

THE HEALTH COMMUNICATION UNIT

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## Developing Health Promotion Policies

October 25 & 26, 2005

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### Goal of Workshop

To assist those involved in health promotion with understanding, valuing and undertaking policy development.



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### Objectives of Workshop

- By the end of the workshop, participants will:
  - be able to use a practical model of policy development and apply it to organizational and community settings
  - understand the role of policy as a health promotion strategy
  - be able to develop goals and objectives for a health promotion policy
  - be able to identify decision-makers, their influencers and relevant tactics to advance policies
  - understand the link between policy development & skills related to "making the case", planning, evaluation, and media advocacy.



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## Format of Workshop



- During the workshop, participants will:
  - apply lecture materials, worksheets and other practical tools to a variety of topics
  - be exposed to speakers, resources and examples
    - Physical activity throughout
    - Guest – housing focus
    - Panel – school, workplace, community
  - interact with peers and workshop facilitators to address questions and issues arising from application of the workshop material to real and hypothetical issues.

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**Adapted from:**

**“Making a Difference in Your Community:  
A Guide for Policy Change**

Ontario Public  
Health Association

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**Concepts, Definitions,  
Links to Health  
Promotion**

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## Just where ARE we headed?

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## Policy as a Health Promotion Approach

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- Health Promotion, Population Health, Determinants of Health
- Health Communication
- Healthy Public Policy
- Media Advocacy, Making the Case, Presentations, Sustainability

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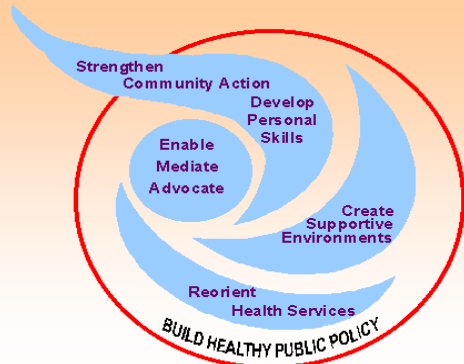
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## OTTAWA CHARTER FOR HEALTH PROMOTION



Health Canada, Health Promotion and Programs Branch AB/NWT/Nunavut

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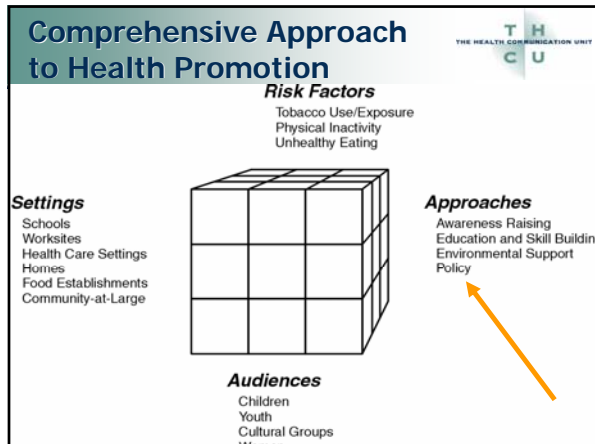
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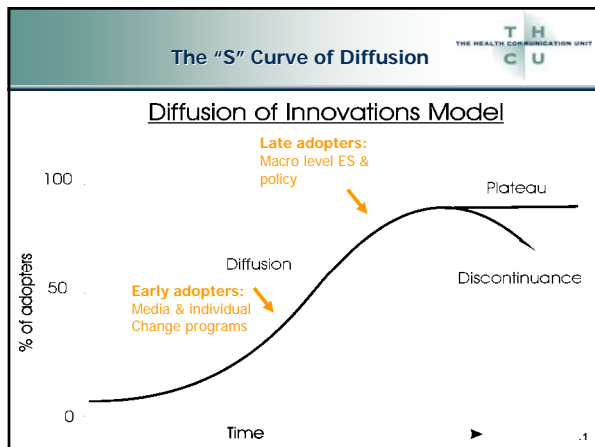
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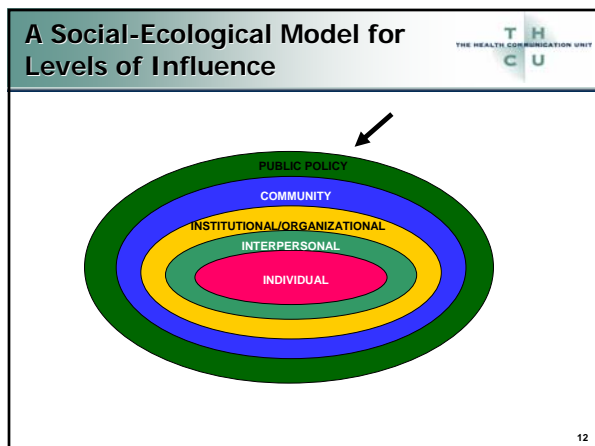
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## Population Health

- A population health approach is rooted in the notion that the earlier in the “causal stream” that one acts, the greater the potential benefits for health status.
- Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at & acts upon the broad range of factors & conditions that have a strong influence on our health.

