Making A Difference In Your Community

A Guide For Policy Change

Ontario Public Health Association
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Chapter 1
Introduction

Never doubt that a small group of thoughtful, committed citizens can change the world: indeed, it is the only thing that ever has.

Margaret Mead

This chapter will cover:

- reasons for policy change
- key definitions
Chapter 1
Introduction

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This chapter will cover:

• reasons for policy change
• key definitions
This guide has been written to help you, as individuals and groups, promote health in your community through policy change. Its purpose is to support people's efforts and strengthen their ability to make decisions about their health and community by providing basic knowledge and skills about the process of policy change at the local level. Policy is one more way to do health promotion.

**What Is “policy”?**

Policy is often thought of as a “principle, value or course of action” (Webster's New World Dictionary, 2nd ed.). It therefore implies a value or belief as well as defining what is acceptable by supporting certain steps or procedures. It can specify expectations, regulations, and guides to action (Volunteer Ontario, 1993). While policy can be informal, this guide is concerned with policy in the sense of written formal policies of agencies and organizations which define and support particular values and behaviours.

**Why consider policy for healthier communities?**

In addition to reflecting current values, a policy can also be a standard by which you can measure activities and events. If implemented well, policy can profoundly influence the way people live and the choices that they make. In terms of health promotion, policies should make healthier choices easier and unhealthy ones more difficult. A good example of this is seen in tobacco control by-laws which restrict smoking in certain public places and thereby protect non-smokers from the effects of second-hand smoke.

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 Similarly, educational programs can be short-lived when funding is withdrawn. Therefore, it is very important to consider policy as another way to address your problem or issue.

**What is a “community”?**

Definitions of community vary because people see “community” in many ways. For example, people may see themselves as a community because they are affected by an issue, or because they are neighbours, or because they are working together on an activity. They may also identify themselves as part of a “community” of like-minded people because of shared interests or common needs or similar cultural identity.

Most people now accept the definition of community as defined by the community members themselves. Remember, this may not coincide with geographic boundaries, and cultural groups may not necessarily define themselves the way outsiders to that community do. It is important to listen and learn how people define its shape, boundaries, members, and capacities. (See Community Development Resource Package, The Ontario Prevention Clearinghouse, 1992).

This guide uses community to mean a group of people with shared interests, activities, and concerns.

**What are “healthy communities”?**

The four principles of healthy communities are as follows:
- encouragement of broad community participation in deciding upon community needs and how they will be addressed
This guide has been written to help you, as individuals and groups, promote health in your community through policy change. Its purpose is to support people’s efforts and strengthen their ability to make decisions about their health and community by providing basic knowledge and skills about the process of policy change at the local level. Policy is one more way to do health promotion.

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What are “healthy communities”? 

The four principles of healthy communities are as follows: 

- encouragement of broad community participation in deciding upon community needs and how they will be addressed
local government commitment to publicly affirm the importance of healthy communities and the resolve to be one
involvement of many sectors in making decisions affecting the community
recognition of the implications to health of important policy decisions (i.e., healthy public policy).

(Adapted from the Ontario Healthy Communities Coalition, 1994.)

What is “local change”?
Local change refers to change at the community level. This guide is concerned with change at the local level, not at the provincial or federal government level.

What is “policy change”?
Policy change may involve changing an existing policy or setting new policy. Many people think policy reflects decisions made by governing bodies at the “top”. In actual fact, few successful policies are established without involvement from people at the “bottom” because the process usually starts with an awareness of a problem which leads to establishing policy to address it. This process usually requires a broad base of community support.

Ideally, policy change is an active process in which individuals and communities can take a leadership role in starting the change process. This means being committed to change which is in the best interests of the community. In doing so, people begin to take some responsibility not only for their own health but also for the health of their whole community.

How to use this guide
This guide:

- provides guidelines, not prescriptions, to help you to make informed, considered choices and decisions
- gives an outline of the steps of the process, and the skills and knowledge required
- gives helpful tips to successfully work for policy change
- provides guidelines for what to expect and to consider at each step in the process
- uses examples of real community stories
- describes some basic terminology.

Community stories are actual accounts of people working to bring about policy change. Each story shows a different aspect of the process and each story, except one, has a link to policy. These stories broadly represent the regions of Ontario, and although most examples pertain to nutrition, tobacco, and alcohol (the current areas of priority in health promotion in Ontario), they are also useful for a wider audience such as those in healthy communities.

