MN Jackie Crowe Fred Felix Derek Jorgenson PharmD Karen LaRocque Nora McKee MD CCFP FCFP Irene Nketia MSc Norma Rabbitskin RN Ella Thunderchild RN Cheryl Troupe MA Tara Turner PhD

As community members were invited to participate in the creativity that came from all of us, we shared our ideas and thoughts on how best to address tobacco misuse in and with the communities. We talked about a ribbon campaign that would identify houses as being smoke free and using energy-efficient light bulbs to identify houses that were smoke free. This discussion evolved into a chronic disease prevention/health promotion program known as the Green Light Program.

J.C.

Primary health care as defined by the World Health Organization in 1978 is essential health care based on practical, scientifically sound, and socially acceptable methods and technology; that is universally accessible to all in the community through their full participation; available at an affordable cost; and geared toward self-reliance and self-determination.[1] Primary health care is fully participatory and as such was designed to involve the community in all aspects of health and its subsequent actions.[2-4] Thus, primary health care informs participatory health research through integrating the concepts of community action[4]; community-based participatory research[5-11]; community engagement[12,13]; empowerment[14]; and transformative learning.[15,16] This results in better understanding how best to transform the present sick-cure medical system of primary care into a model of primary health care that reflects community values and works with communities to transform chronic disease prevention and management.[17,18]

Over the years, involving the community and collaborating with its members have become cornerstones of our work[17,19-23] and of improving the health of the community.[13] Being inclusive can create organizing challenges[13] but it also provides opportunities for transformation.[17] Thus, creating and maintaining a sense of meaningful participation has resulted in identifying strategies that can achieve small successes quickly, reinforce the benefits of the partnership, and enhance individual and community health and well-being.

The guiding values were negotiated over time by the members of the research teams and revisited as frequently as necessary. In keeping with the collaborative nature of the process, each research project was reviewed for ethical consideration by the community, following which mutually agreed upon changes were made and subsequently submitted and approved by the University of Saskatchewan's Behavioural Research Ethics Board.

Application of transformative action research

Phase 1: action. The results and findings from community-based surveys,[19-22] undertaken in Saskatchewan between 2004 and 2010, were returned to each of the communities for discussion and reflection. In all of the community-based surveys, tobacco misuse was identified as the most common modifiable risk factor. Within the context of this work, *tobacco misuse* is defined as nontraditional use of tobacco by First Nations and Métis peoples.

Phase 2: reflection. In reflecting upon the results of these surveys with the communities, a framework[23] specific to tobacco misuse was developed by elders, individuals in the communities, and researchers. It was designed to build on strengths that already existed in the communities and to facilitate the development of a chronic disease prevention and management program that would result in healing (individuals, families, and communities), thus minimizing the misuse of tobacco and enhancing health and well-being. The communities became engaged in further developing and implementing the Green Light Program, a program that focuses on celebrating smoke-free homes, which was the harm-reduction strategy outlined in the framework.

Phase 3: action. Initially, energy-efficient, green-coloured light bulbs were provided to 752 smoke-free homes in 14 communities across Saskatchewan. Of those who had smoke-free homes, 69% (518 of 748) indicated that they did not misuse tobacco, and 31% (230 of 748) indicated that they were currently misusing tobacco. Of those who were currently misusing tobacco and who answered the question, 77% (164 of 213) indicated that they were interested in becoming free from tobacco misuse. Residing within these smoke-free homes, and thus protected from second-hand smoke at home, were 492 children and 394 older adults. Of the 492 children, 91% (447 of 492) were under the age of 18 years.

With the desire to emphasize local relevance and disseminate the knowledge gained, 2 training workshops

for Green Light peer counselors (community members interested in facilitating the Green Light Program) were held in 2012. As a result, 25 peer counselors have been implementing the Green Light Program within their communities, which includes providing information on the program, providing materials to implement the program, collecting and submitting the data, and celebrating smoke-free homes with individuals and these unique communities.

