Developing health promotion policies

Policy and you!

How much experience do you have with developing policies?

A little (< 1 year)  Some (1-2 years)  A lot (2 years +)

©iStockphoto.com/Smitt
What is policy?

• A principle, value or course of action which guides decision-making
• Can specify expectations, regulations and guides to action
• Can be informal (e.g., house rules)
• Or more formal (e.g., healthy schools and workplaces)
• Can contribute to a fairer society by providing more equitable access to the determinants of health (e.g., income, housing, etc.)
What is policy? (continued)

Very important:
A policy needs consequence for non-compliance and some method of enforcement

Understanding policy at different levels

- **Individuals** have policies...
  e.g., “I always shop locally”

- **Families** have policies...
  e.g., “we limit telephone calls to ten minutes”

- **Organizations** have policies
  e.g., personnel policies, operational policies

- **Governments** have policies
  e.g., public policies\(^1\)
Poll: which of these is **not** a policy?

a) Position statement/paper  
b) Guideline  
c) Recommendation  
d) All of them  
e) None of them

Aspects of a good policy

- It works!
- Economically feasible
- Politically acceptable
- Socially acceptable
- Administratively and technologically possible
Comprehensive approach to health promotion

Risk Factors
- Tobacco Use/Exposure
- Physical Inactivity
- Unhealthy Eating

Settings
- Schools
- Worksites
- Health Care Settings
- Hospitals
- Food Establishments
- Community-at-Large

Approaches
- Awareness Raising
- Education and Skill Building
- Environmental Support
- Policy

Audiences
- Children
- Youth
- Cultural Groups
- Women

Based on the population health model cube²

Why take a policy approach?

- Awareness and educational programs may be short-lived when funds run out
- But policies, once implemented are much harder and slower to change—they are more sustainable
- Because they are harder to change, policies can often withstand changes in politicians / decision-makers
Impact of policy

A 10% increase in the price of cigarettes decreases consumption about 4% among adults, and up to 14% among youth.\(^3\)

Roadmap for policy development\(^4\)
Why doing something about second-hand smoke is important

- No known safe level of exposure to second-hand smoke (SHS)
- SHS is a Group A Carcinogen - i.e., known to cause cancer\(^5\)
- SHS from cigarettes and cigars causes \(~425\) deaths each year in healthy non-smokers in Ontario\(^6\)

Why doing something about second-hand smoke is important (continued)

- 57% of respondents in Waterloo Region Housing and Region of Waterloo Community Housing exposed to SHS in their home\(^7\)
- 36% reported someone in their home has health condition that is worsened by inhaling SHS\(^7\)
- Ontario residents of multi-unit dwellings were twice as likely to notice smoke entering their homes than those living in single family homes\(^8\)
Case study: smoke-free housing policy in Waterloo

Goal: to make all regionally-owned and operated community housing units 100% smoke-free

- Partnership between Region of Waterloo Public Health (ROWPH) and Waterloo Regional Housing (WRH) to respond to complaints from housing residents about SHS
- Used eight-step Roadmap for policy development to guide the policy development process
- Identifies key success factors and lessons learned
- Case study available on PTCC website

Step 1: describe the problem

The purpose of the first step is to identify and describe the problem.

Specifically, you want to consider:

- Cause of the problem
- Impact of the problem
- Possible solutions
Step one is really important!

“If I had one hour to save the world, I would spend the first 55 minutes defining the problem.”

Albert Einstein

Application to case study

- **Cause of the problem**
  Smoking or being exposed to second-hand smoke affects the health and well-being of residents

- **Impact of the problem**
  About 18-20 complaints received per month in 2008 about this issue

- **Possible solutions**
  Develop a smoke-free housing policy

**Key success factors:**

- Partnership between housing and health
- Tenant involvement in the policy development process
Step 2: assess readiness for policy development

- Determine whether or not to proceed with a specific policy development strategy

- This should be based on:
  - Community readiness
  - Organizational readiness

- More education might be necessary (externally and/or internally)

Assessing readiness

- **Community**
  - Who is supportive or unsupportive?
  - What is public opinion?
  - Who would care/be affected, in what way?
  - Has there been education/awareness/media attention already about the issue?
Assessing readiness (continued)

• **Organization/partnership**
  - Does it fit with your mandate?
  - How much time/resources do you have?
  - Will you play a lead or support role?
  - Who else can lead or support you?

