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*at the Centre for Health Promotion  
University of Toronto*

# Developing Health Promotion Policies

Version 1.0 March 31, 2004

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# INTRODUCTION

*“Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.*

*Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services and cleaner, more enjoyable environments.*

*Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.”*

Ottawa Charter for Health Promotion (1986)

The following workbook has been developed to help you, as individuals and groups, promote health in your community through policy development. The purpose of the workbook is to provide basic knowledge and skills about the policy-development process in specific settings, such as schools, workplaces or entire communities.

## **What is policy?**

The *Canadian Oxford Dictionary* (1998) defines policy as “a course or principle of action adopted or proposed by a government, party, business or individual.” It therefore implies a value or belief as well as defining what is acceptable by supporting certain steps or procedures. Policies serve as guides to action on an issue by specifying expectations and regulations.

While a policy can be informal, this workbook is concerned with the development of formal, written policies by agencies, organizations and communities to support particular health outcomes.

## **Why consider policy as a health promotion strategy?**

Figure 1 on page 3 illustrates the role of policy as part of a comprehensive approach to health promotion. As a strategy for health promotion, a policy should serve one of the following purposes:

- make healthy choices easier;
- make unhealthy choices more difficult; and/or
- provide equitable access to the key determinants of health, such as income, education, housing, employment, clean air, nutritious food and a safe water supply.

If implemented well, policies addressing a health issue can have a profound impact on the health status of individuals and communities. For example, a 10% increase in the prices of cigarettes through taxation policies has been shown to decrease consumption by 4% among adults and up to 14% among youth.

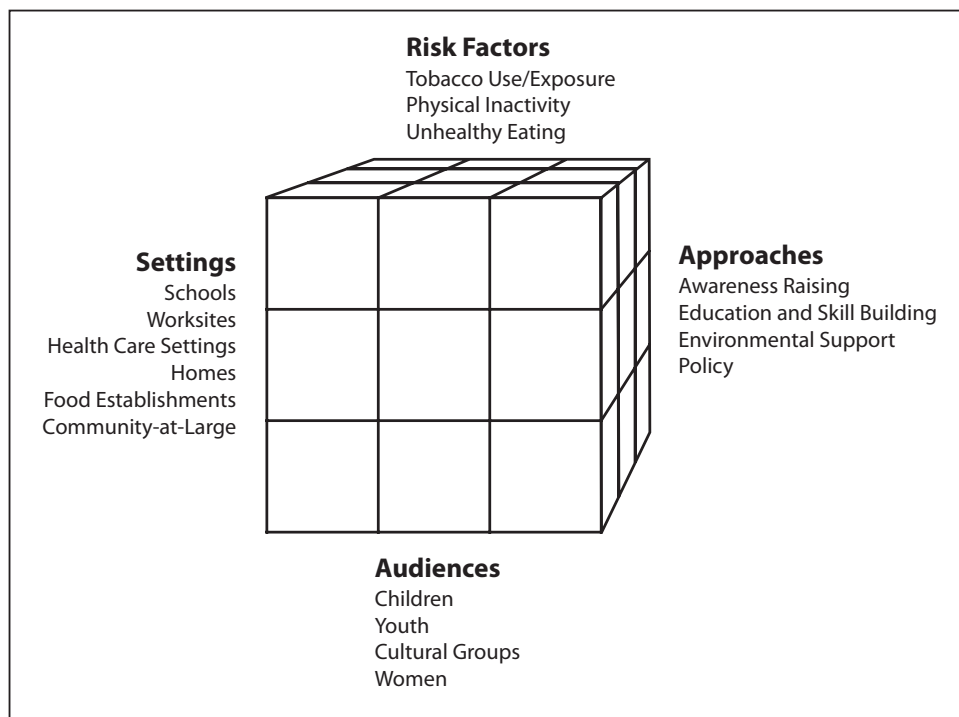
A significant aspect of policy is that it is long lasting. This can be very important since people in positions of influence may change, but a policy is harder and slower to change. Similarly, educational programs may be short lived if funding for these initiatives is withdrawn. Accordingly, it is very important to consider policy as a way of sustaining change over time.

## **How to use this workbook**

This workbook

- provides guidelines, not prescriptions, to help you make informed, considered choices and decisions about policy-development;
- gives a step-by-step outline of the policy-development process and the skills and knowledge required for each step;
- gives helpful tips to build support for policy;
- illustrates the policy-development process using actual examples; and
- describes some basic terminology.

The workbook seeks to give you a sense of direction and a sound basis for making informed decisions about the use of policy as a health promotion strategy. To get a thorough understanding of what is involved in the policy development process, you will likely benefit from reading the workbook in its entirety.

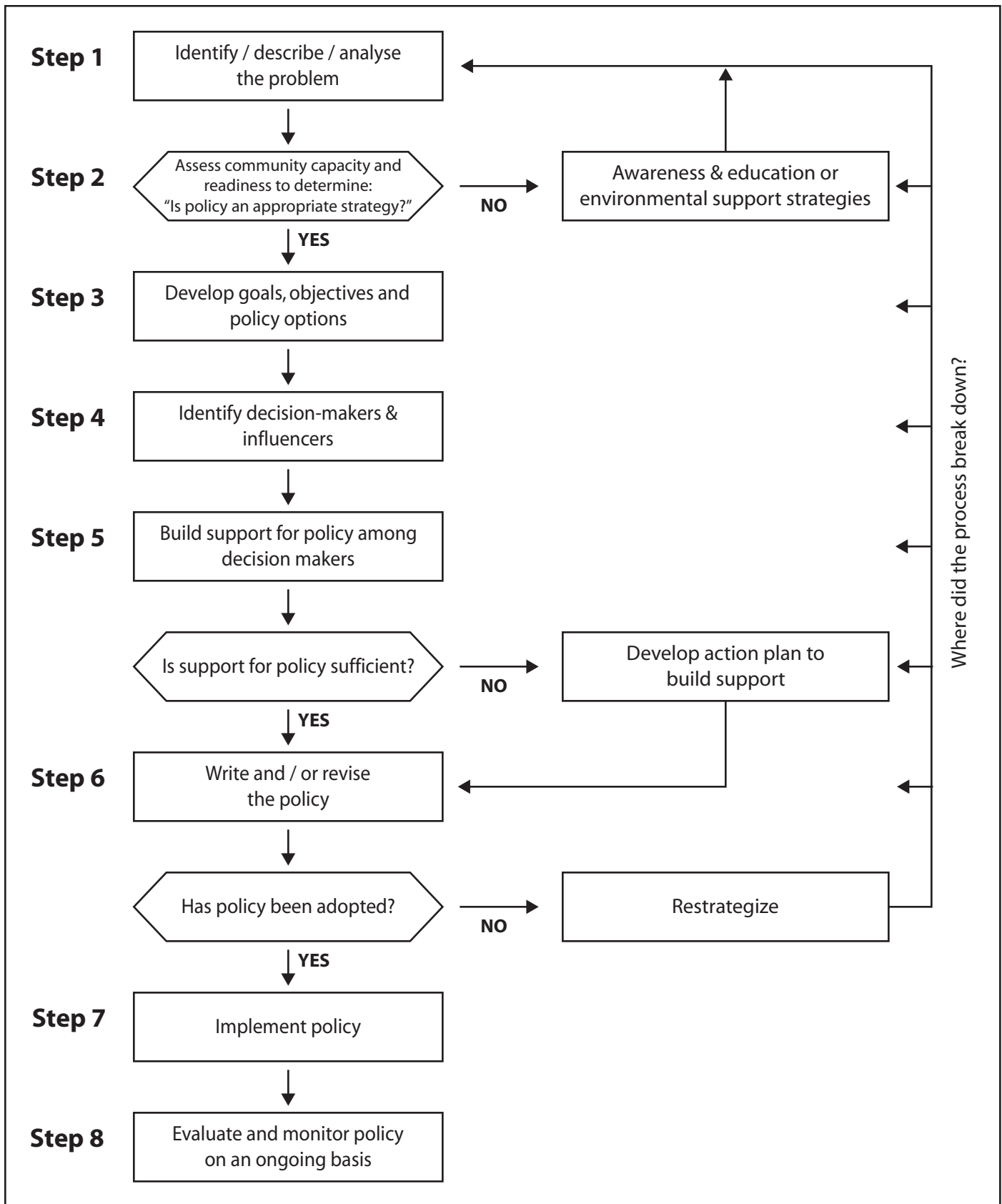


**Figure 1** The Role of Policy as Part of Comprehensive Approach to Health Promotion

## The THCU roadmap for policy development

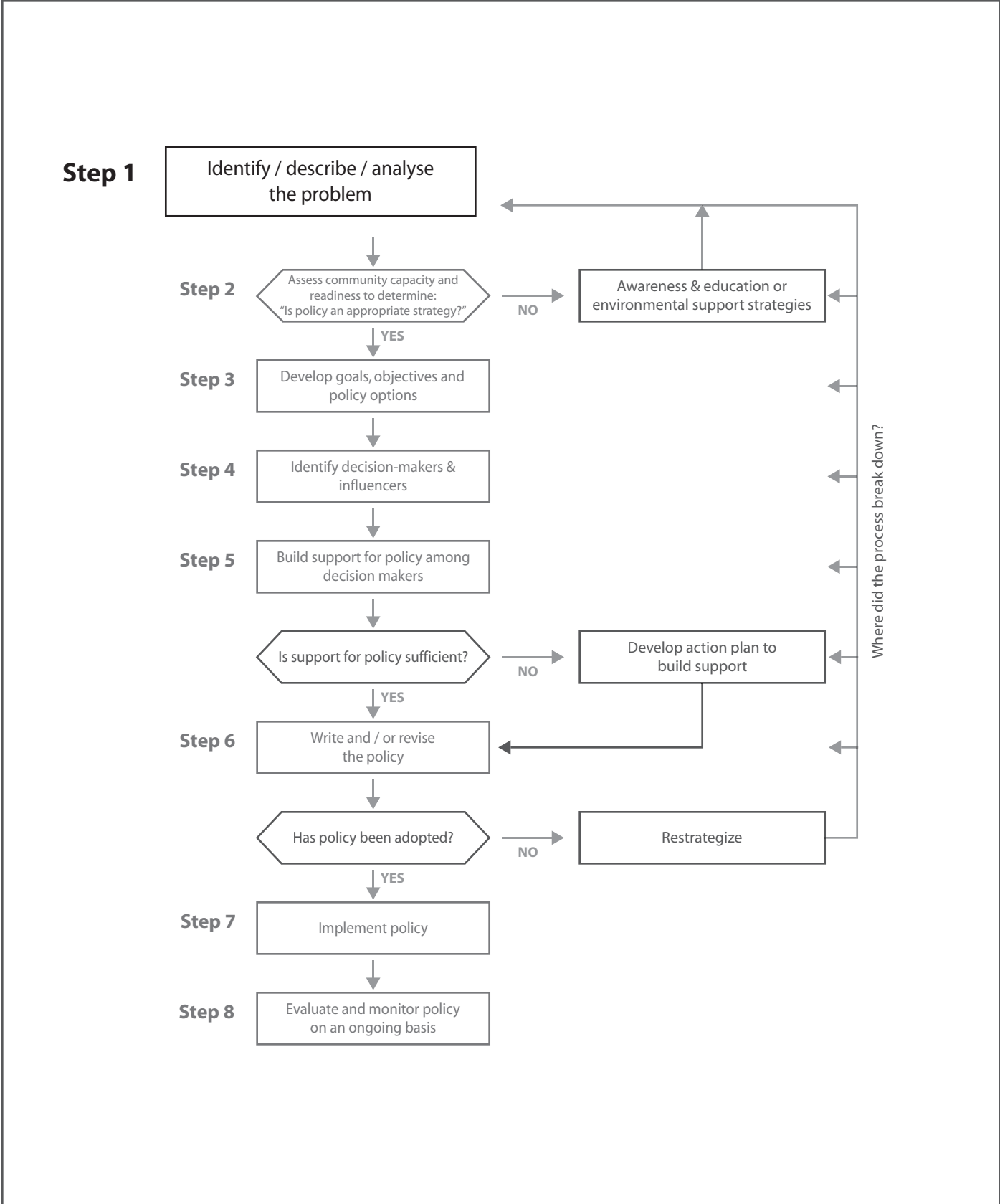
The following diagram is included at the beginning of every chapter. It is called a roadmap because it functions like any map that tells you where you are, where you are going and how far you are from your ultimate destination.

Although the workbook presents policy development as a linear process, keep in mind that you could find yourself at different points on the map at any time. Depending on your situation, you can start at any point in the process, or go back one or more steps if additional work is required.



**Figure 2** The THCU Roadmap for Policy Development





**Figure 3** Step 1, The THCU Roadmap for Policy Development

STEP

1

# IDENTIFY, ANALYZE AND DESCRIBE THE PROBLEM

## Identifying the problem

Most efforts to develop or modify policy begin with an idea that something is wrong or something needs to be changed. You will notice that the THCU policy-development model starts with this assumption.

### Describing the problem

Once you realize that something is wrong and/or needs to be changed, your next task is to understand the nature of the problem. You need a clear understanding of any problem in order to solve it. The better you are able to describe the nature of a health issue or problem in your community, the more effective you will be in developing a policy to address it.

Answering the following questions can be a helpful starting point for describing the nature of a health issue or problem:

1. What is the extent of a 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? Is there a starting point to your problem? When did it first become apparent?
5. Are you looking at a real problem or a symptom of a larger problem or issue?

Ideally, at the end of this analysis you will be able to state your problem in one sentence. The ability to do this increases your ability to communicate the nature of the problem to others, thereby building support for policy development or policy change.