Each story is set up in the same way: it is accompanied by a statement of the problem, followed by examples of goals and objectives. Some specific highlights and corresponding tips are drawn from these actual experiences. These are used to summarize the major points in the stories and emphasize key aspects of the general process of policy change.
As you read this guide, keep one particular issue in mind. If you do not have a problem to address at the present time, then imagine a problem, such as what to do about cigarette smoke in your workplace. This will help you to consider the ideas in light of their practical value and the hurdles you may face in your own community.

The questions posed in the guide are meant to cover the widest possible range of issues. Not all of them will apply to your issue.

The guide seeks to give you a sense of direction, and a sound basis for making thoughtful and informed decisions about each of the steps involved in making policy change. To get a thorough understanding of how much is involved, you will likely benefit from reading this guide in its entirety.

References:


Chapter 2
Fostering Community Change With Policy

This chapter will cover:

- the need to keep the "big picture" in mind
- the link between education and awareness, environmental support and policy
Stepping back and viewing the “big picture”

In policy change, one primary thing to consider is how a proposed local change is related to bigger issues. Every issue is part of a broader issue and exists in relation to other issues. For example, a school breakfast program is related to the larger issues of children, food, hunger and learning.

The idea of stepping back and viewing the “big picture” is very important throughout the policy change process because it keeps you focused on your ultimate goal. Stepping back reminds you that new policy is not your ultimate goal but rather a means to reach your goal. Stepping back makes you see the whole forest, not just the individual trees. It reminds you that policy change is only one piece of the larger picture.

STEP BACK

Think about...

How are things going?
What’s the “big picture”?
Are you headed in the direction you want to go?

Health promotion and the determinants of health

Health promotion is defined by the World Health Organization (1986) as “a process of enabling people to increase control over and improve their health.” In this view, people are encouraged to take more responsibility for their health by actively participating in decisions that affect their health. The goal of health promotion activities is to develop people’s knowledge, skills, and confidence in order to increase their control over their health and to increase their ability to act on personal and external conditions affecting it.

Policy change, as discussed in this guide, is seen within the context of the determinants of health, those broad social and environmental factors that affect our health, such as housing, income, education, the safety of the environment, and air and water quality. Policy can promote community health directly by addressing these factors.

Approaches to health promotion

Three general approaches are used to promote community health. These are education and awareness, environmental support and policy. Education and awareness and environmental support are more commonly used to promote health in a community than policy. Policy affects health by changing the range of choices people can make. All three approaches are essential to significant health-promoting change. Each of these approaches is discussed below with some examples.

1. Education and awareness

Education and awareness uses programs and activities that are designed to inform either a specific target group or the community at large about an issue. Education can take
many forms, from a poster or brochure to lectures, workshops and educational programs in schools. These activities are the most common ways health and healthy behaviour are promoted.

Community Story - Seniors Take Action

This story is an example of a successful stand-alone program designed to meet two important needs of senior citizens — the need for companionship and the need for good food. It is an excellent illustration of how education and awareness activities, together with environmental support activities, can play a significant role in health promotion.

Problem
A significant number of seniors are isolated, many in poor health. A primary prevention program was designed to address the problem of isolation as well as to provide better access to food.

Goal
To reduce social isolation among senior citizens by providing a program which facilitated better access to food and other appropriate services.

Example of an Objective
To provide transportation and assistance with grocery shopping on a weekly basis.

Approximately a year ago, a Community Health Centre [CHC] in a large urban setting became involved in a "grocery bus" program for seniors. The owner of a grocery store in the area approached a senior citizens’ centre about working together to set up a grocery bus service for seniors. The CHC staff became involved through their connection with the seniors’ centre.

The program involves picking up senior citizens at their door and bussing them to the grocery store. The program also provides information on available seniors’ services and community services, access to a nutritionist to learn about the links between food and health, and an opportunity to be with friends and meet new people. Senior citizen volunteers recruited people from their own buildings and became the voice of their neighbours. Every week the bus picks up the senior citizens. They are accompanied by the community developer and home support coordinator from the CHC to provide any assistance, make referrals, and keep people up to date. After an hour of shopping, the seniors are returned home. Two volunteers carry the boxes of food to the building and to the kitchens of individual seniors.