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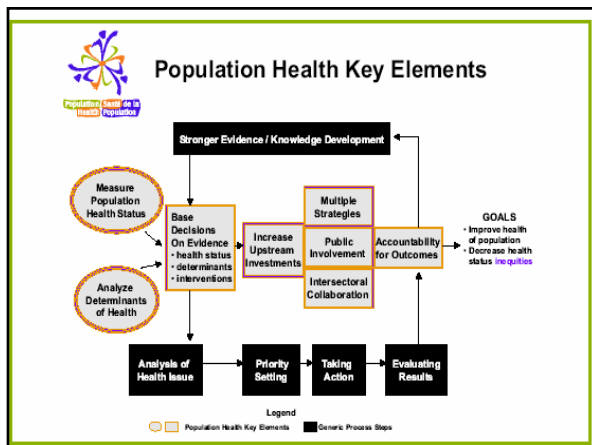
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## Determinants of Health (Health Canada)

- Income and Social Status
- Social Support
- Education
- Employment and Working Conditions
- Social environments
- Physical Environments
- Biology and Genetic Endowment
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Health Services
- Gender
- Culture

POLICY

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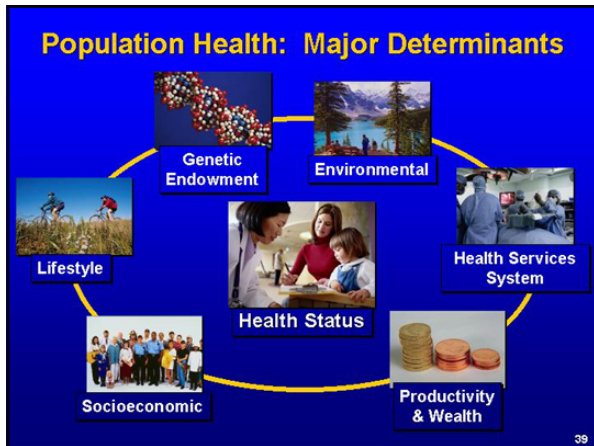
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### "Improving the Health of Canadians"

Canadian Institute for Health Information

Telephone: (613) 241-7860  
 Fax: (613) 241-8120  
 www.cihi.ca  
 ISBN 1-55392-363-4

**Don't be poor**

Rich people live longer than poor people and they're healthier at every stage of life.<sup>1</sup>

In 1996, the expectancy for high income women was 1.8 years longer than for low income women. The expectancy for high income men was two years longer than for low income men.<sup>2</sup>

In 2006-2007, Canadian adults aged 12 and over from the highest income households were twice as likely (21%) to report being in excellent health compared with those from the lowest income households (10%).<sup>3</sup>

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### Graduate from high school

Graduate from high school and then go on to college or university; health status improves with your level of education.<sup>1</sup>

In 2006-2007, people who reported not completing high school were twice as likely to rate their health as fair/poor (27%) compared with people who had completed post-secondary education or higher (14%).<sup>2</sup>

People with less than secondary education were twice as likely to report problems with their functional health (27%), compared with people with post-secondary education or higher (13%).<sup>3</sup>

In 2005, Canadians with less than secondary education were nearly twice as likely to be current smokers (24%) as Canadians with a secondary education (13%).<sup>4</sup>

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### Live in quality housing

Live in quality housing, but not next to a busy street, in an urban ghetto, or near a polluted river; clean air, water, and soil are vital to your health, as are the human-made elements of our physical environment.

Children who are regularly exposed to environmental stressors that contribute to their learning are more likely to suffer from behavioral problems such as asthma. It has been reported that children who are exposed to environmental problems are regularly diagnosed at least 50% more likely to suffer damage to their brains and develop cognitive problems in school.

In 2002, the rate of child exposure to smoking in homes was 33%, a decline from 57% in 1996, 2001.

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### Get a job

Don't work in a stressful, low-paid, manual job in which you have little decision-making authority or control: poor jobs equal poor health. Don't lose your job and become unemployed: unemployed people suffer from stress and isolation and can become poor!

In 2000-2001, unemployed adults aged 20 to 64 were more likely to report an injury to one their limbs as far as poor (27%) as were those people who were working (19%).

In 2000-2001, unemployed adults aged 20 to 64 were more likely to report an injury to one their limbs as far as poor (27%) as were those people who were working (19%).

In 2001, almost 3 times as many people reported having job-related stress as in 1991 (33% vs. 12%).

Perceived level of stress increased from 40% of people in 1991 to 57% in 2001.

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## A Population Health Strategy & Sustainability Approach



"A policy change strategy can achieve long-term **population-wide impacts** by changing the conditions under which people live by providing incentives and requirements for changes in organizational decisions about products, services, information and environmental conditions. It makes for a more effective population approach than an attempt to change individuals' behaviour or biomedical risk factors."

Community-Based Prevention. p. 26

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## Chicken or the Egg



Do we begin with a policy outcome in mind and build our awareness, education & environmental strategies in order to get there?

Do we generate awareness, share education, build skills and supportive environments and see what policies are needed to complement this work?

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## Ottawa Charter for Health Promotion



- **Build healthy public policy**
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Re-orient health services

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## Build on Existing Work



- Awareness campaigns to sensitize people to the problem (e.g., SummerActive)
- Education & skill development programs that address individual's needs (e.g., Walk This Way)
- Environmental supports that address the system & need to be in place (e.g., trails), to complement a policy (workplace PA policy)

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Why Take a Policy Approach?

*" If we rely solely on a strategy of providing information, we not only abandon our communities by not providing real support for change but lose our voice in shaping the social, political and economic contexts in which the information is given."*

Wallach, Dorfman, Jernigan & Themba, 1993: 26-27

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Why Take a Policy Approach?  
(2)

- Awareness & educational programs may be short-lived when designated funds are no longer available, but policies, once implemented are much harder and slower to change ... more **sustainable**.
- Because they are harder to change, they can often **withstand changes** in politicians / decision makers.

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Why Take a Policy Approach?

*"Those who take no interest in policies are destined to be governed by those who do. That is the price they pay for their apathy."*

Source Unknown

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## Impact of Policy

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

Health Canada

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## Impact of Policy

“Finland’s North Karelia Project incorporated policy and environmental interventions in a effective, community-focused manner.

Recent results indicate that the changes in the risk factors targeted by the program can explain most of the decline in ischemic heart disease observed over the last 20 years.”