## **Analyzing the problem**

After you have identified and described the problem, the next task is to conduct an analysis of the problem. This involves finding out why the problem exists in the first place and who is affected by it.

Here are some basic questions to help you analyze your problem:

1. What is it about the situation or condition that is unacceptable or wrong? What events or incidents illustrate this?
2. What factors in the community affect the problem (e.g., community attitudes, traditional values, conflicting agendas, economic difficulties, cultural differences)?
3. What has been done to try to resolve the problem?
4. What is the cost of the problem (human and financial)? What is the cost of doing nothing about the problem?

## **Identifying and understanding stakeholders**

A key step in analyzing a problem is determining the individuals and groups with an interest or stake in the problem or issue under consideration. These include those individuals and groups who would be positively or negatively affected if the problem was resolved. For example, the implementation of a municipal tobacco by-law may delight non-smokers while angering bar and restaurant owners due to the potential loss of customers and revenue.

The extent of the likely support for, and opposition to, a policy solution to a problem has to be considered during the analysis stage. In other words, you need to know who the key stakeholders with an interest in your issue are. Many health issues addressed by policies are linked to a broad range of stakeholder interests. For example, the following diagram shows the wide range of stakeholder groups with an interest in a tobacco by-law limiting smoking in public places.

Answering the following questions can help you identify and understand the stakeholder groups with an interest in your health issue:

1. Who will be positively or negatively affected if the problem was resolved?
2. Who else sees this as a problem?
3. What exactly do some stakeholders stand to gain from resolving the problem? How important is it to them?
4. Are the stakeholders' reasons for wanting the problem solved the same as yours? If not, what are their reasons?
5. Are there others who you might bring on side if the matter was brought to their attention?
6. What exactly do other stakeholders stand to lose from resolving the problem? How strong is their opposition likely to be? What counter-arguments can be anticipated?

## Gathering data about a problem or issue

You should begin to gather relevant information, or **data**, about your problem as soon as you can. Solid, reliable data is critical for raising awareness about a problem and building support for policies aimed at addressing the problem.

Here are some possible sources of information:

- **Community service directories** can help you identify the groups, agencies and organizations that have an interest in your issue and/or have taken action in response to your issue.
- **Population health status data** is available from your local public health unit, district health council or health research organizations.
- **Socio-demographic data** can include key social and economic variables in your community, such as household income, education level, foodbank use, age distribution or occupational categories. Relevant sources for this information include Statistics Canada or your local social planning council. In addition to providing you with local data, this information may allow you to compare your community with others across the province or country.
- **Other studies about the problem or issue**, such as needs assessments, research reports, and journal articles are good sources. This documentation could be located through searches at reference libraries or keyword searches of on-line databases such as Medline.
- **Newspaper or magazine articles** may have relevant information about the problem or issue. Pay particular attention to articles that refer to controversy surrounding the issue or indicators of support.
- **Interviews with key individuals or groups** such as heads of community agencies, elected officials or informal community leaders, can provide valuable information about a problem or issues. Remember that they can only give you their perspective, so you will need to consult with a wide range of people.

Try to collect as much local or community-level information about your problem as possible. This will increase your ability to ‘make the case’ for recognizing and addressing the problem.

The clear identification, description and analysis of a problem are the starting points in the journey towards policy development as a solution. Because all other actions stem from the way in which a problem is identified, it is important to devote considerable attention to the initial step of the policy development model. This lays the foundation for all other actions that follow.

**Step 1  
Worksheet**

Identify / describe / analyze the problem

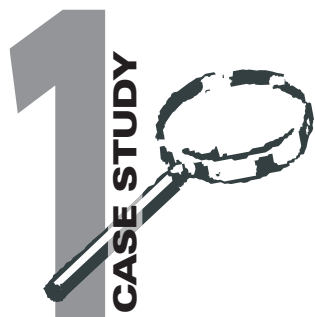
<b>Issue / Topic:</b> _____	<b>Setting:</b> _____	<b>Population:</b> _____
1. What is the extent of the problem (use local data if possible)?	4. What has been done to try and resolve the problem?	
2. What is the origin or cause of the problem?	5. Who else thinks it is a problem?	
3. What has contributed to the development of the problem?	6. Is this problem a crisis? Why or why not?	

**Step 1  
Worksheet**

Identify / describe / analyze the problem continued

Issue / Topic: \_\_\_\_\_ Setting: \_\_\_\_\_ Population: \_\_\_\_\_

<p>7. What would happen if this problem was NOT dealt with?</p>	<p>10. What additional information do you need about this problem (data, supporters, documents etc.)?</p>
<p>8. Is this an appropriate time to be dealing with this problem? Why / why not?</p>	<p>11. What are potential solutions to this problem?</p>
<p>9. How has anyone elsewhere tried to address this problem?</p>	<p>In one sentence, what is the REAL problem?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



## **Smoke-free By-laws: An Effective Means of Eliminating Second-hand Smoke**

In 1994, an amendment to the Ontario Municipal Act gave municipalities the right to enact by-laws controlling smoking in public places and workplaces. By 2002, over 100 Ontario municipalities enacted by-laws banning or restricting smoking in at least some public places and workplaces. Of these, Ottawa, Waterloo and Guelph passed the most stringent restrictions on smoking, with a 100% ban on smoking in public places that does not allow for the construction of designated smoking rooms (DSRs). Many other communities followed with less stringent by-laws that offered at least some level of protection against environmental tobacco smoke and plans to strengthen the legislation in the future. As more and more communities passed smoke-free bylaws, the number of municipalities expressing an interest in enacting their own bylaws has increased (Baron, 2002).

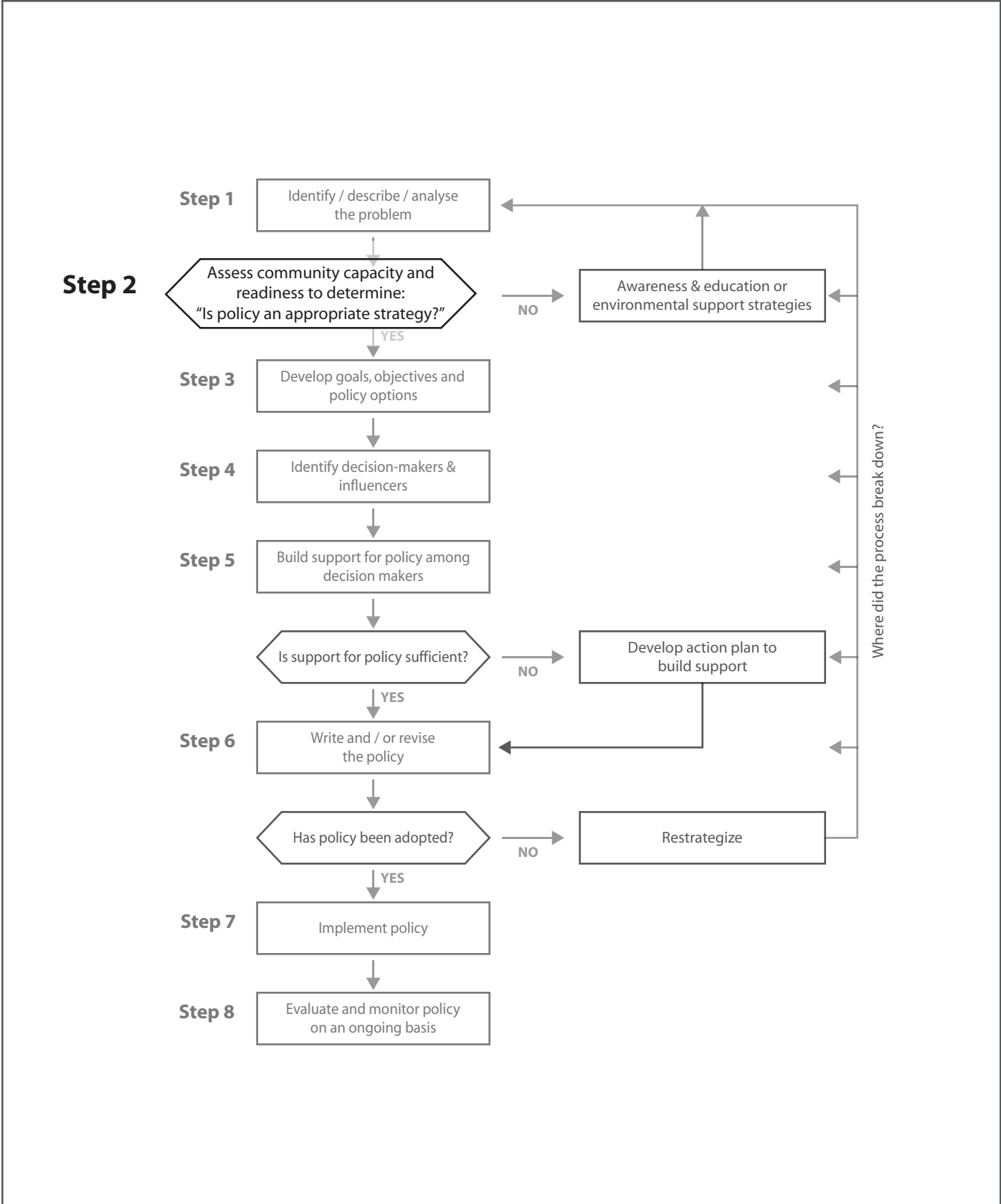
In Ottawa alone, about 100 non-smokers die every year from exposure to second-hand smoke. During public consultations held to guide the development of a smoke-free bylaw in Ottawa, businesses informed city officials that they wanted the by-law to be fair by placing all establishments on a level playing field. A 100% smoke-free by-law met this criterion, as it required all businesses to adjust to the change at one.

Ottawa's Medical Officer of Health recommended a 100% smoke-free bylaw. To promote the adoption of the by-law, the health unit sent regular communiqués on the issue to city councillors, visited newspaper editorial boards and held well-attended public consultations throughout the city. After a public debate on the issue, Ottawa City Council unanimously passed a 100% smoke-free bylaw and conducted a successful marketing campaign to raise public awareness and promote compliance.

As of August 1, 2001, all Ottawa workplaces and public places went 100% smoke free. A poll conducted by the Ottawa Sun, released in December 2001, found that nearly one-third of residents were going out to restaurants and bars more often since the ban was imposed.

The Ottawa experience provides an informative blueprint for the implementation of a 100% smoke-free by-law in a large urban community. With 9 in 10 Ontario adults supporting smoke-free workplaces and public places, this is an opportune time for Ontario communities to take action on the health impacts of second-hand smoke.





**Figure 4** Step 2, The THCU Roadmap for Policy Development

STEP

# 2

## ASSESS COMMUNITY SUPPORT, CAPACITY AND READINESS TO DETERMINE IF POLICY IS AN APPROPRIATE STRATEGY

Before reaching a decision to work towards establishing a policy, it is vital to assess

- the amount of community support you have to address your problem and proceed with policy,
- the level of capacity to develop and implement policy that exists within your organization and the broader community, and
- the level of community readiness to embrace policy as a solution to the identified problem.

### **Community support and capacity**

As you can see from the policy model, this is a step that needs to occur early in the policy-development process. You will need to know whether or not members of your community agree with your viewpoint. Without their support, you may have to temporarily suspend your work until you can bring your community onside.

Two distinct forms of support are needed to proceed with the policy development process. First, you will need to know if the community views your issue as a serious problem. If this is the case, they are more likely to support policy as a way of addressing it. Second, you will need the support of individuals and groups who are both strongly committed to the issue and interested in developing policy as a solution.

Here are some questions to help you assess community support and capacity:

1. Are there educational and awareness programs in your community that focus on your problem? How long have they been running? How successful have they been? How popular are they?
2. What kinds of environmental support for your issue exist in your community?
3. Has the problem been a recent focus in the media (radio, TV, newspaper editorials, etc.)?

4. If similar issues have arisen in the past, what kind of actions were taken?
5. Is there valid and representative survey data measuring public opinion about the problem?
6. Are there signs in the community that indicate a need for change (e.g., dissatisfaction with the status quo or interest in a new idea)?
7. What general capacities to deal with the problem exist (assets, organizational infrastructure, community leaders, social capital)?

### **Decision makers**

In assessing community support, it is important to be mindful of the role of **decision makers**, those people with the power to implement policy. Some have actual decision making power; others are extremely influential but may or may not have official power. In order to assess community support for your issue, you need to consider who in your community has both official and influential power. You need to assess their views about the problem and the likelihood they will support policy as a potential solution.