To date, the program has reached 160 seniors and has not only enabled them to get out to buy food, but it has also established a supportive caring network for seniors and has linked them to community services when necessary. Responsibility for the program is being taken on by an advisory committee of seniors, ensuring that it meets the needs of those for whom it is intended.

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<th>Highlights</th>
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<td>1. This successful program was intended to meet the needs of seniors in the community. There was no goal to develop or change policy.</td>
<td>1. Sometimes, a good program is what is necessary to meet community needs. Going after policy is not a necessary or desirable goal in all cases.</td>
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2. Environmental Support

Environmental support means providing a friendly context for change to occur by ensuring healthy conditions and behaviour. Some examples of environmental support activities are: a smoking cessation program in the workplace, a designated driver program, and availability of good food choices in restaurants and grocery stores. Self-help groups and mutual support networks are also examples of environmental support.
Community Story - Gardens for the Community

The following story is a good example of education and awareness, and environmental support working together. It is interesting to see how the need for policy development became apparent.

Problem
Eighteen percent of residents in this city are poor or very poor. Since poor nutrition can be the result of poverty, it was determined that citizens might be having trouble meeting their nutritional needs. Community gardens were seen to be a way to make affordable, healthy food available to this population.

Goal
To obtain, through policy, a more long-standing commitment from the municipality to support the community garden program.

Example of an Objective
To evaluate and demonstrate the need for community garden plots to city officials through the use of evaluation forms, feedback, and statistics.

This Food Project Coalition has been involved in a number of programs since 1990, all with the aim of increasing access to healthy, affordable food for both individuals and families. While the programs are open to anyone, the primary target has been low-income individuals and families. The Project has been advertised by posting flyers in various community agencies, employment offices and neighbourhood groups. However, the most successful and common means of attracting participants has been word of mouth, particularly for New Canadians. People have benefited from being part of the garden project and have invited their friends to join.

An interesting point has been the high participation of New Canadians, which has provided a wide diversity of food grown, cooking styles and nutritional values. These participants have been very motivated. They wanted to learn about Canadian cooking styles, and in turn they have shared their own cooking styles and cultures.

The Food Project Coalition promotes a number of activities to increase access to healthy, affordable food such as collective kitchens, community gardens, cooking/canning workshops and leadership training. A number of churches have been supportive by providing free use of kitchen space and land for gardens.

The community garden program has been very successful. The goal has been to increase knowledge about growing, harvesting and canning fresh vegetables, thus enabling people to increase the number of healthy meals and fresh vegetables in their diets.

In 1991, the first pilot project for community gardens started with funding from a Ministry of Health “Ready, Set, Grow Grant.” For the first two years, the garden sites were located outside of city limits. However, many participants did not own cars and thus could not get to their garden plots. Easy access to gardens has proven to be a very important factor in the gardeners’ success. A proposal was submitted to the municipality in the fall of 1992 to secure vacant land that was accessible via public transit.

The municipality agreed to assist in pilot testing an inner-city community garden in the spring of 1993. In fact, the municipality does have one community garden site (40 plots), but it is not advertised or promoted due to their current waiting list. In 1993, in cooperation with the municipality and two local churches, 110 inner-city garden plots were established. Five hundred people directly benefited from growing their own food close to home. In 1994, one additional church became involved, increasing the number of sites to four and the number of plots to 120.

Garden plots not only offer an opportunity to harvest fresh food, they also provide a chance to make new friends, learn new skills, learn about other cultures, get some exercise and make healthy living choices. People who participated in focus groups about these gardens described the experience as very positive. Community gardeners spent less money on groceries, ate more fresh produce, and met new people. There has been a high degree of satisfaction in community gardening, not only expressed verbally by gardeners but also by the fact that all available garden plots were used in 1993 and 1994.

Coalition volunteers work with employees of the Parks and Recreation Department to prepare and maintain the garden sites. The Parks and Recreation Department tills all the sites and cuts the grass around the municipal site. However, staff are working towards the development of a municipal policy to sustain the garden plots and ensure a water supply.
Without a policy in place to affirm the importance of the garden plots and to deploy necessary resources, members of the Coalition have needed to search out and secure garden plots on a regular basis. The need for land is an ongoing concern. Efforts were made to establish a policy in the beginning but it was deemed important to first determine if community garden plots worked before moving towards a policy to sustain them. Now that it is evident that the gardens are an effective and popular means of increasing access to healthy, affordable, food, a policy is seen as a means of ensuring that continuous, essential support in the form of on-site water supply and soil preparation.