T.L. Schmid, AJP 85(9), 1995

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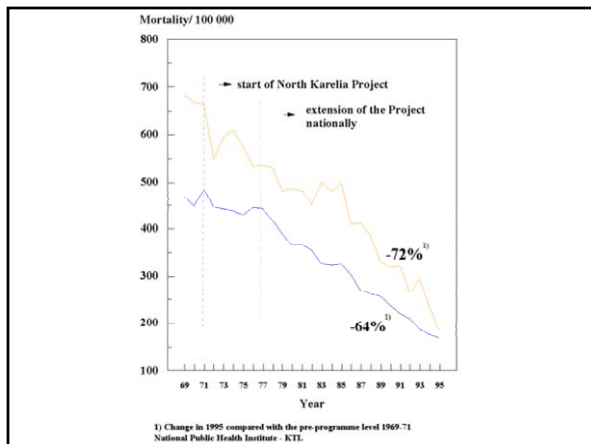
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## What is Policy ?

- Policy is often thought of as a principle, value or course of action which guides present and future decision-making
- Should be part of a comprehensive health promotion strategy
- In a variety of settings: community, workplace, school, home
- Can specify expectations, regulations & guides to action
- Can be informal or formal
- At macro level, can provide more equitable access to determinants of health (income, housing, etc.)
- **Has a consequence for non-compliance & some method of enforcement**

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## What a policy is NOT

- Position statement / paper
- Guideline
- Recommendation



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## 5 Parts to a Formal Policy

- Rationale ("Whereas" section)
- Definitions
- Components (ie. How the policy is implemented)
- Restrictions
- Communication, Signage & Enforcement

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### Aspects of a "Good" Policy



- **economically** feasible to its supporters & those it affects
- **politically** acceptable to the more powerful groups affected by it
- **socially** acceptable within the milieu in which it is to operate
- **administratively & technologically** possible.

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### Four Types of Policies



- legislation
- fiscal measures
- taxation
- organizational change

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### Some Sample Policies

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## LEGISLATION EXAMPLE



### Canada's Physical Activity and Sport Act

- <http://laws.justice.gc.ca/en/p13.4/92297.html>
- enacted March 19, 2003

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## FISCAL MEASURE EXAMPLE



### Dell Canada Work Life Effectiveness Benefits

- Dell's Fitness Membership Program is designed to support the employee's pursuit of fitness and to provide them with the benefits of improved health, energy and endurance, reduce stress and a greater overall sense of well being.
- Memberships are available to permanent employees via bi-weekly payroll deductions. Fitness facilities are located across Canada.
- <http://www1.ca.dell.com/content/topics/topic.aspx/global/hybrid/careers/content/0507c90a-139e-42fa-8b97-8427988a31dc?c=ca&l=en&s=corp>

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## TAXATION EXAMPLE



### The American Recreation Coalition

- [www.funoutdoors.com](http://www.funoutdoors.com) recommends that authorities allow park fee payments as a non-taxable benefit, much as corporations may now provide free or subsidized parking and mass transit tickets.

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**ORGANIZATIONAL CHANGE EXAMPLE**



- On January 9, 2003, the North Carolina State Board of Education passed the Healthy Active Children policy HSP-S-000.
- [http://www.ncpublicschools.org/sbe\\_meetings/0504/0504\\_HSP07.pdf](http://www.ncpublicschools.org/sbe_meetings/0504/0504_HSP07.pdf)
- The components of the policy address physical education, physical activity, recess, coordinated school health programs and a recommended process to create School Health Advisory Councils.

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**Examples at different levels**



- Macro
  - Community-wide, public policy
- Meso
  - Organizational - School, Workplace
- Micro
  - Homes, small groups

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**Community-at-Large**



**Comprehensive Sidewalk Policy**

Community: Windsor-Essex

Summary: the community Active Living Network has been working for the last 4-5 years on the development of polices to ensure the availability of sidewalks in all 6 area municipalities. Two have established effective policies. The assistance of an Urban Planning graduate has been key to their success.

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**Sample of Public Health Unit's Nutrition Policy**



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- Nutritious and safe food and beverage choices shall be provided at all work-related meetings, workshops and other events where food and/or beverages are served.
- The Health Unit is committed to five principles:
  - **Healthy eating** - Healthy eating incorporates the concepts outlined in *Canada's Food Guide to Healthy Eating*. It also includes the belief that all foods can be part of a healthy diet.
  - **Safe food handling practices** - High standards of food preparation and service ensure access to safe food.
  - **Being environmentally friendly** - Environmentally friendly means recycling and minimizing waste from food, food packaging and disposable dishes.
  - **Promoting Ontario products** - By choosing Ontario products we support Ontario's food and agriculture industries.
  - **Being fiscally accountable** - Fiscal accountability means the best responsible price to support healthy eating.

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**Sample of Public Health Unit's Nutrition Policy (2)**



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- All caterers shall be booked in consultation with the Infectious Disease department.
- When planning meetings, workshops or other events where food and/or beverages are going to be served, staff are encouraged to use the Practical Suggestions for Applying Healthy Eating Guidelines. Inquiries about special dietary requirements or restrictions should be made in advance when possible so appropriate arrangements can be made for participants. For large groups, a vegetarian choice should be automatically provided. As well, the choices should include fruit as an alternative dessert and fruit juice and decaffeinated coffee as an alternative to coffee.
- Nutrition staff and inspectors will assist with food arrangement when requested.