### **Force field analysis: assessing the climate for change**

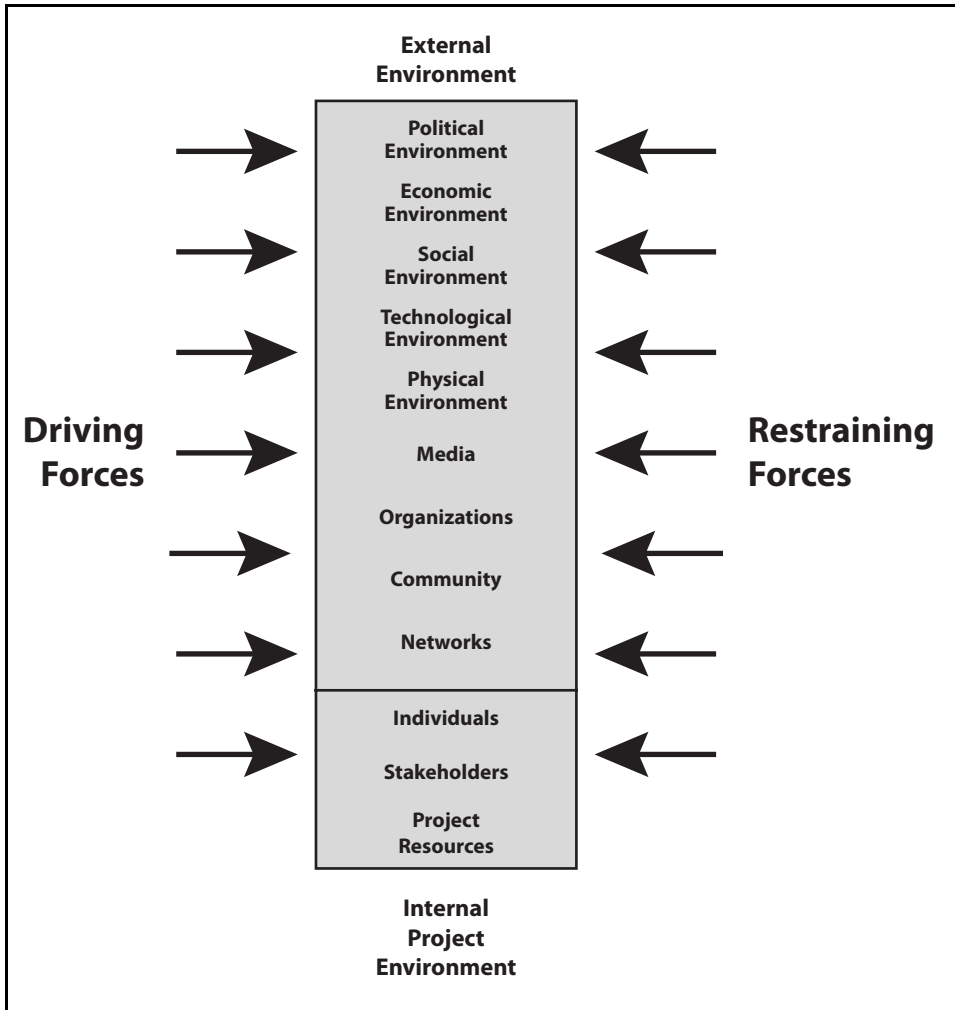
The **climate for change** refers to the combination of attitudes, values, atmosphere and players in your community that encourages or hinders change. It is extremely important to gauge the climate of change in your community regarding your issue because you want to predict the degree of support and opposition you are likely to encounter. Keep in mind that this climate can be difficult to assess as it can change very quickly.

To predict how well a policy proposal will be received, it can be useful to determine the forces likely to support and oppose the policy. **Force field analysis**, a process developed by Kurt Lewin, maps these opposing forces and studies their relative strengths. Force field analysis is particularly useful for identifying and responding to potential counter-arguments against the adoption of a policy.

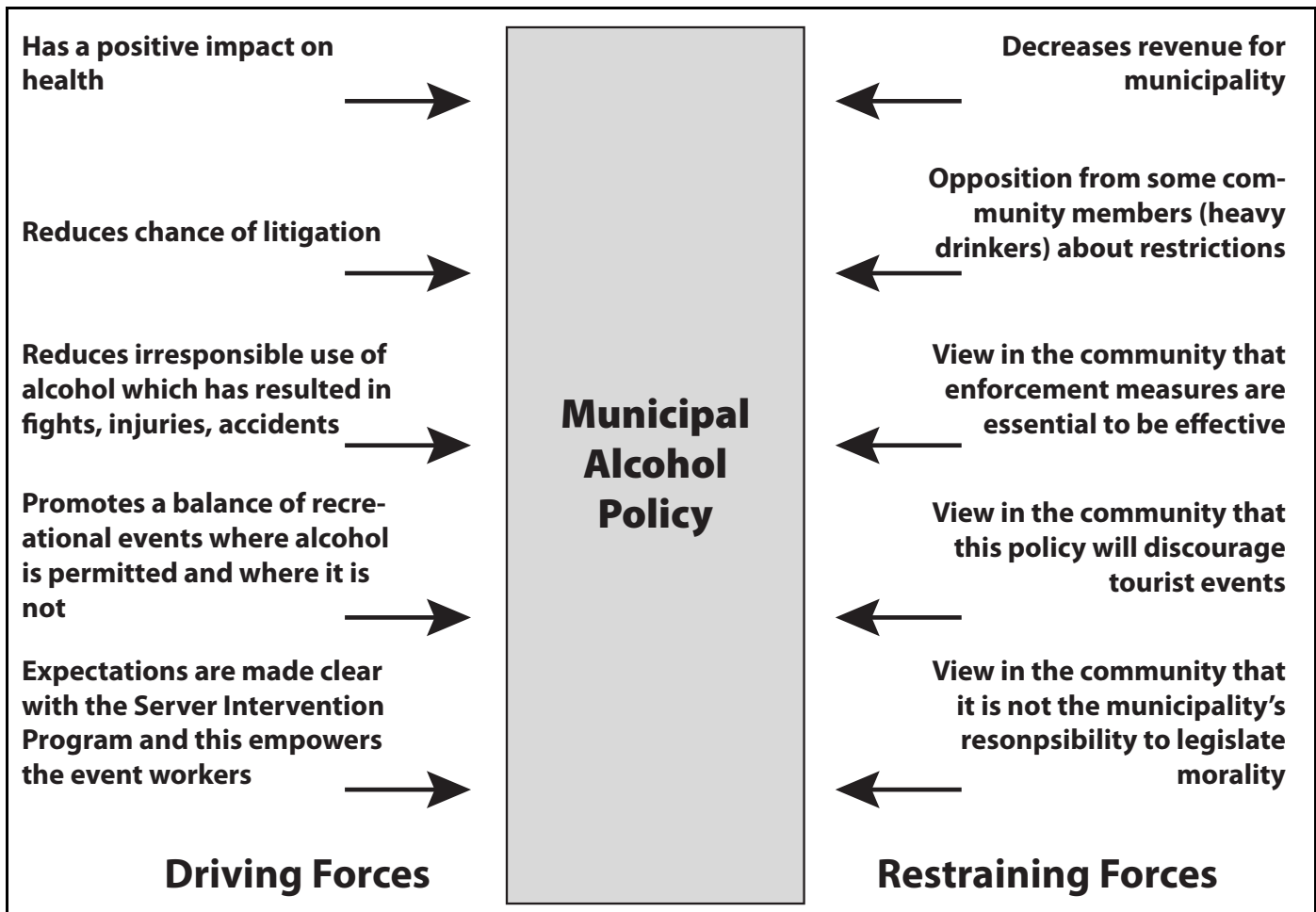
To conduct a force field analysis, you need to ask yourself the following questions:

1. What will help us to take action on the problem? What are the driving forces?
2. What will hinder us? What are the negative or restraining forces?

As figure 5 on page 17 illustrates, a force field analysis can be done as part of an environmental scan that includes both the external (e.g., social, political, technical) and internal (e.g., resources for policy change) impacting on a problem or issue. Figure 6 on page 18 is an example of a force field analysis conducted to identify the forces favouring and opposing the implementation of a municipal alcohol policy.



**Figure 5** Situational Assessment



**Figure 6** Example of Force Field Analysis

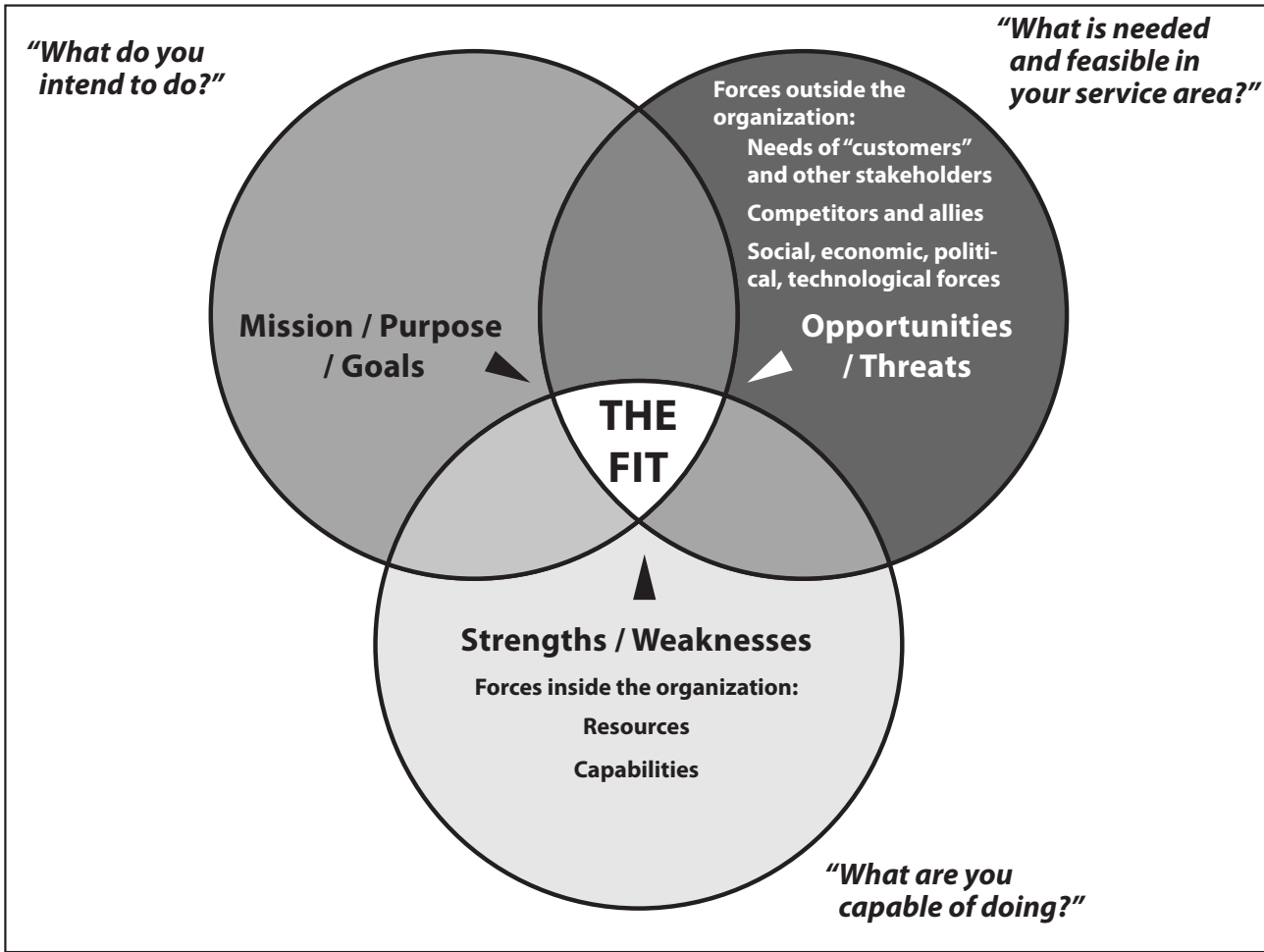
### **Determining if policy is an appropriate strategy**

Now that you have carefully examined your problem, you have a critical decision to make about whether or not to proceed with policy. Keep in mind that policy is not the only solution to a health problem or issue; in some cases, policy may not be the best solution. Answering the following questions will help you to determine if a policy is the most appropriate way of addressing the health problem.

1. Is there more than one solution to your problem?
2. What does each solution require in terms of time, people, money and/or additional resources?
3. Which solution offers the greatest benefit at the least cost?
4. Do any of the solutions involve policy development?
5. Are you willing to do the work required to develop policy?
6. Is your organization willing to support you in your policy development work?
7. Does your organization have a mandate that includes policy development?
8. Do you have the necessary level of community support for policy change?

As figure 7 on page 20 illustrates, the decision about whether or not to proceed with policy is based on finding the optimal fit between

- the mission, purpose and goals of your group or organization;
- the strengths and weaknesses of your organization as an agent for policy change (resources, capabilities, etc.); and
- the forces in the external environment (opportunities and threats).



**Figure 7** Finding the Optimal Fit

If you have carefully considered the full range of possible alternatives and determined that policy is the best solution to your problem, then you are ready to proceed through the subsequent steps of the model. If not, then you may choose to take a step back and focus on building the necessary prerequisites for policy, such as community support. Alternatively, you may decide to proceed with another health promotion strategy, such as education, organizational change or environmental support, as a means of addressing your problem or issue.

**Step 2**  
**Worksheet**

Assess community support, capacity and readiness

List the individuals and groups from whom you may obtain support

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If the change or solution you are seeking was put in place today, who would be affected? Who would care?

May Oppose	May Support	Neutral

**Step 2  
Worksheet**

Assess community support, capacity and readiness continued

Key Reason to Oppose	Key Reasons to Support	Reasons (if any) to Remain Neutral

How can you refute these arguments? Are they contestable? Are they true?	How can you use the supporting reasons to counter arguments?	Can these people be persuaded to support or at least not oppose?

## The 'One Percent Solution' to Homelessness

Canada has had a past record of success in ensuring that its citizens have access to affordable housing. In the four decades following the end of the second world war, federal, provincial and municipal governments funded many community-based housing projects that provided good homes to hundreds of thousands of women, men and children.

Beginning in the 1990s, however, federal, provincial and territorial governments gradually withdrew from funding the development of new housing projects. By the end of the decade, only British Columbia and Quebec had small programs to help develop new affordable housing (Crowe, 1999).

Not surprisingly, the withdrawal of government support for new affordable housing corresponded with a step drop in the overall rental vacancy rate and a rise in the number of homeless individuals and families relying on shelter accommodation. In Ontario, this situation was exacerbated by the sunseting of provincial rent control legislation in 1998.