While a municipal policy supporting community gardens is important, it is equally important that the community garden concept continues to be a cooperative venture involving many community organizations, businesses, churches and individuals. Community gardens should belong to the community.

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<th><strong>Highlights</strong></th>
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<td>1. It was seen as important to demonstrate the need for community gardens before going after any type of policy to support them.</td>
<td>1. Policy is a means of sustaining or keeping in place important programs. It is usually not possible to get a community garden without first demonstrating the need for a garden; that it is a viable solution and can be easily accomplished.</td>
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<td>2. Environmental support (e.g., land being available and accessible) is necessary for the success of the program, and ultimately, for the policy.</td>
<td>2. Even if the policy is adopted, environmental support is necessary to help maintain the policy.</td>
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3. **Policy**

Although education and awareness programs can lead to healthier choices, they are usually not sufficient on their own. If you want to effect long-lasting change, even though policy change may neither be feasible nor necessary in some cases, the option of policy change should be considered because the combination of education, environmental support and policy has the greatest potential for far-reaching, sustained change in your community.

Even though each approach is not necessary in each case, and no one approach is better than the others, you will probably achieve the greatest impact by using all three approaches together.

In every case, it is the identification of a problem that leads to the use of one or more of the three approaches: education and awareness, environmental support, and policy. After all, before you can get support for your policy, people need to be aware of the problem. And the more people you can get to support your issue, the stronger your case will be. The Model of Policy Formation on the next page summarizes the inter-relationships between the three health promotion approaches.
The “Road Map” for policy change

The following diagram is a very important one and is included at the beginning of every chapter. It is called a “Road Map” because it functions like any map which tells you where you are, where you are headed and how far you are from your ultimate destination.

Although this is a linear process, keep in mind that you could find yourself at different points on the map at any time. In addition, you might also want to pursue policy change at the outset and then move into education and awareness activities to promote the policy.
The "Road Map" for Policy Change

1. Identify/describe problem
2. Analyze problem
3. Assess community support
4. Decide what to do
   - Education & Awareness
   - Environmental Support
5. Policy
   - Choose policy option — consider implementation
   - Assess support for policy option
   - Choose/approach decision-makers
   - Consider range of action strategies
   - Choose action strategy
     - Assess resources — adequate?
       - people — inadequate?
       - funds
       - information
       - other
6. Increase active support (group/coalition)
7. Increase community support
8. Implement action plan
9. Evaluate results
10. Implement policy
References:


Chapter 3
Identifying and Analyzing the Problem

This chapter will cover:

• how to describe the problem
• analyzing and clarifying the problem
• stakeholders
• gathering data about the problem
The "Road Map" for Policy Change

1. Identify/describe problem
2. Analyze problem
3. Assess community support
4. Decide what to do

- Education & Awareness
- Environmental Support
- Policy

- Choose policy option — consider implementation
- Assess support for policy option
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  - people — inadequate?
  - funds
  - information
  - other

- Increase active support (group/coalition)
- Increase community support

- Implement action plan
- Evaluate results
- Implement policy
In this guide, the policy change process uses a basic problem-solving framework. Problem-solving requires one to go through a certain number of steps, in a certain sequence, in order to arrive at the best solution. The same solution process can be applied to the most complex problem, as well as to the simplest.

The illustration below shows the basic steps of the problem-solving process as applied to the problem of a leaking roof. The process works just as well when applied to social problems.

1. Recognizing and Defining the Problem
2. Analyzing and Clarifying the Problem
3. Identifying Alternative Solutions
4. Choosing a Solution
5. Implementing a Solution
6. Evaluating What You Have Done

Throughout the guide, you will find questions pertaining to the different steps. These questions are intended as prompts to help you reflect on your issue and to help you to clearly articulate the scope of your problem and the actions you plan to take. See Worksheet “How to identify your problem” in Chapter 10 for further information.