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**Possible Family-Friendly Workplace Policy Elements**



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- Child Care
- Elder Care
- EAP - family time / sick time
- Flexible Work Policies
- Employee Education Courses provided (e.g., parenting)
- Cafeteria Plan
- Breastfeeding Time / Space

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## Collective Approach

- Advocacy efforts are often challenging to undertake by a single agency / voice
- Strength in numbers
- Variety of perspectives is necessary to position the argument in various ways
- Some partners will have challenges in leading on some issues
- "coalition" term may work well here

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## The Roadmap Model

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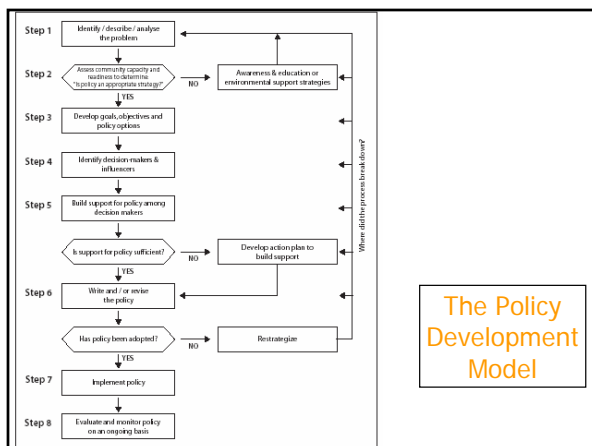
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The Policy Development Model

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## Where are you in the model on your issue?



- Alcohol Policy with municipal rec centres
- Artificial Tanning - limiting number of businesses in the city
- Tobacco Control - elimination of power walls
- Active Transportation / Built Environment
- Secondary Schools and physical activity promotion
- Child Passenger Safety - Booster Seats
- School Food Policy (i.e.vending machines)
- Folic Acid Supplements - availability for vulnerable populations
- Work Place policy development (i.e., breastfeeding, reproductive health)
- Others?

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## Defining the Problem

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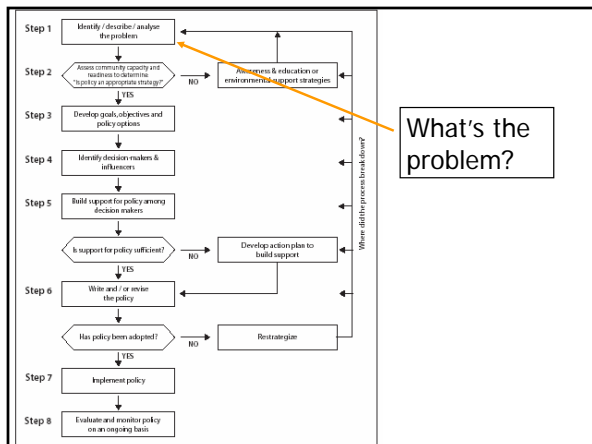
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If I had one hour to save the world, I would spend the first 55 minutes defining the problem.

Albert Einstein

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### Identifying and describing the problem

- May mean a “flip” on the healthy lifestyles approach - e.g., heart disease not heart health
- Means being able to quantify the problem, preferably using local data, and the impacts of a policy (as well as the impact of no action)
- Work begins when people see a problem and want to resolve it



### Problem-solving Framework

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### Problem-Solving Framework



From Community Action Pack: Leadership, Health Canada (Fitness and Amateur Sport), 1986. Reproduced with permission of the Minister of Supply and Services Canada, 1995.

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FOR IMMEDIATE RELEASE

**NEWS RELEASE**

**Stunning results reveal Canadians not walking  
Physical activity community responds and calls for federal leadership**

April 30, 2004 (Quebec City, Quebec) – Canada's physical activity community – through the Coalition for Active Living (CAL) – today released stunning new data that reveals Canadian adults are not walking enough to promote good health. At the same time, CAL launched a bold, new strategy aimed at increasing physical activity levels among Canadians. This strategy was in the hands of Federal-Provincial/Territorial (F-P/T) Ministers Responsible for Sport Recreation and Fitness when they met during their 2004 conference yesterday and today, and CAL reacted with cautious optimism to the Ministers' announcements following those meetings.

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### 5 Questions to help

1. What is the extent of the problem? How big a problem is it?
2. What and who is involved?
3. What are the limits of the problem?
4. What are the origins of the problem?
5. Is it a 'real' problem or a symptom of something larger?

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### Analyzing the problem

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## More questions

1. What is unacceptable or wrong? What illustrates this?
2. What factors in the community impact the problem?
3. What has been done to try to resolve the problem?
4. What is the cost of the problem? What is the cost of doing nothing?

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## Sources for data gathering

- Community service directories
- Population health status data
- Socio-demographic data
- Other studies about the problem/issue
- Newspaper/magazine articles
- Interviews with key individuals/groups

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## Task I

*What's Your Problem?  
(Step 1 Worksheet)*

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# Assessment, Goals, Objectives, Policy Options

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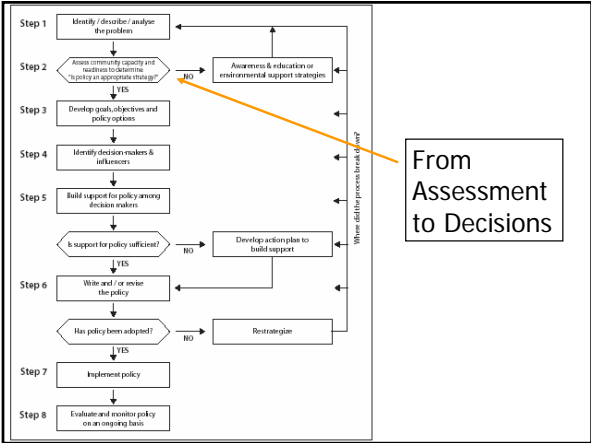
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From Assessment to Decisions

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## Assessing Community Capacity and Readiness

- Need to understand how the broader population feels about the problem.
  - Is it a serious issue for them?
  - Are they for it, against it, neutral?
  
- Without stakeholder support, you may have to temporarily suspend work until a greater percentage are on board.