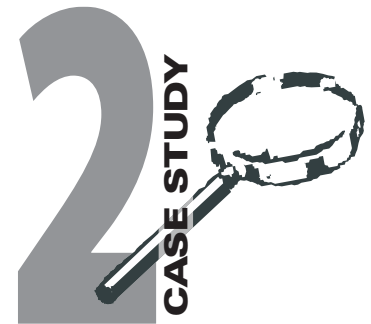
In response to growing concern about the steep increase in the number of homeless in Canada's largest city, a group of community health workers and anti-poverty activists launched the Toronto Disaster Relief Committee (TDRC) in 1998. The following year, TDRC launched the One Percent Solution, an education and advocacy campaign aimed at getting federal, provincial and territorial developments to restore funding for affordable housing and adopt more equitable housing policies.

The One Percent Solution is based on a finding by David Hulchanski, a housing policy expert at the University of Toronto, that in the mid-1990s, before the bulk of the funding cutbacks took place, federal, provincial and territorial governments spent 1% of their budgets on housing. The TDRC calls upon all levels of government to double their spending on affordable housing (i.e., from one to two percent of their total budgets).

*The TDRC advocates the adoption of the following recommendations:*

1. funding of \$2 billion for affordable housing by the federal government, and another \$2 billion by provinces and territories;
2. restoring and reviewing national, provincial and territorial programs aimed at resolving the housing crisis and homelessness disaster; and
3. extension of the federal homelessness strategy (Supporting Community Partnerships Initiative), with immediate funding for new and expanded shelters and services across the country.

TDRC engaged in a range of educational and advocacy strategies to lobby for the adoption of these recommendations, including rallies, demonstrations, meetings with municipal, provincial and federal decision makers and a

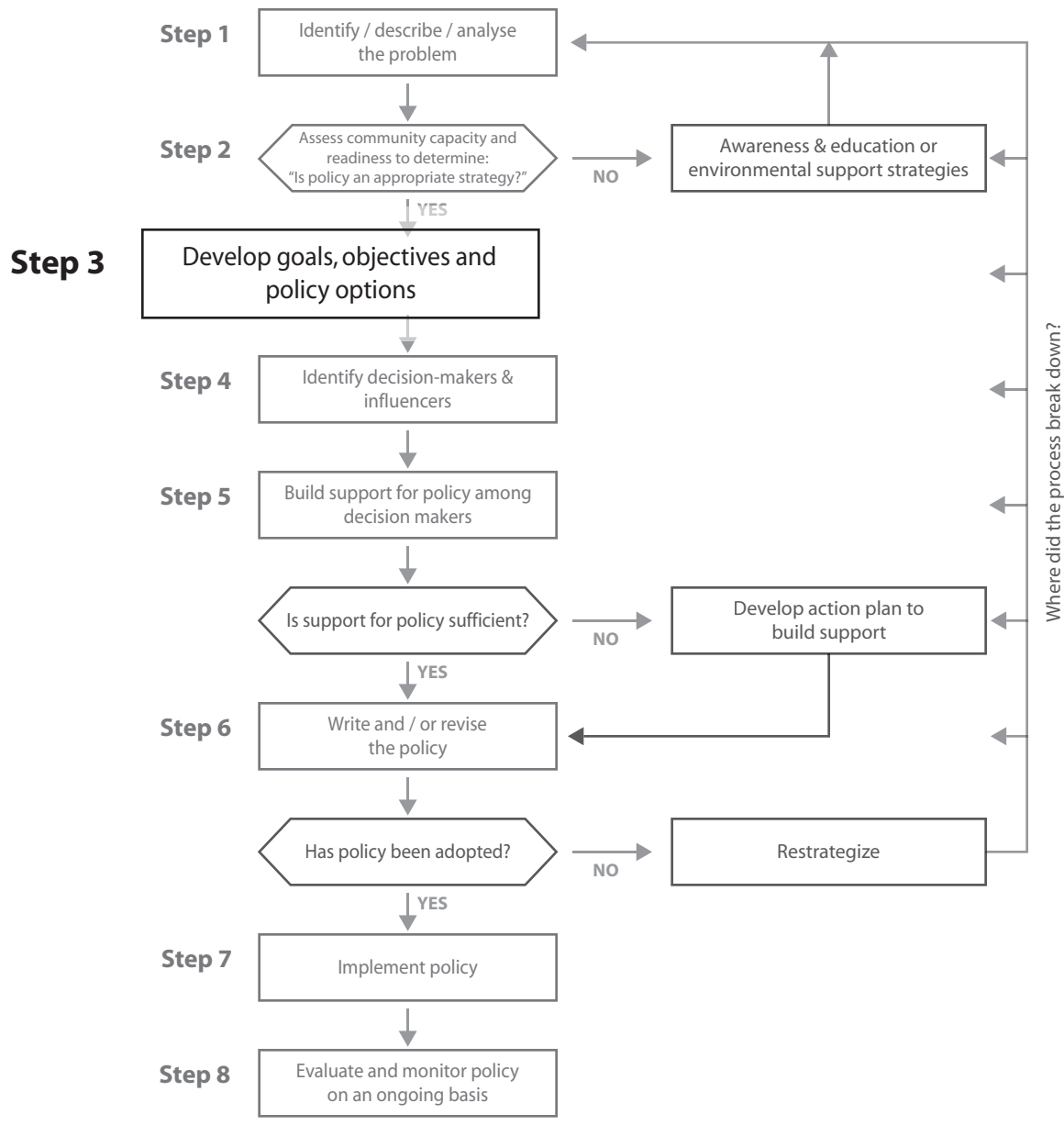


nation-wide letter-writing campaign. The advocacy efforts of the TDRC generated nation-wide media coverage, which proved to be invaluable in raising public awareness of the lack of affordable housing.

In 1998, the TDRC was successful in getting Toronto City Council to endorse an Emergency Declaration of Homelessness as both a city-wide and national disaster. In the years since the declaration, sustained advocacy efforts by the TDRC and its allies have led to significant responses by the federal government. These include the development of a federal Homelessness Strategy in 1999 (\$753 million for services and temporary shelter over three years) and the establishment of the Affordable Housing Agreement in November 2001, a federal-territorial-provincial matching fund providing \$680 million for affordable housing over five years. The latter initiative provides the first federal money for affordable housing since 1993.

Much remains to be done to ensure that all Canadians in need have access to affordable housing. The new funding initiatives, while significant, fall far short of the \$4 billion benchmark set by the TDRC, and a number of provinces have taken advantage of loopholes in the Affordable Housing Agreement and refused to commit matching provincial dollars. While the TDRC has not, as yet, been entirely successful in achieving its objectives, its education, coalition building and advocacy efforts have had a major impact on building positive momentum for more funding and a stronger housing program.





**Figure 8** Step 3, The THCU Roadmap for Policy Development

# STEP 3

## DEVELOP GOALS, OBJECTIVES AND POLICY OPTIONS

### Setting goals and objectives

Setting clear, measurable and attainable goals and objectives is an important part of the policy development process. A **goal** is a broad 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 among young people).

When setting policy goals, consider

- what aspect of a health issue/problem you want to address, and
- what your policy can realistically achieve over the short and long-term.

An **objective** is a brief statement specifying the desired impact or effect of a policy (i.e., how much of what should happen to (whom) by when). Most policies have one, or, at most, two to three goals, and multiple objectives. Objectives can be viewed as directions or building blocks towards the achievement of policy goals.

For example, a campus alcohol policy could be developed to achieve the following objectives:

- to reduce the incidence of alcohol-related injuries on campus,
- to promote low risk drinking guidelines while supporting those who choose not to drink,
- to implement an intervention and counselling protocol for students at risk of drug and alcohol-related problems, and/or
- to promote responsible alcohol use at licensed establishments on campus.

Here is an easy way to remember how to write good objectives. They should be S.M.A.R.T.

*S = Specific*

*M = Measurable*

*A = Attainable*

*R = Realistic*

*T = Time limited*

Here are some tips for setting policy objectives:

- Consider the specific policy components and time frame needed to meet your goals.
- Each objective should focus on one desired policy change or result.
- Remember that a comprehensive policy will entail multiple objectives (both long and short term).
- Objectives must be measurable so the impact of a policy can be evaluated.

Once you have drafted a set of goals and objectives, take a step back and ask yourself the following:

1. Are these goals and objectives consistent with how you/your group/organization define the problem?
2. Are they consistent with what members of your group/organization want to do?
3. Are they realistic, given the nature of the problem and the resources available to address it?

The value of setting goals and objectives should not be underestimated. With clear goals and objectives, you will have a good idea of the scope of the problem and what can be done about it.

## **Choosing a policy option**

Having set your goals and objectives, you now need to consider what kind of a policy to pursue. **Policy options** are choices regarding the types of policies that can be put in place to address health issues. You need to decide which policy option might be most effective and how many options should be pursued over time.

Here are some examples of policy options for a range of health issues.

### **Alcohol**

- restricting minors from attending alcohol-related events
- restricting advertising of alcohol in city-owned youth facilities and arenas
- requiring free non-alcohol drinks for designated drivers

### **Affordable housing**

- advocating for restoration of rent control on vacant units
- advocating for construction of subsidized housing units

### **Tobacco**

- 100% smoke-free by-laws prohibiting smoking in public places and workplaces
- implementing a comprehensive tobacco use prevention curriculum at the school board

### **Healthy biophysical environments**

- municipal recycling policy
- 'green' energy-purchasing policy
- regulations restricting commercial use of pesticides

### **School nutrition**

- requiring schools to offer low-fat foods
- charging more for high-fat foods in cafeterias and workplaces
- banning pop machines in schools

In order to choose which kind of policy to pursue, you should first consider the degree of support for each policy option. Strong community support for a particular policy will make it more attractive to decision makers, thereby increasing its likelihood of implementation. Although it can be difficult to measure community support, you could interview a cross-section of people to get their views. Through this process, you may find that your community needs

to be better informed about the issue. To increase support for your policy option, you could also investigate how similar issues have been handled in other communities.

Assessing the various policy options for addressing your issue and the corresponding degrees of support for these options forces you to be realistic about what you can achieve. It also shows you that you may need to negotiate with decision makers and accept less than you want in order to move forward. It may also help you to identify options that you would not accept as a solution. Central to this process is the community's receptivity to, and degree of support for, the change you are proposing.

**Step 3  
Worksheet**

Develop goals, objectives and policy options

**C: Policy Goals and Objectives**

**1. Goal of policy**

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**2. Policy objectives**

Step 1

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Step 2

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Step 3

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Step 4

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**3. Possible options for achieving goals and objectives**

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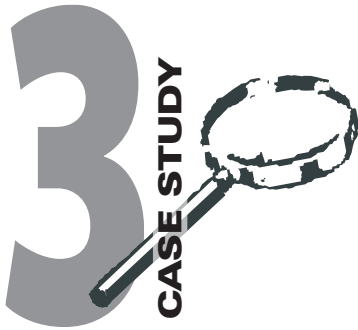
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## Health Promoting Policies in the Workplace: The MDS Nordion Story

The health and well-being of employees is influenced by a wide range of factors present in workplaces, including poor air quality, poor ergonomic design, the organization of work, the degree of decision making and control, hazardous materials and workplace-induced stress. Given the preponderance of these factors, and their impact on employee productivity, motivation and morale, it is not surprising that the workplace is a key setting for the implementation of health promotion policies.

Like many organizations throughout Canada, MDS Nordion in Kanata, Ontario, a company specializing in radioisotopes, radiation and related techniques to treat disease, underwent a series of major changes during the 1990s. In 1991, this former crown corporation was purchased by MDS Inc., a private-sector health-sciences company.

To accomplish a successful transition from a crown corporation to a competitive, privately controlled company, MDS realized that they needed a strong organizational culture with healthy employees. Led by the vice president of human resources, MDS Nordion set out to establish organizational support for employees to enhance their health and well-being (Health Canada, 2002).

The company began the process in 1992 by conducting a comprehensive needs assessment of the factors that were most important for maintaining employee health and wellness. Eighty percent of employees participated. Issues such as stress reduction and striking a balance between work and family life were identified.