**Identifying the problem**

Most efforts to make changes begin with an idea that something is wrong or something needs to be changed. That is, work begins when people see a problem and want to resolve it. You will notice that the Road Map starts at the same place.

**Describing the problem**

Once you realize something is wrong, your next task is to understand the problem as well as you can. In order to resolve any problem, you have to very clearly understand what is going on. The better you can describe your problem, the better you can solve it.
Here are some basic questions to help you describe your problem:

- What is the extent of your problem? How big a problem is it? What’s involved? Who’s involved? What are the limits of your problem? What would happen if nothing were done about it?

- What is the origin of your problem? Is there a starting point to your problem? When did it first become apparent? Can you identify it? Are you looking at the problem, or only a symptom of something else which is the real problem? What has contributed to the development of this problem?

- How is the problem viewed by others? Who else thinks it’s a problem? Has the media been covering the situation? If the problem is in the spotlight and is seen as a crisis, then this may be a good time to act.

- What exactly is the problem? Try to state the problem in one sentence.

**Analyzing the problem**

After you have identified a problem, your next task is to analyze your problem, to find out why it exists and who is affected by it. Here are some basic questions to help you analyze your problem:

- What is it about the situation or condition that is unacceptable or wrong? What events or incidents illustrate this?

- What factors in the community affect the problem? (e.g. community attitudes, traditional values, conflicting agendas, economic difficulties and so on).

- What has been done to try and resolve it? What has not been done?

- What is the cost of the problem (in both financial and human terms) if something is done? What is the cost if nothing is done? One way to look at this is to consider what the cost would be if a solution were implemented, versus if nothing were done. Further, could the problem escalate and cost more money to “fix” in the long run if it is not addressed now? What about human costs? What is the difference in terms of human cost if something is done versus if nothing is done?

Community Story - The Nutrition-Learning Link

The following story illustrates some of the issues in identifying a problem and how policy can be important in resolving it.

Problem
The Health Unit was concerned about the eating habits of school-aged children in the region.

Goal
To promote good nutrition and healthy food choices through development of a school food policy.

Example of an Objective
To conduct a survey of the foods available to children in elementary school and to share the results with the Board of Education.

A 1990 school health survey done in a rural area of southwestern Ontario revealed some disturbing trends in the eating habits of young people in the region. The data showed that many students were not meeting the minimum number of servings from the four food groups needed each day for healthy growth and development. The diets of most students were also found to be high in fat.

Children's nutrition was regarded as a family matter, and not as a responsibility of the school. The nutritionist shared the data on eating habits from the survey with the Board of Education. The results from the survey provided an opportunity for the nutritionist to demonstrate to the Board of Education staff that there was a problem with children's food intake, which they acknowledged. Rather than focus on the need for a policy, the nutritionist suggested working together to address the concerns with children's eating habits.

The Board of Education identified their priority in health as the rewriting of the health curriculum (including nutrition). Individual teachers expressed a need for nutrition information and resources. The nutritionist agreed to work on these issues with the Board's writing team along with other Health Unit staff. While the Board of Education's priorities for health did not necessarily match those of the Health Unit, the goals for "healthy children" were the same. These joint efforts helped to build trust and strengthened the role of the Health Unit as a resource and community partner.

The challenge was to focus some attention on student nutrition issues. Because nutrition was not a high priority for the Board of Education, the implications of poor eating habits were not discussed from an educational point of view. Highlighting the connection between health and learning was meaningful to the educators. Board staff and classroom teachers became more aware of food issues. The local chapter of the Ontario Public School Teachers' Federation (OPSTF) had already initiated a "healthy learners" fund to support school-based efforts to combat hunger. Having food issues raised by two different groups simultaneously helped to increase the profile of student nutrition.

The nutritionist approached the Board of Education about doing a food availability study in the elementary schools. Information about the foods available would show how well the school environment supported the nutrition messages in the health curriculum. The survey was carried out using interviews with principals as key informants. The results were first shared with the principals who had provided the data and then with the Board of Education trustees. Both the trustees and Board staff were surprised at how often high fat meals were available at school. These results, coupled with survey data on the high fat intakes of all age groups in the region, raised the issue of school food as a priority to be addressed by the Board of Education.