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## An Example of Stakeholders




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## Assessing Community Support

- Force Field Analysis
  - positive or driving / negative or restraining influences
  - part of Lewin's change management model
  - can look at different factors affecting outcome
  - plot people who are on different sides of the fence or factors

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## Force Field Analysis

### Situational Assessment



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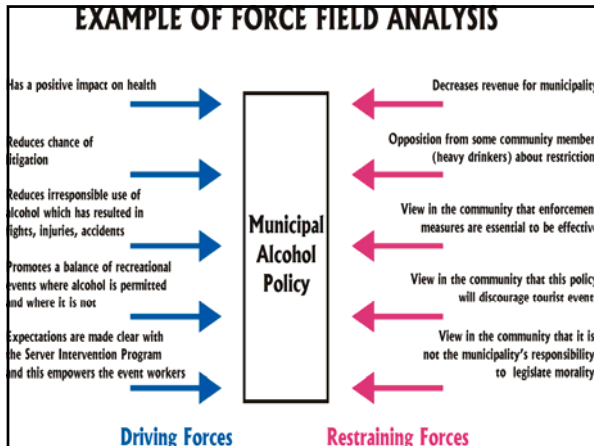
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**Based on your assessment...**

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- Is there more than one solution to your problem?
- What resources does each solution require?
- What are others in the community doing with respect to the issue / problem?
- Do you have the necessary level of community support for policy change?
- Does your organization have a mandate that includes policy development?
- Can/will your organization support your policy development work?

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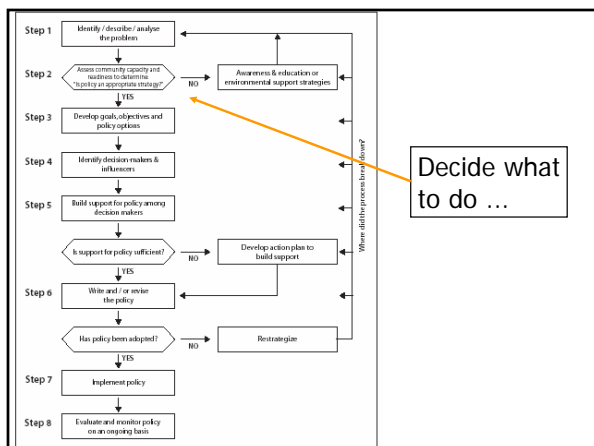
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## Decision #1: Decide what to do

- Is a policy approach the best way to proceed at this time, given the problem you have identified?
- Are there complimentary approaches that should be pursued in addition to the policy one? (e.g. skill development to assist people with the change)

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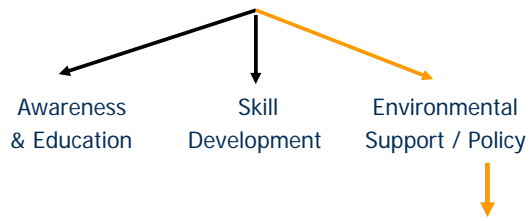
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## Possible Directions



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## Are you and your organization ready, willing and able?



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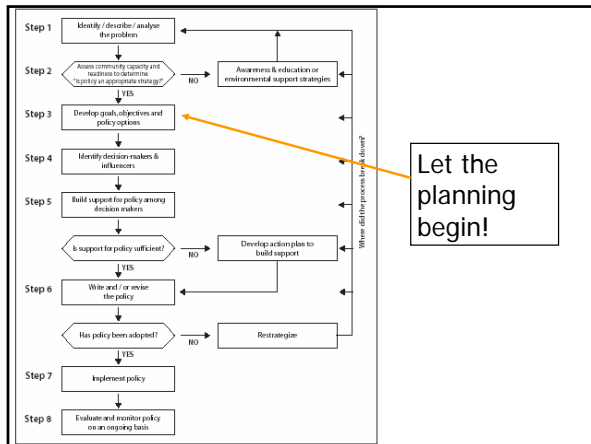
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## Develop Policy Goals & Objectives

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- Goal:
  - A brief statement summarizing the ultimate direction or desired achievement of your policy (e.g., to promote food security among low income families, or to reduce the incidence of alcohol-related harm on campus)

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## Develop Policy Goals and Objectives

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

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## Develop Policy Goals and Objectives



- Objective:
  - Brief statement specifying desired impact or effect of your policy (i.e., how much of what should happen (to whom) by when)
  - Most policies have one (at most 2-3) goals and multiple objectives
  - Think of objectives as the 'directions' for the achievement of goals

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## Sample Goal and Objective



- Goal:
  - *To reduce the premature mortality and morbidity from preventable chronic diseases.*  
(1997 MHP&SG for Public Health in Ontario)
- Objective:
  - *To increase to 40% the proportion of all adults who include at least 30 minutes of accumulated, moderate physical activity on most if not all days of the week by the year 2010.*

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## Tips for Setting Objectives



- Consider the specific actions and time frame needed to meet your policy goal(s)
- Each objective should focus on one desired change or result
- A comprehensive policy will include multiple objectives (short and long-term)
- Objectives must be measurable so they can be evaluated

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## Possible Physical Activity Policy Options



- environmental idling by-laws
- land appropriation for trails
- schools & QDPE
- workplace flex time
- active transportation options for municipal planners for bike lanes / sidewalks / walkable communities



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## Task II



*Is Your Community Ready, Willing and Able?*  
*(Step 2 Worksheet)*

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**Decision-Makers,  
Influencers and  
Building Support**

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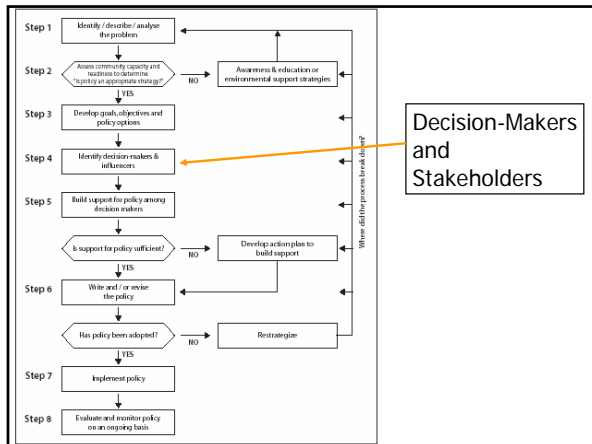
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**Decision #2:**  
**Identify Decision-Makers & Influencers**

THE HEALTH COMMUNICATION UNIT

- Whose decision is it to say “yay” or “nay” to the proposed policy?
- Who influences these people?
  - Constituents - those affected by the policy
  - Other partners / peers
  - Opinion leaders
- What do you know about these people that will aid in your approach?