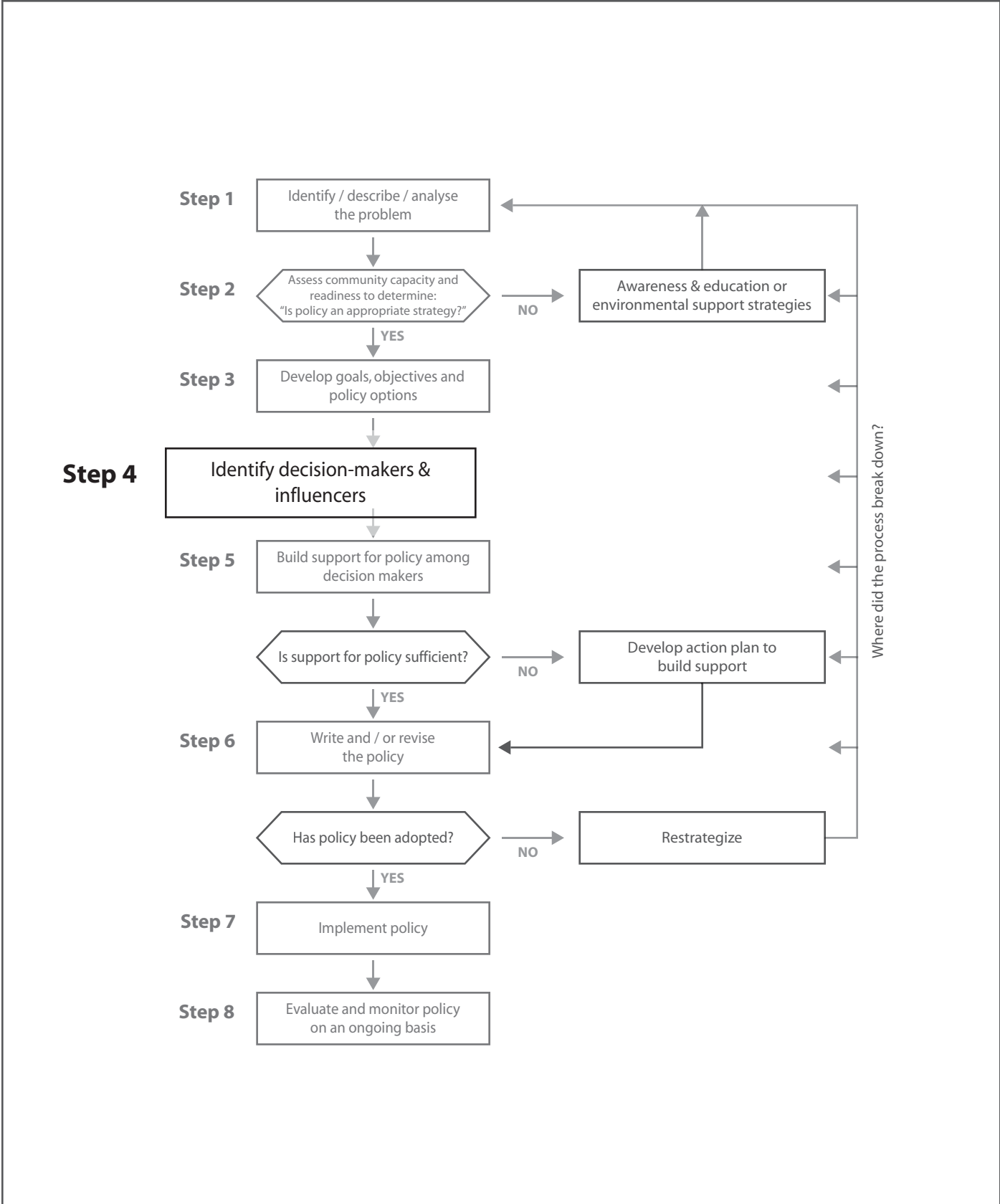
The results of the needs assessment guided the development of the Corporate Health Plan, a comprehensive workplace health promotion policy developed to improve the physical and social workplace environments and give employees access to a range of resources to promote their health. A volunteer advisory committee was established to develop the plan.

The Corporate Health Plan is structured around four key elements:

1. the physical environment, which addresses factors such as lighting, noise and cafeteria services;
2. the social environment, which includes leadership training, workshops in effective communication and conflict resolution, flexible working hours and supportive policies (e.g., employee awards and recognition program);
3. sense of control and access to support, which includes creative problem-solving skills, programs to support personal and professional growth, stress-management skill-building programs and vehicles for feedback; and

4. positive lifestyle behaviours, which include exercise, nutrition, smoking cessation and cancer prevention (the centerpiece of this initiative is the "Well Cell," a fully equipped, 24-hours a-day employee fitness facility that opened in 1995).

Since the implementation of the Corporate Health Plan, annual grievances have been reduced by 95%. Absenteeism was reduced from six days per year in 1993 to an average of four days in 1999. The number of lost time injuries per 100 person years dropped from 2.5 in 1993 to 0.5 in 1999. Turnover at MDS Nordion is an average of 6%, compared to 10% in the high-tech industry. The MDS experience clearly illustrates how holistic and comprehensive health promotion policies in the workplace can yield benefits extending well beyond improvements in the health status of employees.



**Figure 9** Step 4, The THCU Roadmap for Policy Development

# STEP 4

## IDENTIFY DECISION MAKERS AND INFLUENCERS

You will have to identify the main decision makers for your issue and the degree of influence you can exert. Then you will have to decide which decision makers to approach. Here are some factors to consider when making these decisions.

- Pick your decision makers carefully. For example, if your issue relates to a municipal by-law, ask the city clerk to help you determine who would be best to approach and how. Don't automatically start with the person at the top; you may be more successful with the support of someone lower down in the hierarchy. You probably want to start with sympathetic people who are linked with your decision maker. If more than one person is involved, think about the order in which they should be approached.
- Who you approach depends on the issue being addressed. If you are a parent working on a school-related issue, you would likely speak with other parents, the principal, teachers, the local parent association or a school trustee. If you are a community health worker trying to put a municipal pesticide by-law in place, your approach would be more formal and directed towards working with bureaucrats and municipal councillors as well as the public.
- Find out as much as you can about how your decision makers make decisions so you can identify how best to approach them. **Status-oriented** decision makers are highly concerned about generating positive media coverage and avoiding unfavourable coverage. **Mission-oriented** decision makers hold strong beliefs and values that guide their decision making. **Process-oriented** decision makers are most concerned with serving their clientele or constituency.

When identifying decision makers, it's also important to remember that these individuals are influenced by the opinions of others, including their constituents, community opinion leaders and other decision makers. Also remember that decision makers are typically dealing with a variety of issues – not just yours. One critical factor for decision makers is knowing that they have the support of their constituents. Consider these factors carefully before identifying and seeking the support of decision makers for your policy.

# Step 4 Identify decision makers and influencers

## Worksheet

Your problem

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Your proposed solution

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Who can solve your problem? Who is in a position to decide on your issue? List all the people you can think of.

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Rank these people according to who has the most power (most to least)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Rank these people according to who is accessible (most to least)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Who will you approach first?

What strategy will you use (e.g., telephone call, letter, meeting)?

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Does your decision maker have the power on his/her own to make the decision?

Yes — why? \_\_\_\_\_

No — why not? \_\_\_\_\_

## **'Woodlands in Keeping for Our Youth': The Wikwemikong Community Forestry Management Policy**

Wikwemikong Unceded Indian Reserve is an Ontario Aboriginal community that has suffered social and economic impacts due to the deterioration of its forests. Decades of uncontrolled cutting led to a reduction of the local plant and animals species the community used for food and craft supplies (Radecki, 1996).

In 1988, the chief and council of the Wikwemikong First Nation gave its economic development branch the mandate to develop and implement a forestry management plan. The First Nation requested the development of a range of alternate strategies for the management of forest lands that would meet commercial challenges in an environmentally sound manner while contributing to human resources development and employment.

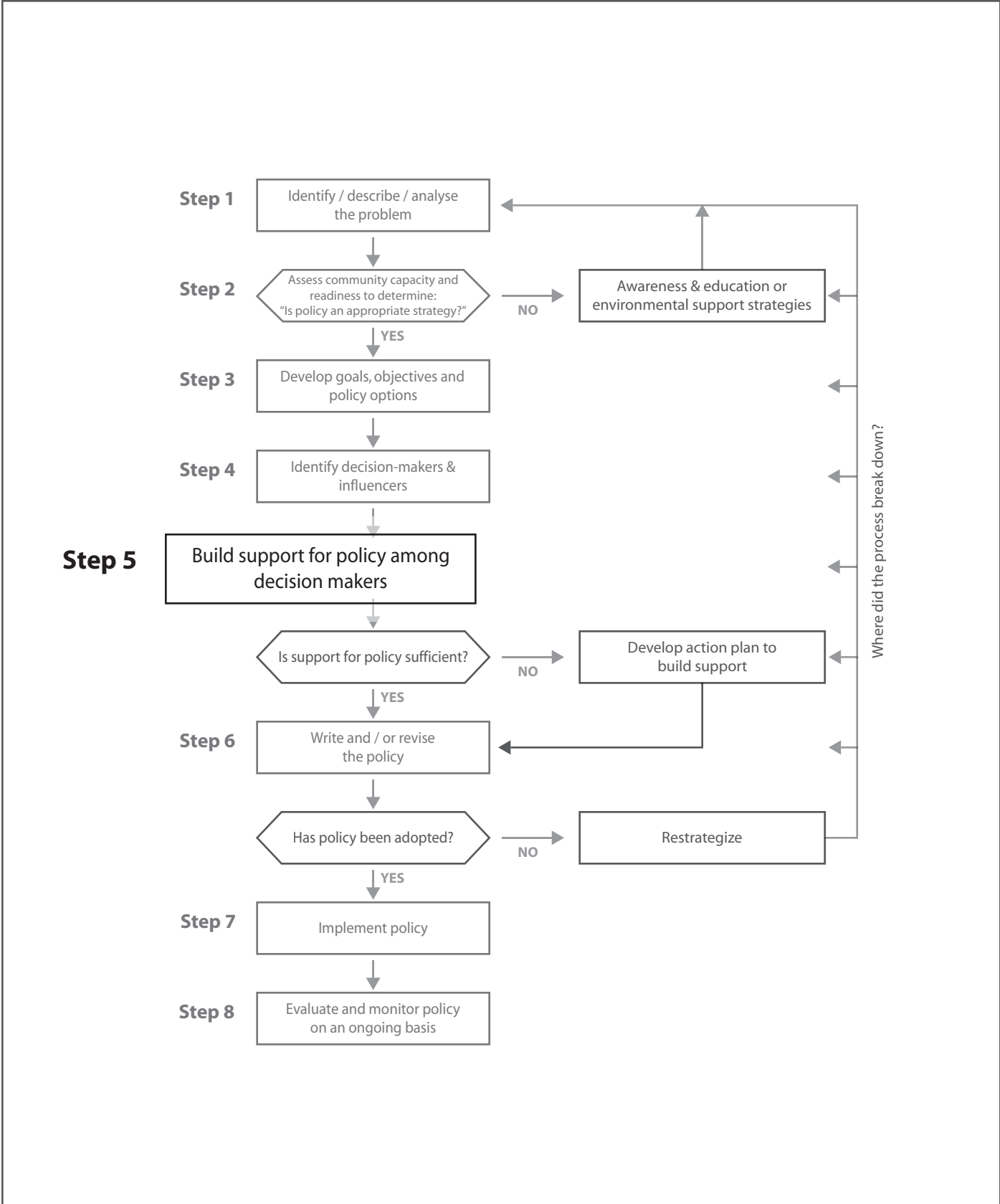
Shortly thereafter, a 20-year forestry management plan was developed. The main thrust of the plan was to encourage long-term production of timber products for sale and/or manufacture by the Wikwemikong community. Silviculture (reforestation) practices would be applied to increase the quantity and quality of timber available in the community. In addition, the plan established policies and regulations to control unregulated timber harvesting. These controls enabled the Wikwemikong First Nation to support a sustainable forestry program that provided long-term employment to community members.

Since the implementation of the policy over 1,500,000 trees have been planted through the silviculture program. A tree nursery was established to cultivate seeds and trees compatible with the local environment. Through careful management and accountability by harvesters, sound forestry management techniques are practiced and complete regeneration processes are conducted through silviculture and annual tree planting.

In addition to ensuring the sustainable use of a valuable natural resource, the forestry management plan has provided economic benefits to the Wikwemikong community. The forestry department has trained 35 people as silvicultural workers. In 1995, Wikwemikong Forest Products Limited, a company established to produce and market all of the wood products in the community, secured \$1.2 million worth of contracts for finished lumber. In 1996, 18 community members were employed with the company; another 120 workers are employed at peak seasons.

Each of the strategies developed under the Wikwemikong Forest Management Plan include social/cultural, environmental and economic development components. The First Nation sees the opportunity to develop employment opportunities for its members as critical to effective forestry management practices. That philosophy has helped to provide the necessary community support for, and participation in, the development of this successful policy.





**Figure 10** Step 5, The THCU Roadmap for Policy Development

# STEP 5

## BUILD SUPPORT FOR POLICY

Gaining the support of both the stakeholder groups affected by a policy and the decision makers responsible for implementing a policy is critical; without this support, a policy will not succeed. To build support for a policy, health promoters can choose from a range of persuasion strategies. The following table illustrates the key strategies used to build support for healthy public policies and lobby for their implementation.

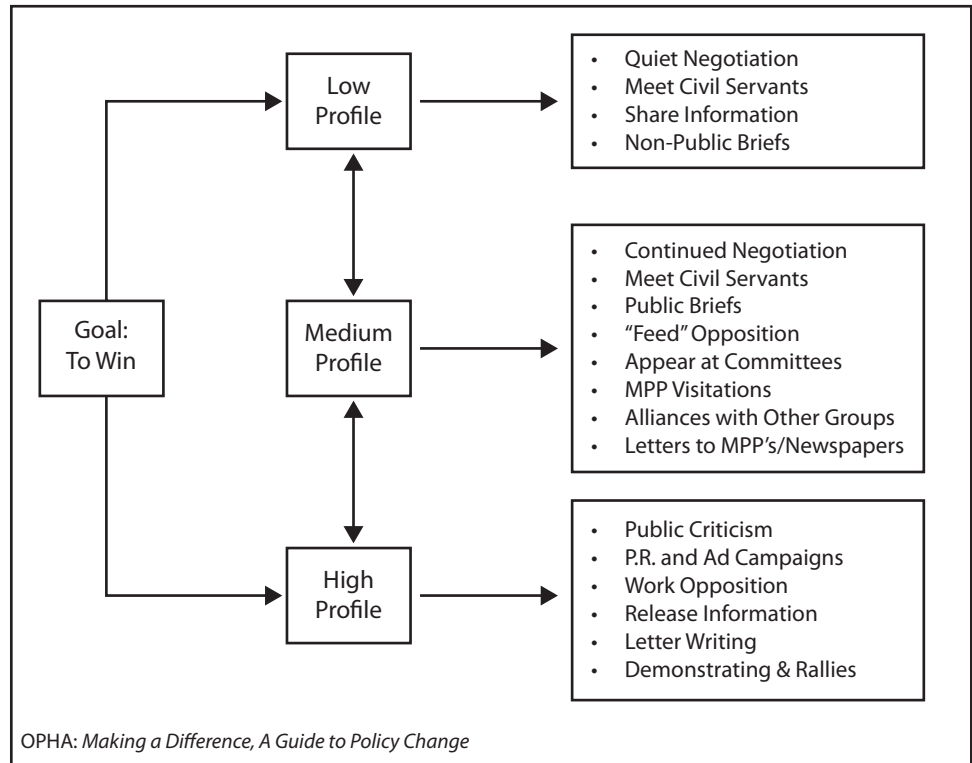
Media	Interpersonal	Events
<ul style="list-style-type: none"> <li>• letter writing</li> <li>• press conference</li> <li>• mass media (billboards, radio)</li> <li>• petition</li> <li>• posters, pamphlets</li> <li>• others?</li> </ul>	<ul style="list-style-type: none"> <li>• telephone campaign</li> <li>• debriefing sessions</li> <li>• deposition / presentation</li> <li>• one-on-one meetings</li> <li>• others?</li> </ul>	<ul style="list-style-type: none"> <li>• public forum</li> <li>• marches</li> <li>• demonstrations</li> <li>• elections</li> <li>• others?</li> </ul>

**Table 1** Table 1 Key Strategies for Building Support

The nature of the strategies used to build support for a policy can vary according to the degree of visibility or 'profile' they generate. Figure 11 on page 40 illustrates the low-, medium- and high-profile approaches to building support for policy.