Example of analyzing influences: Force Field Analysis
Key success factor: tenant consultations

1. Mailed survey (Oct 2008)
   - Developed by committee and piloted with several tenants
   - > 50% of respondents said they were exposed to SHS in their homes at least “sometimes” and were bothered by this
   - 52% said that the Region of Waterloo should make a smoke-free policy for regionally-owned community housing units
   - But response rate was only 36% and mostly non-smokers

2. Online survey to each household (March 2009)
3. Community forums
   - To explore tenants’ views on the development of a new smoking policy
   - 43% thought that at least some homes/buildings should be smoke-free
   - 30% felt that all homes/buildings should be smoke-free

* Important – caution in interpretation because of low response rate
Step 3: develop goals, objectives and policy options

The purpose of this step is to provide a clear sense of direction for your policy.

In setting policy goals, consider:
- What aspect of a health issue/problem you want to address
- What your policy can realistically achieve over the short and long-term

SMART objectives – how much of what should be done (to whom) by when
Case study

<table>
<thead>
<tr>
<th>Goal</th>
<th>To reduce tenants’ exposure to second-hand smoke and thereby improve their health outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population</td>
<td>Residents in regionally-owned and operated community housing units.</td>
</tr>
<tr>
<td>Objectives</td>
<td>To develop a policy to address the goal, in a manner that was:</td>
</tr>
<tr>
<td></td>
<td>• Inclusive of tenant views</td>
</tr>
<tr>
<td></td>
<td>• Provided some protection from second-hand smoke</td>
</tr>
<tr>
<td></td>
<td>• Minimized the legal risk</td>
</tr>
<tr>
<td></td>
<td>• Was feasible to implement</td>
</tr>
<tr>
<td></td>
<td>• Ensured benefits of policy outweighed costs</td>
</tr>
<tr>
<td></td>
<td>• Was enforceable</td>
</tr>
<tr>
<td>Policy options</td>
<td>8 developed Evaluated for advantages and disadvantages</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy option</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke-free policy for all new leases in all buildings and properties</td>
<td>• Best suited to meet policy objectives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Best protection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Not complicated to enforce</td>
<td></td>
</tr>
<tr>
<td>Continue to allow smoking in private units</td>
<td></td>
<td>• Ignore health effects of drifting SHS</td>
</tr>
<tr>
<td></td>
<td>• Not respond to complaints and tenant consultation data</td>
<td></td>
</tr>
<tr>
<td>Smoke-free policy for new leases in designated % of buildings and properties</td>
<td>• Popular with tenants</td>
<td>• May increase exposure for tenants in buildings without policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Complicated to administer</td>
</tr>
<tr>
<td>Implementing measures such as new ventilation systems, door sweeps, etc. to prevent smoke from travelling b/w units</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PublicHealthOntario.ca
### Case study

<table>
<thead>
<tr>
<th>Policy option</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated smoking and non-smoking floors within existing apartment buildings</td>
<td>• Not effective in preventing smoke travelling b/w units</td>
<td></td>
</tr>
</tbody>
</table>
| Prohibit smoking within fixed distance (5m) of building windows, entrances and exits | • Provides protection from SHS  
• Addresses complaints  
• Gives smokers some freedom |                                                                              |
| Continue to allow smoking in all outdoor areas         | • Respond to tenants' option                                                | • Not respond to tenants' complaints                                           |
| Restrict smoking to designated outdoor smoking areas   | • Preferred policy option by tenants                                       | • Difficult to administer, maintain and enforce                                |

---

### Step 4: identify decision-makers and influencers

- Decide which decision-maker(s) will be the focus of your support-building efforts
- Might be one person, a group of people, or a hierarchical series of people
- Who tends to influence their decisions?
Step 4: identify decision-makers and influencers

1. List your key decision-makers and influencers.

2. Find out as much as you can about how these individuals/groups make decisions. Talk to your partners.

3. Prioritize and then determine the order in which you will engage with these decision-makers and influencers.

Application to case study

- Decision-makers at departmental level
  - Heads of each partnership organization (ROWPH and WRH)
  - Lawyer from legal services

- Decision-makers at political level
  - Community service committee members
  - Regional council members

- Influencers – people with scientific knowledge and technical expertise in the area
Step 5: build support for a policy