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- It will be necessary at this point to have decided what policy option(s) is/are the preferred ones to move forward. Head back to Step 3 if you have not yet made this decision.
- Don't make assumptions about who the decision-maker is. No matter how obvious, take the time to find out for sure. Ask questions, examine records for names attached to decisions, look to organizational charts that describe the structure, attend meetings.

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## Types of Decision-Makers



- **Status-oriented** decision-makers are highly concerned about generating positive media coverage and/or avoiding unfavourable coverage.
- **Mission-oriented** decision-makers hold strong views about what their department should be doing.
- **Process-oriented** decision-makers are most concerned with serving their “clientele” or constituency.

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## Types of Decision-Makers



1. **Intuitives** - led by intuition; concentrate on the possibilities; avoid the details and tend to look at the bigger picture.
2. **Thinkers** - are analytical, precise, and logical; process a lot of information, often ignoring the emotional or feeling aspects.
3. **Feelers** - are interested in the feelings of others; dislike intellectual analysis and follow their own likes and dislikes; enjoy working with people and are capable of great loyalty.
4. **Sensors** - see things as they are; have great respect for facts; have an enormous capacity for detail and seldom make errors; are good at putting things in context.

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## AN EXAMPLE



- You are a Recreation Manager addressing City Council with a proposal to institute an Access and Equity Policy that will result in a sliding scale for user fees to accommodate those living in lower income situations. There are 15 members on City Council, who represent all four types of decision-makers. Ideally, you are aiming for unanimous support but only require a majority. The proposal might contain the following approaches:
  1. **Intuitives** – describe the broad Vision driving your proposal and paint the picture of all members of the community being able to participate in programs.
  2. **Thinkers** – provide the budget figures to illustrate how feasible the proposal is financially; include demographic data of the lower income population in the community and survey data gathered regarding their program preferences.
  3. **Feelers** – include some testimonials from potential users, ideally either through personal presentations or video, that illustrate what difference this type of policy would make to their family.
  4. **Sensors** – compare the current situation to what the proposal includes drawing attention to how things will be different

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## What is their position on the issue? Audience Analysis

Demographic	Behavioural	Psychographic
<ul style="list-style-type: none"> <li>Gender</li> <li>Age ranges</li> <li>Most typical or representative occupation</li> <li>Income range</li> <li>Range of formal education</li> <li>Family situation</li> <li>Where they live and work</li> <li>Cultural Characteristics</li> </ul>	<ul style="list-style-type: none"> <li>Actual current behaviour.</li> <li>Benefits they derive from their behaviour.</li> <li>Readiness for change.</li> <li>Social or medical consequences experiencing already.</li> </ul>	<ul style="list-style-type: none"> <li>Fundamental values and beliefs.</li> <li>Key personal characteristics.</li> <li>Where they get their health-related information.</li> <li>What organizations and social networks do they belong to?</li> <li>How they spend their time and \$.</li> </ul>

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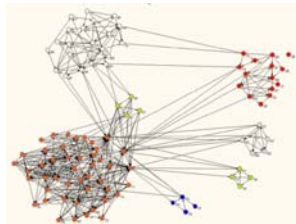
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## Influencers

- Social Network Analysis**
  - try it with our Participant List for today
  - Who would you go to for information regarding health promotion?



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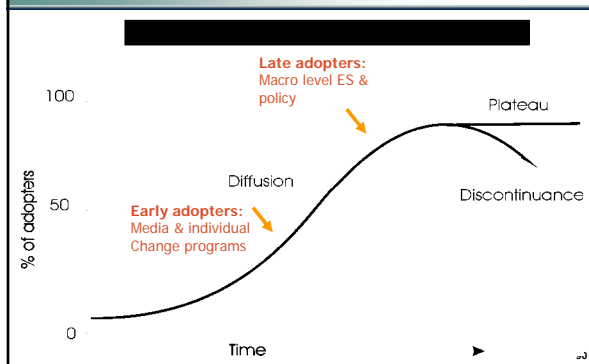
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## Diffusion of Innovations



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## Stages of Adoption



- **Innovators** – first to adopt - 2.5% of pop'n
- **Early Adopters** – fast followers, generally opinion leaders – 13.5% of pop'n
- **Early then Late Majority** – wait for proof, influenced by interpersonal comm'n – 68%
- **Laggards** – late or may never adopt – 16%

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## Selection of Messengers



- In selecting the appropriate messenger, the crucial factor is which component of influence model needs a boost. For example,
  - celebrities help draw attention to a dull topic,
  - experts enhance response efficacy,
  - ordinary people heighten self-efficacy,
  - victims convey the severity of harmful outcomes, and
  - victims who share similar characteristics of the audience should augment susceptibility claims.
- Atkin (1994) provides an elaborate discussion of strengths and weaknesses of various types of messengers

*(Above information presented by Dr. Chuck Atkin at 2000 Special Topics, THCU workshop).*