All policies may produce opposition for at least one of the following reasons. When 'making the case' for your policy, be prepared to counter one or more of the following arguments

1. The proposed change is too costly.
2. Increased legislation/regulations restrict individual freedoms to an inordinate degree.
3. There is an alternative (non-policy) means of addressing the issue.
4. There is a philosophical difference about the origin of, or the needed response to, the problem.



**Figure 11** Low-, Medium- and High-Profile Approaches to Building Support to Policy

Here are some tips for convincing decision makers to proceed with a policy:

- 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.
- Build coalitions and stimulate debate in various venues.
- Look for signs that indicate a need for change (e.g., dissatisfaction with the status quo).

## Direct tactics to build support for policy

### i. Letter writing

Writing letters in support of a policy is considered to be an effective strategy because of its tangibility. The main drawback to letter writing is that it is a passive form of communication. Accordingly, it's hard to predict how your letter will be received.

Here are some tips for effective letter writing in support of policies:

- Always send personalized letters. Never send a form or generic letter.
- Keep the letter short (one to two typed pages).
- Be specific (e.g., indicate the name of a specific by-law or policy if that's your area of concern).
- Enclose relevant news clippings.
- Ask for a response to your letter.
- Follow up with a phone call to determine the progress being made and re-affirm your commitment to the policy.

## **ii. Telephone calls**

Telephone calls to decision makers are a quick way of expressing your support for a policy. However, you may not have the opportunity to speak to a decision maker directly, especially if the call is not scheduled ahead of time.

Here are some tips for using telephone calls as a tactic to build support for policies:

- Schedule the phone call in advance if possible.
- Give your name and indicate who you are (e.g., what organization you're representing).
- Don not call from a cell phone if the connection will not be clear).
- Ensure your call will not be interrupted.
- Follow up with a letter reaffirming your key messages and your commitment to the policy.

## **iii. Meetings**

Meetings can be an effective way of establishing relationships with decision makers. When considering the use of this strategy, keep in mind that you may not get a meeting for the length of time you request.

Here are some tips for using meetings as a tactic to build support for policies:

- Call to set up an appointment. Follow up to confirm.
- If possible, select two people to attend the meeting.
- Prepare a summary of the issue (maximum of two pages) to take with you.
- Rehearse responses.
- Dress appropriately.
- Arrive on time.
- Thank them for the meeting.
- Don't fake answers to questions you don't know.

- Leave a background report or fact sheet.
- Debrief with the other participant after the meeting.
- Follow up with a thank you letter reaffirming your commitment to the policy.

#### **iv. Presentations**

Presentations are a good way of getting known by decision makers while enhancing your own credibility as a spokesperson for a particular policy or issue. A well-received presentation can also be a critical step in building support for your policy.

Here are some tips for making presentations to decision makers as a tactic to build support for policies:

- Carefully consider your objective for the presentation.
- Find out as much as you can about the physical setting for the presentation and the protocol for presentations (e.g., deputations to a city council or a school board).
- Select a spokesperson – someone with credibility, good speaking skills and commitment and enthusiasm for your issue.
- Avoid jargon, abbreviations, acronyms and sophisticated language.
- If possible, use audio-visual aids to retain interest and communicate complex ideas.
- Provide a written brief or handout of your presentation for members of the audience.
- Have your supporters present and readily identifiable.

When stating your case for a policy,

- keep it short (most formal opportunities for presentation, such as a deputation to a municipal council have time limits that must be adhered to);
- clearly identify the benefits of, and the need for, the policy;
- substantiate your position with local data, scientific facts and the experiences of other jurisdictions; and
- counter the opposing arguments (see page 39).

When building support for your policy, it's important to remember that the persuasion strategies noted above are ways of moving towards your policy. They should not be regarded as ends in themselves. When you are considering which action strategy to use, always keep the big picture in mind – your ultimate goal is the resolution of your problem or issue.

**Step 5  
Worksheet**

Build support for policy among decision makers

Your problem

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Your goal (desired solution)

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Having identified your problem and your solution, what impact do you want to have on

decision makers

your community

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How to meet the Goal — available strategies

- telephone call / campaign
- letter writing
- meeting with decision-makers
- oral / written presentations
- involvement of the media



**Step 5  
Worksheet**

Build support for policy among decision makers continued

Actual	Time (weeks / months)									
Telephone call										
Letter to _____ _____ _____										
Meetings 1. 2. 3.										
Presentations oral written										
Media										

**Step 5  
Worksheet**

Build support for policy among decision makers continued

**Types of Action Strategies**

Task	Target for strategy	Who will do it?	When	Result (Did it work? Why or why not?)

**Step 5  
Worksheet**

Build support for policy among decision makers continued

**Monitoring Progress**

Task	Date completed	Outcome	Useful strategy (Y/N)	Why or why not?

**Step 5  
Worksheet**

Build support for policy among decision makers continued

**Debriefing**

Look at your overall strategy, what are your general impressions?

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What strategies worked particularly well? Why?

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What strategies did not work well? Why?

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Did some strategies not seem to make any difference one way or the other?

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Were some decision makers missed? \_\_\_\_\_

Was timing a problem? \_\_\_\_\_

Next steps

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## **Building Networks to Support Municipal Alcohol Policy Development: The Simcoe County Experience**

A municipal alcohol policy (MAP) is a set of comprehensive guidelines regulating the serving of alcohol on municipally owned property, including arenas, banquet halls and recreational facilities. Municipal alcohol policies specify how, where and when alcohol may be served; require training for those who serve alcohol; and outline measures to reduce the risks associated with alcohol use. Studies indicate that communities with MAPs in place report reductions in numbers of intoxicated persons and related problems (e.g., fights, accidents and injuries), and a reduction in the number of incidents of drinking by minors and illegal use of alcohol in prohibited areas (Centre for Addiction and Mental Health, 1996).

Staff of the public health unit in Simcoe County, a mixed urban and rural area north of Toronto, identified the need for policy measures to prevent alcohol-related problems in their community. In 1999, the percentage of binge drinkers of all ages in Simcoe County ranked higher than the provincial average; alcohol-related motor vehicle accidents were the leading cause of death among 10–44 year old residents.

To address this problem, health unit staff partnered with the local FOCUS community project and the Centre for Addiction and Mental Health to mount a campaign aimed at encouraging municipalities in Simcoe County to adopt municipal alcohol policies (Allen and Shewfelt, 2001). The objectives of the campaign were

- to increase awareness of host, server and occupier liability;
- to increase awareness of the purpose of, and need for, MAPs; and
- to encourage communities without MAP to develop and implement such policies.

The campaign relied on a two-stage approach to achieve these objectives. In the fall of 1999, a general awareness campaign on liability issues arising from serving minors and adults past the point of intoxication was launched. The second part of the campaign, which focused on the role of policy and planning ahead to promote safety, was launched in the spring of 2000. The primary audience of the campaign was municipal officials in Simcoe County, including elected officials, parks and recreation staff, board of health members and law enforcement.

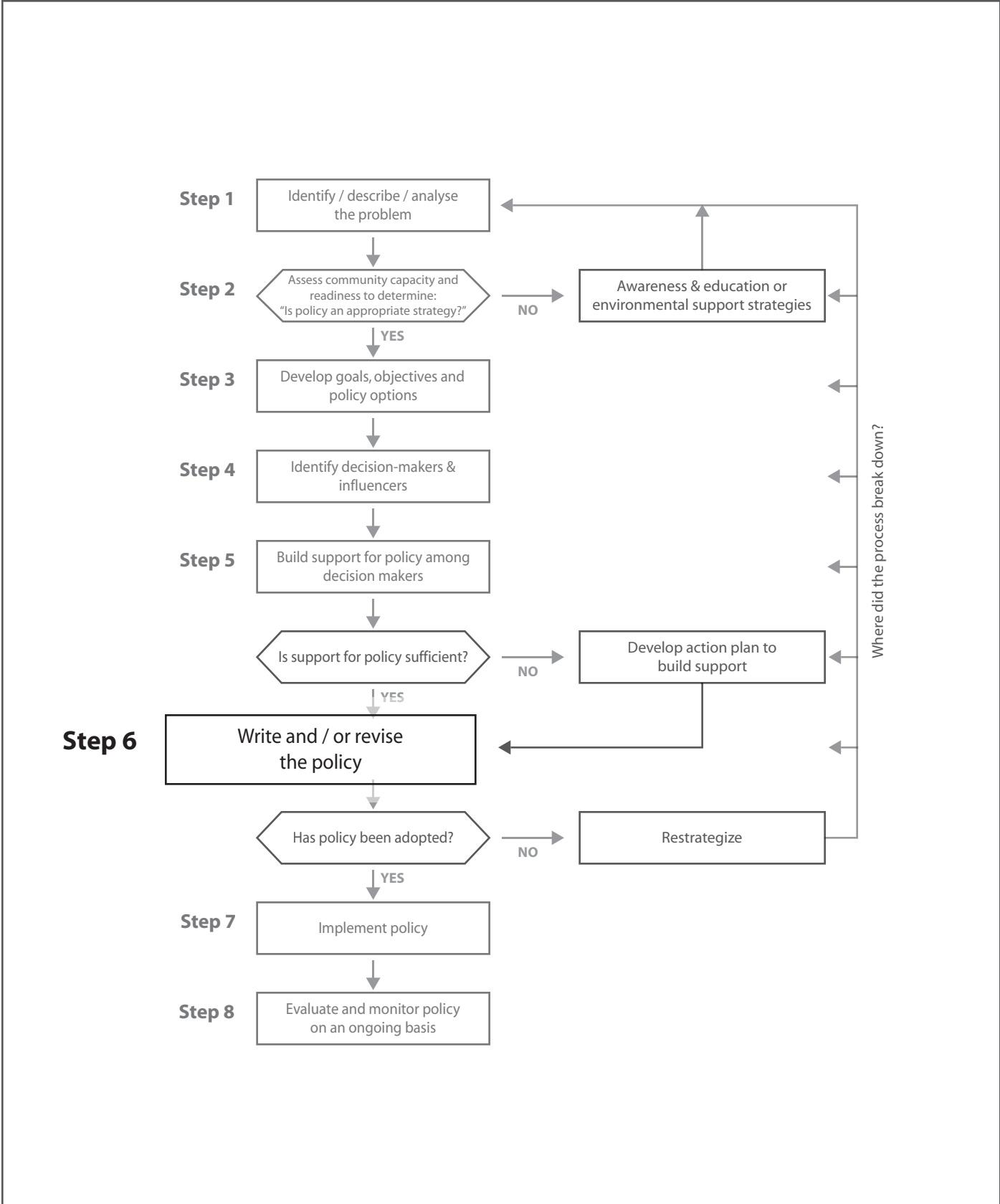
A range of strategies were employed by the campaign to convey the importance of implementing MAPs, including presentations to municipal councils displays in the community, radio and TV appeals and special events. The most prominent campaign event was “Being Sued Can Ruin a Good Party,” a community event featuring a guest presentation by Dr. Robert Solomon, the

National Director of Legal Policy for Mothers Against Drunk Driving Canada. This event was taped for television and generated extensive media coverage in the community.

Public health nurses taking part in the campaign carried out a proactive outreach strategy with local municipalities, connecting with interested municipalities to offer support for MAP development and recognizing municipalities that had MAPs in place through the presentation of awards at community events. SmartServe, a responsible alcohol beverage service training program, was offered to community groups and businesses throughout Simcoe County.

The campaign appeared to be successful in encouraging municipal governments to adopt MAPs. By November 2001, four new MAPs had been adopted in Simcoe County and an additional four were in progress (Allen and Shewfelt, 2001). The Simcoe County experience illustrates how a comprehensive awareness and advocacy campaign can bring about healthy policy change.