• The purpose of this step is to:
  • Choose the communication channels and vehicles you will use to persuade decision-makers to proceed with policy development
  • Develop the content, or messages, you will put forth using those communication channels/vehicles

Types of decision-makers

1. **Status-oriented decision-makers**
   - highly concerned about generating positive media coverage and/or avoiding unfavourable coverage
   - (e.g., politicians)

2. **Mission-oriented decision-makers**
   - hold strong views about what their department should be doing
   - (e.g., managers, CEOs)

3. **Process-oriented decision-makers**
   - most concerned with serving their “clientele” or constituency
   - (e.g., service providers)

• Be inclusive
• Tailor approaches to suit the type of decision-makers you want to influence
How to build support for your policy

<table>
<thead>
<tr>
<th>Media</th>
<th>Interpersonal</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter-writing</td>
<td>Telephone campaign</td>
<td>Public forum</td>
</tr>
<tr>
<td>Press conference</td>
<td>Debriefing sessions</td>
<td>Marches</td>
</tr>
<tr>
<td>Mass media (billboards, radio)</td>
<td>Deposition/presentation</td>
<td>Demonstration</td>
</tr>
<tr>
<td>Petition</td>
<td>One-on-one meetings</td>
<td>Elections</td>
</tr>
<tr>
<td>Posters, pamphlets</td>
<td>Others?</td>
<td>Others?</td>
</tr>
</tbody>
</table>

Communication vehicles vary in level of profile

**Low profile**

- Phone or face-to-face
- Quiet negotiation
- Meet civil servants (e.g., meetings among regional staff) members
- Share information (e.g., letter from tenant was shared)
- Non-public briefs
Communication vehicles vary in level of profile

**Medium profile**
- Phone or face-to-face
- Public briefs
- “Feed” supporters info (e.g., preparing a report for Committee to make them aware of info and to recommend a survey)
- Appear at committees
- Alliances
- Letters to newspapers

**High profile**
- Mass media, presentations, print
- Public criticism
- P.R. and ad campaigns
- Responding to media (e.g., developing a media Q&A and key messages sheet in case of media opposition)
- Release information
- Letter-writing
- Demonstrating at rallies
Tips for convincing decision-makers to proceed

• Policies need to be clearly linked to a compelling issue or problem
• Build as many plausible links between the health issue and the desired policy as you can
• Proposed solutions/policies need to be clearly explained, straightforward and not overly complex

Tips for convincing decision-makers to proceed (continued)

• Build coalitions
• Stimulate debate in various venues
• Look for signs that indicate a need for change (e.g., dissatisfaction with the status quo)
Step 6: write and revise the policy

• The purpose of this step is to collate and analyze the information from earlier steps into a draft policy.

Step 6: write and revise the policy

• Written policies usually have the following components:
  • Preface or preamble describing the purpose of the policy
  • Policy goals and objectives (often incorporated into the preface)
  • Description of policy components
  • Procedures for dealing with non-compliance
  • Plan for promoting and disseminating the policy
  • Plan for monitoring and evaluating the policy
Application to case study

• Draft policy approved by committee, then council, then re-written to be included in tenants’ leases:

“The tenant, all other occupants of the Leased Premises, the Tenant’s Guests and business invitees shall not smoke or hold lit tobacco or similar product in the Leased Premises, including the balcony, patio or other areas included in this Lease. Smoking is only permitted outdoors at a distance of not less than five metres away from windows, entrances or exits to the Residential Complex.”

Application to case study (continued)

• Policy only applied to tenants who signed leases that began on or after April 1, 2010

• Existing tenants were grandfathered

• Lesson learned: be familiar with laws and regulations
Step 7: implement the policy

✓ Have you identified and analyzed the issues your policy needs to address?
✓ Do you have enough information about these issues to justify and support the implementation of the policy?
✓ Are your policy goals reasonable and policy objectives measurable?
✓ Do you have enough support from your decision-makers?
✓ It may help to do a pilot to find out if the policy will be effective.