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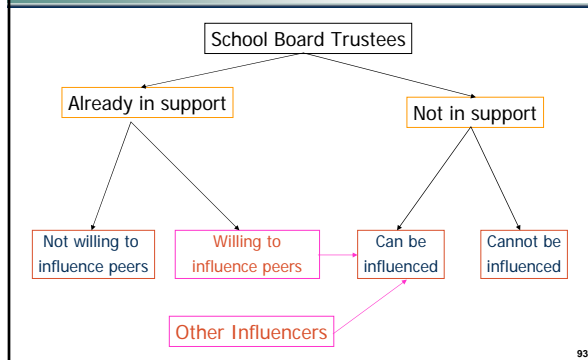
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## Audience Segmentation



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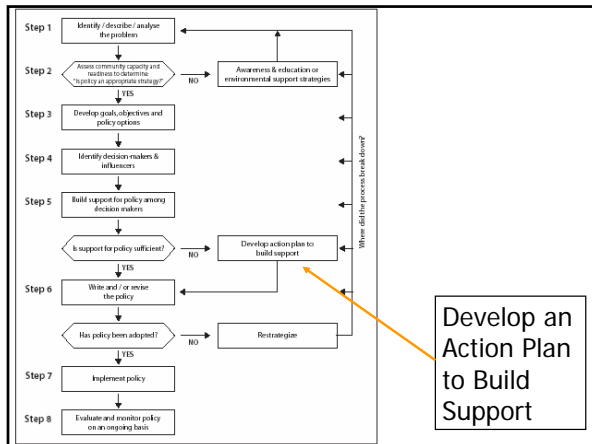
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### Persuasion Tactics

- Reciprocity
- Commitment and Consistency
- Social Proof
- Liking
- Authority
- Scarcity

Source: Robert Cialdini. **Influence: The Psychology of Persuasion** (Revised Edition). New York: William Morrow and Co. 1993.

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### Possible Policy Strategies

MEDIA	INTERPERSONAL	EVENTS
* letter writing	* telephone campaign	* public forum
* press conference	* debriefing sessions	* marches
* mass media (billboards, radio)	* deposition / presentation	* demonstration
* petition	* one-on-one meetings	* elections
* posters, pamphlets	* others?	* others?
* others?		

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## Effective Policy Strategies



- lobbying legislators directly, through influential partners, or through their constituents
- election of sympathetic political leaders
- litigation
- community group mobilization
- private debriefing meetings
- press conferences as part of a wider media program

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## Several Tactics



- See manual for details & pro's / con's of each

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## A Specific Policy Example

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# Media Advocacy as a Policy Strategy

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## Advocacy



- Advocacy is active promotion of a cause or principle
- Advocacy involves actions that lead to a selected goal
- Advocacy is one of many possible strategies, or ways to approach a problem as it can be used as part of a community initiative, nested in with other components
- Advocacy does not necessarily involve confrontation or conflict
- [http://ctb.ku.edu/tools/en/sub\\_section\\_main\\_1196.htm](http://ctb.ku.edu/tools/en/sub_section_main_1196.htm)

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## SOME EXAMPLES



- You join a group that helps build trails in the community -- that's wonderful, but it's not advocacy (it's a service).
- You organize and agitate to get a your workplace to subsidize the costs for employees to join a fitness or recreation centre --that's advocacy.
- You spend your Saturdays coaching little league--that's not advocacy (it's a service).
- You hear that land used for informal trails across government property is going to be closed down and used for new developments. You band together with many others to get the City to preserve this access, or find a new one. Some of you even think about blocking the bulldozers, if necessary. **That's advocacy.**

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## American Public Health Association ...



- "Advocacy is used to promote an issue in order to influence policy-makers and encourage social change. Advocacy in public health plays a role in educating the public, swaying public opinion or influencing policy-makers.
- Media coverage is one of the best ways to gain the attention of decision-makers, from local elected officials to members of Congress. All monitor the media. Every congressional office has a staff person who monitors the news in the district or state and clips articles that mention the representative or senator by name.
- These articles are circulated to staff each week. Decisions to support legislative initiatives are frequently influenced by the media coverage."

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## Media Advocacy ...



... reframes an issue by shifting the focus from one of individual responsibility to one of socio-environmental causes.

Education / Persuasion Campaigns	Media Advocacy Campaigns
Informs/persuades the person with the problem	Mobilizes community activists & influences decision-makers
Focus = individual responsibility	Focus = social accountability
Focus = behaviour change in the individual	Focus = changing the environment through policy change
Uses a variety of health comm'n approaches.	Focus = news media (sometimes paid ads)

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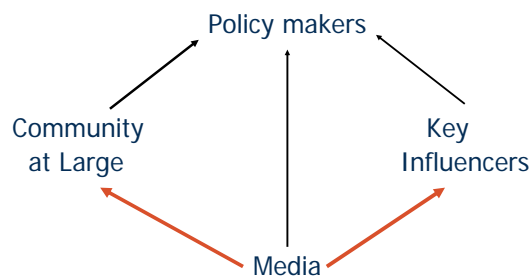
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## Audiences



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## Framing for Access

- How will you “frame” your issue in such a way as to gain the attention of the intended media?

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## Strategies to Gain Attention of the Media

- Newsworthiness
- Piggy-backing
- Media Relations
- Pitching
  
- Re-visit the “Voices in the Media” analysis – how to connect to your issue?

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## Framing for Content

What content will you include in your message that will increase the likelihood of the intended audience hearing the intended message?

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## Framing for content



- **Tailor the message to the specific media & the specific audience**
  - electronic, sound, print
  - fits with the values you discovered in AA
  - address the "heart, hand, head, pocketbook"
- **Shape the debate**
  - ensure socio-environmental cause, not individual
  - move away from "blaming the victim"
- **Discredit the opposition**
  - anticipate their arguments & develop counters
  - shame them (explain why they are deceptive, irresponsible, unethical, manipulative etc.)
- **Advance the policy**
  - make sure it is clear what you want the audience to do
  - present practical solutions

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## Task III



- **For your policy option, knowing your decision-makers:**
  - how would you make use of the media to advance your cause?
    - How do you get their attention (access)?
    - What is the SOCO (Specific Over-riding Communication Objective) (content)?