**Figure 12** Step 6, The THCU Roadmap for Policy Development

# STEP 6

## WRITE AND REVISE THE POLICY

Healthy public policies vary in scope from micro-level policies for a specific setting (e.g., a workplace breastfeeding policy) to macro-level legislation affecting entire nations. Whatever their purpose, written policies usually include the following:

- a preface or preamble describing the purpose of the policy,
- policy goals and objectives (often incorporated into the preface),
- a description of the policy components (e.g., the associated activities, regulations, sanctions, that constitute the ‘meat’ of the policy),
- procedures for dealing with failure to comply with the regulations specified in the policy,
- a plan for promoting and disseminating the policy, and
- a plan for monitoring and evaluating the policy.

When developing a policy for a specific setting, such as a school or workplace, the policy drafting or writing process is usually done by a small subcommittee (two to three persons), with a designated lead writer. The committee assumes responsibility for writing drafts of the policy, obtaining feedback from other stakeholders (as appropriate) and undertaking revisions to the policy.

**Step 6  
Worksheet**

Write and revise policy

**Draft Policy Statement**

1. Preamble / rationale

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2. Key components of policy

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3. Promotion / dissemination

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3. Monitoring / enforcement

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## Foundations for Good Nutrition: The Toronto District School Board Policy to Encourage Healthy Eating



The direct relationship between healthy nutrition and the academic achievement of students has long been recognized: healthy nutrition helps to support students' learning and enhances their physical, emotional social and intellectual development. To ensure that students have the nutritional intake to support their academic and social development, a number of school boards in Ontario have adopted nutrition policies.

In 1997, The Toronto District School Board initiated a consultation process for the development of a nutrition policy. The impetus for the development of such a policy was a growing awareness that an increasing number of students were not consistently receiving adequate nutrition to support their learning and development needs.

At the time, there were many potential barriers, not least of which was the fact that Toronto was dealing with the amalgamation of six school boards at the same time the policy was being developed. Each of these boards had their own approaches to policy setting (Nutrition Resource Centre, 2002).

An extensive consultation process was undertaken with all of the stakeholders, including administrators, teachers, cafeteria staff, students, parents, and public health workers. This process allowed concerns to be discussed, provided an education process and facilitated the achievement of consensus.

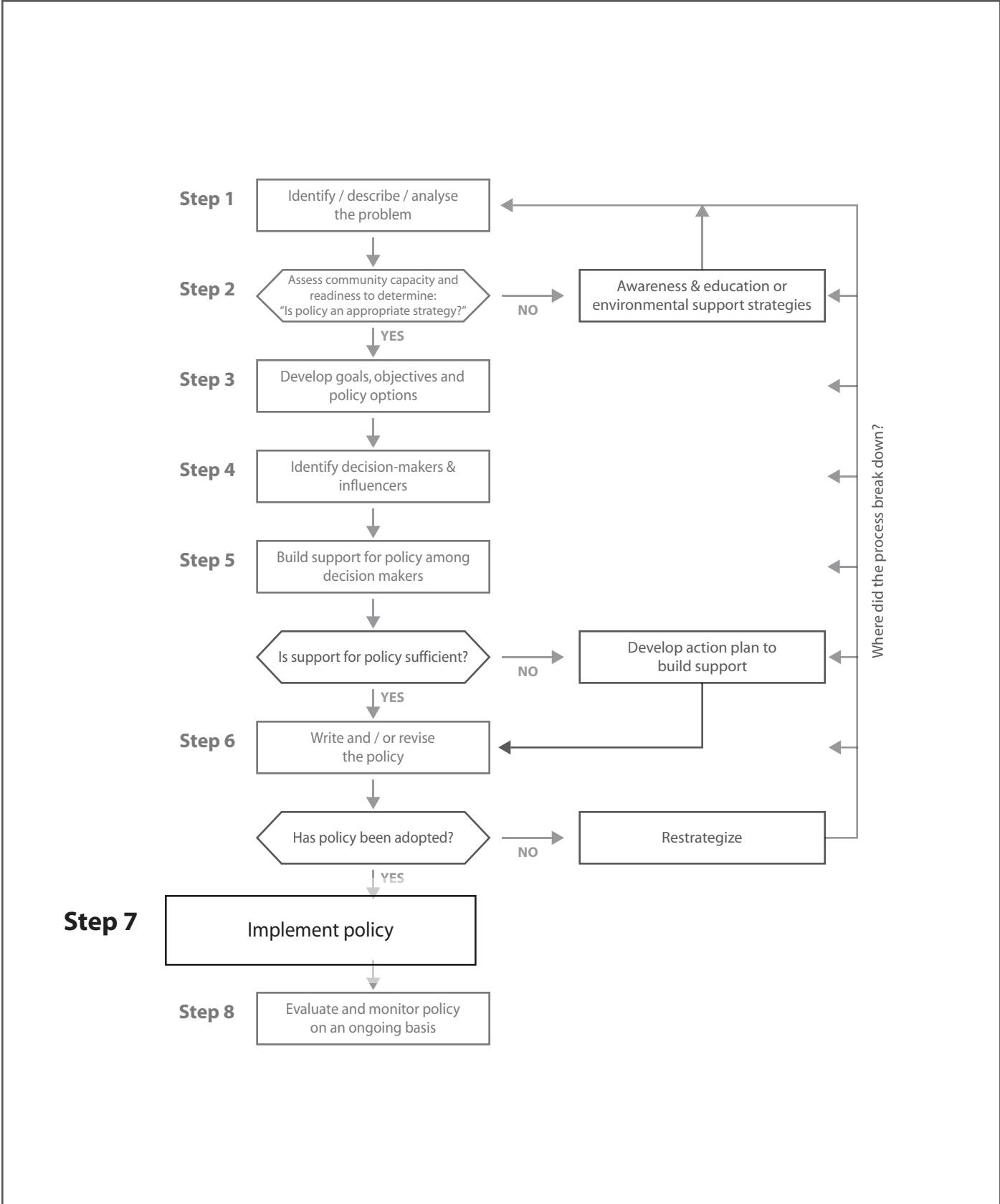
The resulting policy, which was adopted in October 2000, has seven distinct components. The policy committed the Toronto District School Board to ensuring that

- procedures are established for the development of school-based nutrition programs (breakfast, lunch and snack) in schools where the school and its community determine that such programs will support the learning needs of students;
- school-based nutrition programs are developed in consultation with the school community and that, where feasible, students are involved in the planning and delivery of the program;
- nutrition programs are provided in a safe and welcoming environment, reflect sensitivity to the values and tastes of the diverse community and conform to acceptable nutrition standards based on *Canada's Food Guide to Healthy Eating*;
- nutrition education is incorporated into appropriate areas of the curriculum for all students in order to develop decision-making skills for healthy living and that relevant material and teacher training are provided to support the instructional programs;

- parents and the community are provided with information about nutrition programs and nutrition education in the Toronto District School Board in order to promote continuing awareness of and support for the Board's directions in this area;
- procedures are in place to secure funding from external sources, including all levels of government and the private and non-profit sectors, to support the development of nutrition programs in Toronto District School Board schools; and
- a mechanism is established to coordinate, review and evaluate the implementation and effectiveness of nutrition programs in the system and to make changes when necessary.

One of the features of the policy is its flexibility. This helps to ensure the longevity of the policy by building in procedures to accommodate change.





**Figure 13** Step 7, The THCU Roadmap for Policy Development

# IMPLEMENT THE POLICY

## Checklist for policy implementation

A policy is ready for implementation if the following conditions are met:

- Have you identified and analyzed the issues your policy needs to address?
- Do you have sufficient information about these issues to support and justify the implementation of your policy?
- Are your policy goals reasonable and your policy objectives measurable?
- Do you have the required support and approval of key decision makers? If not, how will this be obtained?
- Have you selected your policy components and prepared a written policy that describes these components and a strategy for implementation?
- Do you have an accurate estimate of the resources (time, money, person power and expertise) needed to implement and monitor your policy?
- Is the timeline for implementation realistic?
- Does your policy specify who is responsible for what?
- Have you identified the barriers to implementation you are likely to encounter?
- Do you have a plan for dealing with these barriers?
- Have you shared your draft policy with other key stakeholders who will be responsible for implementation?
- Is this the appropriate time to start implementing your policy?

## **Costs of implementation**

Most of the costs in policy development occur when the policy is implemented. Therefore, try to anticipate what expenses you may have to absorb. For example, education campaigns to raise awareness of a policy may require a substantial investment of resources. When expenses are high, take advantage of low-cost measures to promote the policy, such as news releases, public service announcements or presentations to the individuals or groups affected by your policy. The successful implementation of policy is a long-term process not only because of budget requirements but because people need time to accept the change and adopt a new way of doing things.

## The Parkdale Parents' Primary Prevention Program

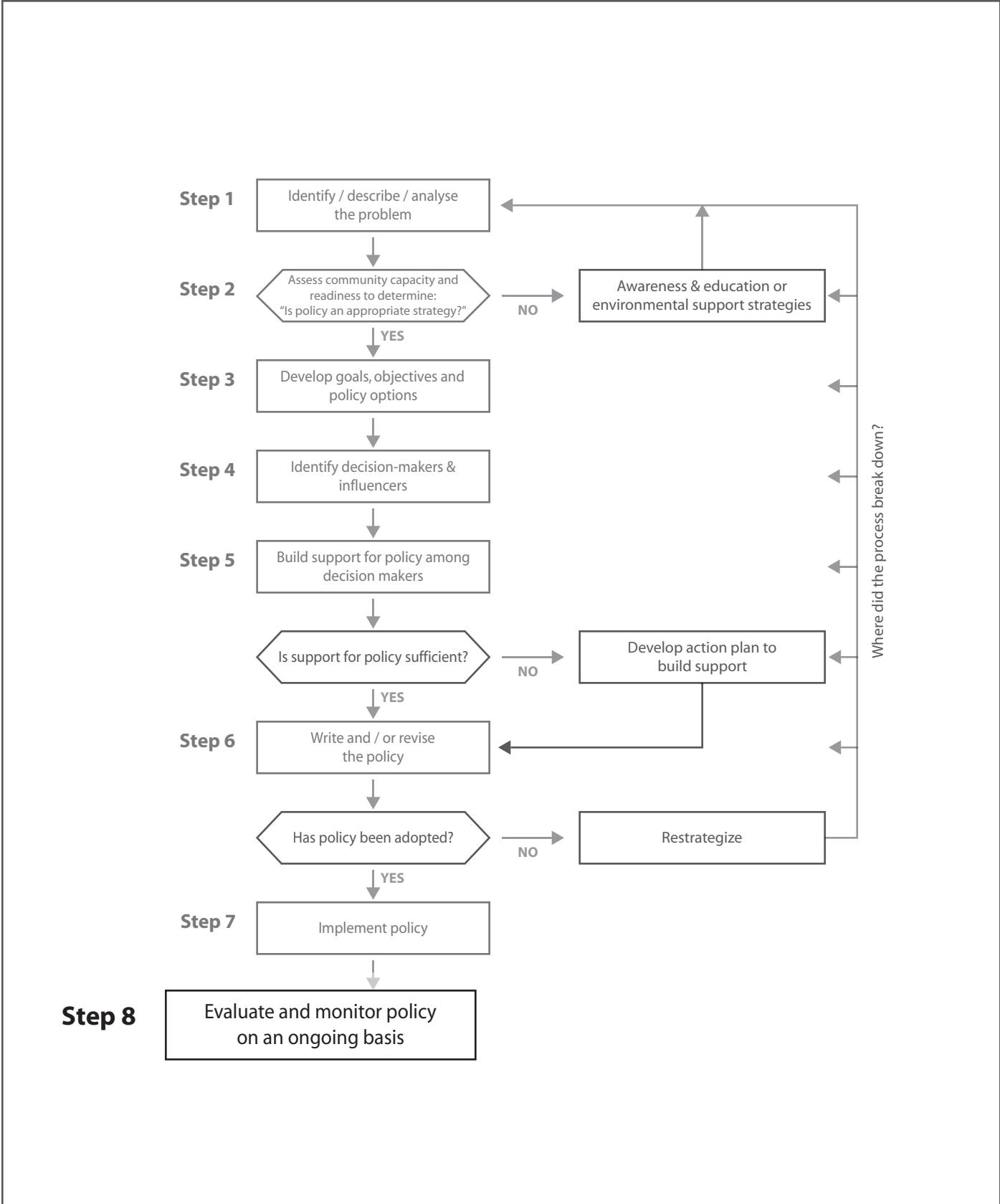
A funded Community Action Program for Children (CAPC) project, the Parkdale Parents' Primary Prevention Project (5Ps) provides education, counselling support and referral to women, with a focus on maternal support and ending violence against women. Located in Parkdale, a culturally diverse, economically disadvantaged neighbourhood in southwest Toronto, 5Ps collaborates with service providers and community organizations to provide an effective prevention program for high-risk children aged 0–6 and their families. Project activities are designed to provide address a broad range of health issues faced by these families, including poverty, nutrition, parenting skills, child development and violence.

One of the key challenges faced by 5Ps is ensuring access to health care for immigrant/refugee women, most of whom are not eligible for coverage under provincial health insurance. To ensure that new and expectant immigrant mothers had access to the primary care they needed, the project made arrangements with local community health centres to cover the primary health care costs of non-insured women referred to St. Joseph's Health Centre, a local hospital where the project was housed. (McDonald, 2003).

The project also played a key role in advocating for the extension of provincial health insurance coverage for the children of immigrant and refugee women. Even though the children of these women were born in Ontario, the wording of the provincial statute regulating health insurance excluded them from coverage. The project formed a coalition with Access Alliance, a community health centre serving ethnoracial groups in west Toronto, and Parkdale Community Legal Services to mount a legal challenge to the legislation. Through the advocacy efforts of the coalition, the wording of the legislation was changed to provide full health insurance coverage to Ontario-born children of immigrant and refugee women.