As of June 30, 2013, 60 communities in Saskatchewan were participating in the Green Light Program. Green light bulbs have been provided to 1167 smoke-free homes. Of those who had smoke-free homes, 66% (749 of 1138) indicated that they did not currently misuse tobacco. Of those who were currently misusing tobacco, 79% (275 of 349) indicated that they were interested in becoming free from tobacco misuse. Residing within these homes, and thus protected from second-hand smoke at home, were 864 children and 738 older adults. Of the 864 children, 89% (773 of 864) were under the age of 18 years.

Summary

For community engagement to be successful, the interests of the community must be taken into account and researchers must become facilitators. Patience is required. Meaningful and sustainable relationships that have been developed over time promote mutual learning and capacity building among the partners (Elders, community members, health care providers, and researchers). In addition, community engagement leads to the sharing of available resources (eg, human, time, and financial) and to a sustained commitment by the partners. This mutual commitment makes future projects easier to develop and complete. Thus, authentic transformative health development, informed by participatory health research, becomes an ongoing process.

Dr Ramsden, Ms McKay, Dr Butt, Ms Crowe, Ms Nketia, and **Dr McKee** are affiliated with the Department of Academic Family Medicine at the University of Saskatchewan in Saskatoon. **Ms Bighead, Mr Felix, Ms Rabbitskin,** and **Ms Thunderchild** are affiliated with Sturgeon Lake First Nation in Saskatchewan. **Ms Boucher** and **Ms LaRocque** are affiliated with Regina Métis Sports and Culture Inc in Saskatchewan. **Dr Bourassa** is affiliated with the First Nations University of Canada in Regina. **Ms Clinton** is affiliated with the West Winds Primary Health Centre of the Saskatoon Health Region. **Dr Jorgenson** is affiliated with the College of Pharmacy and Nutrition at University of Saskatchewan. **Ms Troupe** and **Dr Turner** are affiliated with the Métis Nation.

Acknowledgment

This project was made possible through a financial contribution from the Tobacco Control Program of Health Canada. The views expressed do not necessarily represent the views of Health Canada. Additional funding was received from the Saskatchewan Health Research Foundation, Saskatchewan Health, and the University of Saskatchewan Faculty Start-Up Research Funds (**M. Markovski**). We also thank the Green Light peer counselors who dedicated their time to gather data, share information, and distribute materials in the communities. Through their participation, they were able to gain skills and knowledge of research and celebrate steps that they have taken toward enhancing their own health and well-being.