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## Writing Policy

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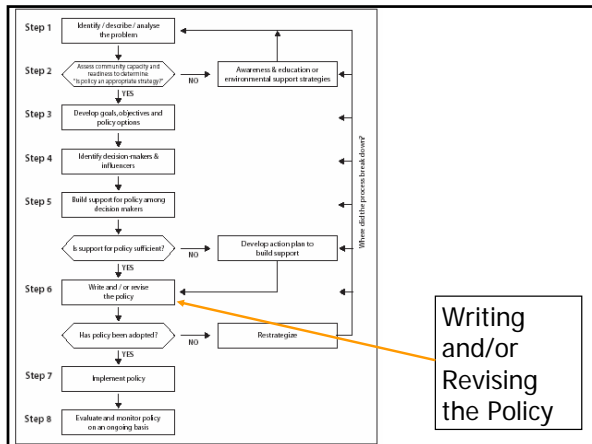
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### The Writing Process

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- Ideally done by a small subcommittee (2-3 persons) with a designated lead writer
- Committee will assume responsibility for:
  - Writing drafts of the policy
  - Obtaining feedback from other stakeholders (as deemed appropriate)
  - Undertaking revisions

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### The Writing Committee

THE HEALTH COMMUNICATION UNIT

- Representative from the 'system'
- Expert(s) in the topic area
- Stakeholders representing those affected
- System representatives

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## Characteristics of Effective Policies

- Effective policies:
  - Are developed using a 'bottom-up' approach (consult with stakeholders to determine needs and appropriate solutions)
  - Have realistic goals and objectives
  - Do not rely exclusively on punitive measures
  - Are enforced fairly and consistently
  - Are responsive to changing circumstances and unintended consequences

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## Common Policy Elements

- Rationale
- Definitions
- Components
- Restrictions/Limitations/Consequences/Details
- Communication, Signage & Enforcement

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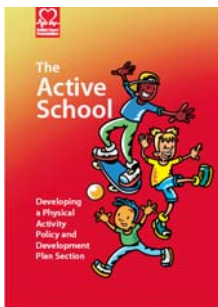
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## Sample policy outline



- The content of a Physical Activity Policy**
- brief background information
  - facilities available for physical activity
  - aims
  - objectives
  - school policies on specific issues e.g. equal opportunities, safety
  - staffing levels and responsibilities
  - curricular programme
  - out-of-hours learning programme
  - methodology e.g. learning objectives, teaching styles
  - organisation
  - training
  - resource provision
  - dissemination
  - monitoring and evaluation procedures, with examples

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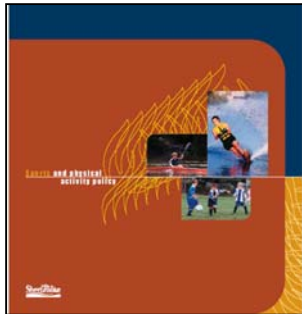
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## Sample Policy



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## Be clear with the policy wording...

Number of drinks OR amount of alcohol

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## Evaluating Policy Initiatives

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### The 3 objectives for this step:



1. To collect evaluation data that will be useful to stakeholders.
2. To identify methods of monitoring the process and the impact of the policy over time.
3. To summarize the learnings of the policy development process.

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### Two basic types of evaluation



- **Process evaluation** monitors the implementation of your policy. It examines the procedures and tasks involved in carrying out a policy in an effort to determine "what is happening to whom."
- **Outcome evaluation** assesses the results or impacts of a policy, both intended and unintended, to determine whether or not the policy made a difference.

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### Evaluation Tips



- Link your evaluation measures to the **goals and objectives** of the policy.
- Select **easy, realistic methods** to collect evaluation data, such as questionnaires, surveys and focus groups. Make sure that data is collected systematically from the moment the policy is implemented. Don't wait until a policy has been in place for a long period of time before starting to evaluate its impact.
- Review the evaluation results on an **ongoing basis** to guide appropriate changes and modifications to the policy.
- Evaluations should include a mix of both **quantitative (numerical) and qualitative data**. Both types of information are needed to fully understand the impact of a policy.

Effective healthy public policies are not static; they are flexible enough to incorporate insights gained from past experience while responding to future developments and trends.

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# Additional Supports

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**Supports Available** 

- The Ontario Health Promotion Resource System: [www.ohprs.ca](http://www.ohprs.ca)
- Ontario Health Promotion Email Bulletin - [www.ohpe.ca](http://www.ohpe.ca)
- Coalition for Active Living Policy Watch - [www.activeliving.ca/English/index.cfm](http://www.activeliving.ca/English/index.cfm)
- HHRC "Policies in Action" - [www.hhrc.net/resources.htm](http://www.hhrc.net/resources.htm)
- Alcohol Policy Network – [www.apolnet.org](http://www.apolnet.org)
- Others?

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**Other resources to consider** 

- [http://www.thcu.ca/infoandresources/policy\\_resources.htm#rws](http://www.thcu.ca/infoandresources/policy_resources.htm#rws)
  - Web sites
  - Publications
  - List servs

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# Summary & Wrap-up

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**Don't try to save time by cutting corners!!!**

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**Disclaimer**

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The Health Communication Unit and its resources and services are funded by the Community Health Promotion Branch, Ontario Ministry of Health and Long-term Care. The opinions and conclusions expressed in this paper are those of the author(s) and no official endorsement by the Ministry of Health and Long-term Care, Community Health Promotion Branch is intended or should be inferred.

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