Find out more about policy pre-requisites in the Developing health promotion policies workbook⁴
Application to case study

- Implementation workgroup formed
- Heavy promotion
  - Drafts of policy emailed to WRH and ROWPH staff and tenants
  - WRH MUDS committee trained (property managers, community relations workers, key holders on policy and enforcement protocol)
  - Current and new tenants informed of policy well in advance of implementation date
  - Flexibility to change housing if not agree with policy
- Enforcement policy clearly outlined and flexible
- Cessation supports in place for people who needed them

Step 7: implement the policy (continued)

- Implementation workgroup developed - can’t just leave to one or two people
- People were trained to know what the policy was about so they could implement and enforce it properly
- Policy was flexibly enforced
- Exceptions to policy were made for medical use of marijuana and traditional use of tobacco
- A menu of cessation supports was provided to new and existing tenants and incorporated into the policy recommendations
Step 8: evaluate and monitor

Develop monitoring and evaluation questions

• Identify indicators to measure how well you’ve achieved objectives
• Use both qualitative and quantitative data collection techniques
• Collect data throughout policy implementation
• Think about how you will communicate your findings, what they mean and what the next steps are (some kind of knowledge exchange strategy)
Application to case study

- Developed a three-year evaluation plan, including a logic model
- Wanted to know if the smoke-free policy had been effective and what could be learned about the implementation that could be shared with other housing providers

Application to case study (continued)

1. What is the new smoke-free policy’s impact on smoking behaviour, personal policies, social de-normalization, exposure to SHS, health status and support for the policy?
2. How does the new smoke-free policy impact ambient air quality in common spaces of the housing units, and how do those levels change over time?
3. What is the impact of the policy on the Region of Waterloo Housing’s workload and costs?
Application to case study

<table>
<thead>
<tr>
<th>Evaluation questions</th>
<th>Design and activities</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact of policy on smoking behaviour, personal policies, social denormalization,</td>
<td>• Pre-post survey design • Baseline data collected in March 2010 before policy</td>
<td>• One response per household • Anonymous • Colour-coded based on</td>
</tr>
<tr>
<td>exposure to SHS, health status and support for the policy?</td>
<td>implementation</td>
<td>building type • Repeated annually over 3 years</td>
</tr>
<tr>
<td>Impact on air quality and changes over time?</td>
<td>• Air quality monitoring • Baseline data collected</td>
<td>• Led by U of W • Annual measures</td>
</tr>
<tr>
<td>Impact on RWH’s workload and costs?</td>
<td>• Database tracking</td>
<td>• Identifying info stripped</td>
</tr>
</tbody>
</table>

Summary of key success factors

- The development of mutually beneficial partnerships (housing and public health)
- Tenant involvement in policy development process
- Tenant consultation data
- Ability to exercise flexibility in enforcement
- Cessation services offered to current and prospective tenants
- Region of Waterloo’s history of progressive tobacco control policies
Lessons learned

• Low level of tenant participation in community forums and online survey
• Need to grandfather current tenants
• Working within a political process

Take home messages

• Policies have the potential to bring about long-term, sustainable change
• Developing a policy requires attention to wider environment and an honest appraisal of readiness; other approaches are sometimes better
Take home messages (continued)

• Policies don’t have to be all-or-nothing: you can develop small policy “incremental steps” and then evaluate

• Policy development is often non-linear, but our steps can provide a useful guiding framework
Policy resources

- PHO Policy Resources
  - At a glance: the eight steps to policy development
  - Media advocacy workbook

- Resources from our partner resource centres
  - The development and promotion of Guelph Soccer’s tobacco-free policy: key success factors and lessons learned from practice
  - Legislation and implementation of Collingwood bylaws 00-36 and 05-36 smoking ban for playgrounds and playing fields: lessons learned
  - Smoke-free beaches in Ontario: progress and implications for practice – an evidence summary
  - Addressing healthy eating and active living: a community-level policy scan (2nd edition)

Other recommended policy resources

- Canadian Centre for Policy Alternatives
- Toolkit to healthier communities – influencing healthy public policies
- Cancer View Canada
Public Health Ontario wishes to acknowledge and thank THCU staff and many partners who contributed to an earlier version of this document.

THCU (originally known as The Health Communication Unit, started in 1993 at the University of Toronto) moved to Public Health Ontario’s Health Promotion, Chronic Disease and Injury Prevention Department in 2011.

References


4. The Health Communication Unit, Centre for Health Promotion, University of Toronto. Developing health promotion policies. Toronto, ON: University of Toronto; 2004.

References (continued)


12. The Health Communication Unit, Centre for Health Promotion, University of Toronto. Media advocacy workbook. Toronto, ON: University of Toronto; 2000.