The experience of the Parkdale Parents' Primary Prevention Project demonstrates the need for advocacy efforts aimed at removing systemic barriers when programming is not sufficient to meet the needs of disadvantaged participants. By forming broader partnerships with other organizations, community-based health promotion projects can serve as effective catalysts for policy change.





**Figure 14** Step 8, The THCU Roadmap for Policy Development

# STEP 8

## EVALUATE AND MONITOR THE POLICY ON AN ONGOING BASIS

**Evaluation** is the systematic gathering, analysis and reporting of data about a policy to assist in decision making. A thorough evaluation will help to

- collect evidence on the effectiveness of a policy (i.e., was it successful in achieving its stated goals and objectives);
- be accountable to the stakeholders who supported the development and implementation of the policy; and
- identify ways of improving a policy by determining what works what doesn't work and why, improving the usefulness of the resources and materials needed to implement a policy and assessing the extent of compliance with a policy (Hyndman, 2000).

There are 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.” Process evaluation includes

- tracking the number of people affected by a policy (e.g., number of beneficiaries, number of infractions),
- tracking the quantity and type of activities carried out to implement a policy (e.g., number of server training sessions delivered as part of a municipal alcohol policy),
- assessing the quality of the activities carried out to implement your policy (e.g, participant satisfaction with a policy training workshop), and
- tracking modifications to your policy over time.

**Outcome evaluation** assesses the results or impacts of a policy, both intended and unintended, to determine whether or not the policy made a difference. Outcome evaluations can assess both short-term results, such as increased knowledge about the health and safety benefits of bicycle helmet use, as well as longer-term results, such as the decreased incidence of injuries as a result of a mandatory bicycle helmet law.

Here are some important points to consider when designing an evaluation for a policy.

- 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.

## **Evaluation questions: Looking back and looking ahead**

Once a policy has been implemented, it's important to take some time for reflection – looking back and looking ahead.

### ***Looking back***

- Is the situation better than it was before the policy was implemented?
- If the policy was not as effective as anticipated, why not? What could have been done differently?
- Are people who were involved in the policy development and implementation process happy with the results of their efforts?
- Do the people affected by the policy have a favourable view of the policy? If not, what can be done to address their concerns?

### ***Looking ahead***

- Does more need to be done to implement the policy?
- Are there any foreseeable developments that may affect the policy?

## Characteristics of effective policies

In addition to meeting their intended objectives (e.g., reducing poverty, increasing physical activity, improving air quality), effective policies

- are developed using a bottom-up approach (i.e., consulting with stakeholders to determine needs and appropriate solutions),
- have realistic goals and objectives,
- do not rely exclusively on enforcement and punitive measures, and
- are responsive to changing circumstances and unintended consequences.

## Conclusion

Having worked through the steps presented in the workbook, you probably realize that policy development does not require a new set of skills. It does, however, require looking at a health-related problem or issue in a different way, being persistent and flexible and working with others. It involves planning and systematically approaching a process that can, at times, be unclear and unpredictable.

While policy is not a panacea for all community problems, it is an effective option that has the capacity to bring about far-reaching change. In spite of the inherent challenges, the policy development process has tremendous potential to involve people and give them ownership over some of the issues that affect them.

Power to act on health-related issues does not simply lie in the hands of a few decision makers. It also lies within those who have a strong commitment to improving the quality of life in their schools, workplaces and communities. The key to success lies in helping people realize that they have the power to bring about change and providing them with the resources to do so. It has been the intent of this workbook to provide some of these resources and tools for building healthy public policies.



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World Health Organization (1986) **Ottawa Charter for Health Promotion.**  
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# APPENDIX 1: RESOURCES

## Print resources

Altman, D.G. et. al. (1994) **Creating Community Change to Improve Health** Palo Alto, California: Stanford Center for Research in Disease Prevention. *A comprehensive 'how-to' resource on the use of advocacy to bring about healthy public policy changes. The book includes a step-by-step model, worksheets and selected case studies.*

Danaher, A., and Kato, C. (1995) **Making a Difference in Your Community: A Guide for Policy Change** Toronto: Ontario Public Health Association. *A resource manual for policy development structured around a step-by-step policy 'roadmap' that guides the reader through the process of developing healthy public policies at the local level. It includes worksheets and a number of case studies on the development of policies addressing tobacco, food security, alcohol, and physical activity in Ontario communities.*

McCubbin, M., Labonte, R., and Dallaire, B. (2001) **Advocacy for Healthy Public Policy as a Health Promotion Technology** Saskatoon, Saskatchewan: Saskatchewan Public Health and Epidemiology Research Unit. *This paper reviews the evidence base for the effectiveness of advocacy as a means of achieving healthy public policies.* Available on-line at <http://www.utoronto.ca/chp/symposium.htm>

Milio, N. (1986) **Promoting Health Through Public Policy** Ottawa: Canadian Public Health Association. *Written by Nancy Milio, a health promotion innovator who created the term 'healthy public policy', this is a seminal resource on the use of policy development as a health promotion strategy.*

Milio, N. (1996) **Engines of Empowerment: Using Information Technology to Create Healthy Communities and Change Public Policy** Chicago: Health Administration Press. *Using a case study approach, Milio illustrates how information technology (IT) can be used to develop healthy public policies in economically disadvantaged communities. The feasibility of support for community-based IT is also assessed.*

Whithead, M. (1996) **The Effectiveness of Healthy Public Policy** Toronto: Centre for Health Promotion. *A review of the effectiveness of policy initiatives to reduce smoking and promote food security.*

## Relevant web sites

**The Advocacy Institute** is a U.S.-based organization dedicated to building capacity to influence and change public policy. Tobacco control policies is one of their main priorities. <http://www.advocacy.org>

**Apolnet**, the Alcohol Policy Network's online service is devoted exclusively to alcohol policy issues in Canada. The site is designed to stimulate informed discussion about various aspects of alcohol policy and to profile the prevention efforts of individuals and groups across Ontario. The Alcohol Policy Network (APN) is a project of the Ontario Public Health Association. <http://www.apolnet.org/index.html>

**The Canadian Centre for Policy Alternatives** is a non-profit organization that promotes and undertakes research on policies for achieving social and economic justice. Their web site includes a number of discussion papers on health-related policies. <http://www.policyalternatives.ca>

The mission of the **Canadian Policy Research Network (CPRN)** is "to create knowledge and lead public debate on social and economic issues important to the well-being of Canadians". Their web site includes updates on policy research projects, publications and discussion papers on policies related to family, health and work. <http://www.cprn.ca>

**The Centre for Community Change** is an American organization that provides information on advocacy and policy change strategies. The Centre focuses primarily on empowering low-income communities. <http://www.community-change.org>

**The Centre for Health Economics and Policy Analysis** at McMaster University has conducted research on the economic benefits of healthy public policy. A searchable database of their research reports is available at <http://cheпа.mcmaster.ca>

**Ginsler and Associates** in Kitchener, Ontario, has designed a toolbox to help voluntary organizations to participate in the public policy development process. <http://www.ginsler.com/html/toolbox.htm>

**Health Promotion Advocates** is a coalition of U.S. public health organizations dedicated to increasing funding for health promotion research and the dissemination of information on current research results and best practice strategies. <http://www.healthpromotionadvocates.org>

**The Newfoundland and Labrador Heart Health Project** produced a resource on developing healthy public policy that includes information on creating a policy to benefit the health of community residents and tips for supporting or opposing policies affecting the health of communities.

<http://www.infonet.st-johns.nf.ca/providers/nhhp/docs/policy.html>

Founded in 1992 to support the passage of the Ontario Tobacco Control Act, the **Ontario Campaign for Action on Tobacco** assists organizations in developing and maintaining tobacco control policies <http://www.ocat.org>

The **Public Policy Forum** is a non-profit, non-partisan organization aimed at improving the quality of government in Canada through facilitating dialogue between the public, private and not-for-profit sectors. Their web site includes a number of resources and discussion papers on policies addressing health-related issues. <http://www.ppforum.com>

**The University of Kansas Community Toolbox** is a comprehensive resource for health promotion strategies, including policy development. The toolbox includes worksheets, summary pages, a troubleshooting guide, on-line consultation advice and sample policies. <http://ctb.isi.ukans.edu/tools/tools.htm>

**The Vanier Institute of the Family** advocates on behalf of Canadian families. Their web site includes a number of discussion papers documenting the impact of government policies on the health and well-being of Canadian families. <http://www.vifamily.ca>

**Voices for Children's** mission is to work with organizations and individuals through leadership and education to strengthen public commitment to the healthy development of children and youth. Their web site includes discussion papers outlining policy recommendations for promoting the health and well-being of children. <http://www.voices4children.org>

## Relevant listservs and electronic newsletters

**Canadian Advocacy** is a monthly electronic newsletter designed to share information and ideas on effective advocacy strategies for policy change. To subscribe to the newsletter, send an email message to [list@naid.ca](mailto:list@naid.ca). Leave the subject line blank and type join Advocacy in the body of the email.

**E-network** is a weekly e-mail service maintained by the Canadian Policy Research Network. You can subscribe on-line at <http://www.cprn.ca/cprn.html>

**The Ontario Health Promotion E-mail (OHPE) Bulletin** is a weekly electronic newsletter that enables researchers, community leaders and practitioners to share information about health promotion strategies in Ontario and elsewhere. The Bulletin also maintains a searchable database of past issues. You can subscribe to the Bulletin by following the instructions on their web site. <http://www.ohpe.ca>



# **APPENDIX II: WORKSHEETS**

**Step 1  
Worksheet**

Identify / describe / analyze the problem

<b>Issue / Topic:</b> _____	<b>Setting:</b> _____	<b>Population:</b> _____
<p>1. What is the extent of the problem (use local data if possible)?</p>	<p>4. What has been done to try and resolve the problem?</p>	
<p>2. What is the origin or cause of the problem?</p>	<p>5. Who else thinks it is a problem?</p>	
<p>3. What has contributed to the development of the problem?</p>	<p>6. Is this problem a crisis? Why or why not?</p>	

**Step 1  
Worksheet**

Identify / describe / analyze the problem continued

Issue / Topic: \_\_\_\_\_ Setting: \_\_\_\_\_ Population: \_\_\_\_\_

<p>7. What would happen if this problem was NOT dealt with?</p>	<p>10. What additional information do you need about this problem (data, supporters, documents etc.)?</p>
<p>8. Is this an appropriate time to be dealing with this problem? Why / why not?</p>	<p>11. What are potential solutions to this problem?</p>
<p>9. How has anyone elsewhere tried to address this problem?</p>	<p>In one sentence, what is the REAL problem?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Step 2**  
**Worksheet**

Assess community support, capacity and readiness

List the individuals and groups from whom you may obtain support

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If the change or solution you are seeking was put in place today, who would be affected? Who would care?

May Oppose	May Support	Neutral

**Step 2**  
**Worksheet**

Assess community support, capacity and readiness continued

Key Reason to Oppose	Key Reasons to Support	Reasons (if any) to Remain Neutral

How can you refute these arguments? Are they contestable? Are they true?	How can you use the supporting reasons to counter arguments?	Can these people be persuaded to support or at least not oppose?

**Step 3  
Worksheet**

Develop goals, objectives and policy options

**C: Policy Goals and Objectives**

1. Goal of policy

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2. Policy objectives

Step 1

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Step 2

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Step 3

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Step 4

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3. Possible options for achieving goals and objectives

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## Step 4 Worksheet

### Identify decision makers and influencers

Your problem

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Your proposed solution

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Who can solve your problem? Who is in a position to decide on your issue? List all the people you can think of.

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Rank these people according to who has the most power (most to least)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Rank these people according to who is accessible (most to least)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Who will you approach first?

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What strategy will you use (e.g., telephone call, letter, meeting)?

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Does your decision maker have the power on his/her own to make the decision?

Yes — why?

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No — why not?

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**Step 5  
Worksheet**

Build support for policy among decision makers

Your problem

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Your goal (desired solution)

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Having identified your problem and your solution, what impact do you want to have on

decision makers

your community

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How to meet the Goal — available strategies

- telephone call / campaign
- letter writing
- meeting with decision-makers
- oral / written presentations
- involvement of the media

**Step 5  
Worksheet**

Build support for policy among decision makers continued

Which strategy or combination of strategies would best meet your goal? Over what time period will your strategy or strategies occur?

**Proposed**

Time (weeks / months)

Telephone call																			
Letter to _____ _____ _____																			
Meetings 1. 2. 3.																			
Presentations oral written																			
Media																			

**Step 5  
Worksheet**

Build support for policy among decision makers continued

Actual	Time (weeks / months)									
Telephone call										
Letter to _____ _____ _____										
Meetings 1. 2. 3.										
Presentations oral written										
Media										

**Step 5  
Worksheet**

Build support for policy among decision makers continued

**Types of Action Strategies**

Task	Target for strategy	Who will do it?	When	Result (Did it work? Why or why not?)

**Step 5  
Worksheet**

Build support for policy among decision makers continued

**Monitoring Progress**

Task	Date completed	Outcome	Useful strategy (Y/N)	Why or why not?

**Step 5  
Worksheet**

Build support for policy among decision makers continued

**Debriefing**

Look at your overall strategy, what are your general impressions?

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What strategies worked particularly well? Why?

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What strategies did not work well? Why?

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Did some strategies not seem to make any difference one way or the other?

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Were some decision makers missed? \_\_\_\_\_

Was timing a problem? \_\_\_\_\_

Next steps

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**Step 6  
Worksheet**

Write and revise policy

**Draft Policy Statement**

1. Preamble / rationale

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2. Key components of policy

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3. Promotion / dissemination

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3. Monitoring / enforcement

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