Competing interests

None declared

References

1. *Declaration of Alma-Ata. International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978.* Geneva, Switz: World Health Organization; 1978. Available from: **www.who.int/publications/almaata_declaration_en.pdf**. Accessed 2011 Jul 22.
2. Anderson ET, McFarlane J. *Community as partner: theory and practice in nursing*. 3rd ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2000.
3. Wass A. *Promoting health: the primary health care approach*. 2nd ed. Marrickville, NSW: Harcourt Australia; 2000.
4. Kahssay HM, Oakley P, editors. *Community involvement in health development: a review of the concept and practice*. Geneva, Switz: World Health Organization; 1999.
5. Israel BA, Eng E, Schulz AJ, Parker EA. *Methods in community-based participatory research for health*. San Francisco, CA: Jossey-Bass; 2005.
6. Macaulay AC, Commanda LE, Freeman WL, Gibson N, McCabe ML, Robbins CM, et al. Participatory research maximises community and lay involvement. *BMJ* 1999;319(7212):774-8.
7. Minkler M, Wallerstein N, editors. *Community-based participatory research for health*. San Francisco, CA: Jossey-Bass; 2003.
8. Israel BA, Schulz AJ, Parker EA, Becker AB. Review of community-based research: accessing partnership approaches to improve public health. *Annu Rev Public Health* 1998;19:173-202.
9. Israel BA, Schulz AJ, Parker EA, Becker AB, Allen A, Guzman JR. Critical issues in developing and following community-based participatory research principles. In: Minkler M, Wallerstein N, editors. *Community-based participatory research for health*. San Francisco, CA: Jossey-Bass; 2003. p. 56-73.
10. Minkler M, Vasquez VB, Warner JR, Steussey H, Facente S. Sowing the seeds for sustainable change: a community-based participatory research partnership for health promotion in Indiana, USA and its aftermath. *Health Promot Int* 2006;21(4):293-300.
11. Wallerstein NB, Duran B. Using community-based participatory research to address health disparities. *Health Promot Pract* 2006;7(3):312-23.
12. Vanderbilt Institute for Clinical and Translational Research [website]. *Principles of community engaged research*. Nashville, TN: Vanderbilt University Medical Center; 2013. Available from: **https://victr.vanderbilt.edu/pub/community/index.html**. Accessed 2013 Jul 18.
13. CTSA Community Engagement Key Function Committee Task Force. *Principles of community engagement.* 2nd ed. NIH Publication No. 11-7782. Washington, DC: National Institutes of Health; 2011.
14. Rissel C. Empowerment: the holy grail of health promotion? *Health Promot Int* 1994;9(1):39-47.
15. Mezirow J. *Fostering critical reflection in adulthood: a guide to transformative and emancipatory learning*. San Francisco, CA: Jossey-Bass Publishers; 1990.
16. Mezirow J. *Learning as transformation: critical perspectives on a theory in progress*. San Francisco, CA: Jossey-Bass Publishers; 2000.
17. Ramsden VR; Integrated Primary Health Services Model Research Team. Learning with the community. Evolution to transformative action research. *Can Fam Physician* 2003;49:195-7.
18. Ramsden VR, Vilis E, White H. Facilitation as a vehicle for change. In: Barrett J, Hogg W, Ramsden VR, White H, editors. *Guiding facilitation in the Canadian context: enhancing primary health care*. St. John's, NL: Department of Health and Community Services, Government of Newfoundland and Labrador; 2006. p. 20-7.
19. Ramsden VR, LaRocque C, LaRocque K, Bourassa C, McKay S; Research Team. *Building capacity with Aboriginal community-based participatory research for health: a cultural approach to building on strengths—final report*. Saskatoon, SK: Department of Academic Family Medicine, University of Saskatchewan; 2008.
20. Ramsden VR, McKay S, Crowe J. The pursuit of excellence: engaging the community in participatory health research. *Global Health Promotion* 2010;17(4):32-2.
21. Ramsden VR, McKay S, Patrick K, Bourassa C, Crowe J, Sanderson PK. *Community based participatory project: engaging individuals/families in the development of programs to enhance health and well-being of the Métis Nation—Saskatchewan. AHTF—final report*. Saskatoon, SK: Department of Academic Family Medicine, University of Saskatchewan; 2010.
22. Ramsden VR, Bighead S, Rabbitskin N, Ermine W, McKay S, Sanderson PK, et al. *Primary health care: chronic disease prevention and management resulting in pathways for wellness—final report*. Saskatoon, SK: Department of Academic Family Medicine, University of Saskatchewan; 2010.
23. Ramsden VR, Crowe J, Michael M, Fineday D. Henderson B, Maurice M, et al. *Working with communities: developing a framework around the misuse of tobacco with vulnerable populations*. Saskatoon, SK: Department of Academic Family Medicine, University of Saskatchewan; 2007.

Hypothesis is a quarterly series in *Canadian Family Physician*, coordinated by the Section of Researchers of the College of Family Physicians of Canada. The goal is to explore clinically relevant research concepts for all *CFP* readers. Submissions are invited from researchers and nonresearchers. Ideas or submissions can be submitted online at **http://mc.manuscriptcentral.com/cfp** or through the *CFP* website **www.cfp.ca** under "Authors and Reviewers."