The process described here took place over a period of three years. The Board of Education has recently established a school food committee. This committee includes principals, representatives from both the primary and secondary school teacher federations, a parent and the Health Unit Nutritionist. The group has agreed on the key areas to be covered in a draft policy and is committed to its development and implementation. While a policy cannot address all aspects of child nutrition, it can speak to the kinds of foods available to children in school and provide a supportive environment for healthy choices.
### Identifying Stakeholders

A key issue in analyzing a problem is determining who will be positively affected and who will be negatively affected if the problem was resolved. For example, a non-smoking policy in a workplace may delight the nonsmokers and anger some smokers. The extent of the support for each side has to be considered when analyzing the problem. In other words, you want to know who are the stakeholders, those who hold a stake in the issue, on one side or the other. It is vital to identify the stakeholders in your issue so you can know where your support lies and where it doesn’t.

The following diagram shows the wide range of stakeholders regarding the issue of reducing smoking in public places.

![Diagram of stakeholders](image)

The Worksheet “Assessing community support stakeholders” in Chapter 10 may help you when you are considering the stakeholders involved in your issue.

After you have identified the key stakeholders, you could ask yourself the following questions to get a clearer picture of who is affected by the problem and how:

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**Highlights**

1. The problem was approached from the perspective of education rather than health. The focus was put on the effects of poor eating habits/hunger on learning rather than on health risks.

2. A move toward policy without having the problem clearly identified as a valid, local issue is extremely difficult, if not impossible. Supporting data is important.

**Tips**

1. Frame your problem in a way that makes sense to the decision-makers.

2. People need to identify a problem as their problem, and to commit to being part of the solution, before engaging in policy development.
3: The Problem

- Who is affected by your problem?
- How exactly does the problem affect you, your group, your community? How are you personally involved in the problem?
- Who else sees this as a problem?
- What exactly do some stakeholders stand to gain from resolving the problem? How important is this to them?
- Are the stakeholders’ reasons for wanting the problem resolved the same as yours? If not, what are they?
- Are there others who you might bring on side if the matter were brought to their attention?
- What exactly do other stakeholders stand to lose from resolving the problem? How important is it to them? How strong is their opposition likely to be?
- What would be the impact of these changes, on the community at large, on certain segments, on certain individuals?

Gathering data about the problem

As early as you can, begin to gather relevant data about your problem as solid, reliable data is very powerful. A key piece of information you will need is data about existing policies in your community. If none exist in your community, find out what has been done elsewhere. Generally speaking, a similar policy developed in another community may work well for you too. In addition, from a decision-maker’s standpoint, it is not as risky to agree to a policy when a successful precedent has been set elsewhere, especially if that community is in some ways similar to your own. Some of the possible sources of information are:
- Your own knowledge: you may know more than you think!
- Community service directories: identify which agencies or organizations might be interested or opposed to your issue.
- Newspapers and magazines: the public library is a good source of articles with relevant information. Keep your eye out for articles that refer to previous controversies or indicators of support.
- Statistics Canada, Census data, local statistics: usually available at the library, public health units, and district health councils. Besides providing local data, this information may allow you to compare your community with others across the country.
- Other studies: annual reports, needs assessments, research reports.
- Interviews with key individuals or groups: heads of community agencies, informal community leaders, and so on. Be aware that they can only give you their perspective, so you will need to consult a wide range of people.

(From Keck, Dauphinais & Lewko, 1989).
Clearly identifying a problem is the starting-point in the journey towards a policy change as a solution. Because all other actions stem from how the problem is identified, it is important to devote considerable attention and care to the beginning steps of the process. This lays the foundation for all other activities that follow.

References:


STEP BACK
Think about...
How are things going?
What's the "big picture"?
Are you headed in the direction you want to go?
Chapter 4: Assessing Community Support

This chapter will cover:

• how to assess community support using a force field analysis
The "Road Map" for Policy Change

1. Identify/describe problem
2. Analyze problem
3. Assess community support
4. Decide what to do

- Education & Awareness
- Environmental Support
- Policy

Choose policy option — consider implementation
Assess support for policy option
Choose/approach decision-makers
Consider range of action strategies
Choose action strategy
Assess resources — adequate?
  - people — inadequate?
  - funds
  - information
  - other

Increase active support (group/coalition)
Increase community support

Implement action plan
Evaluate results
Implement policy
Assessing community support

Before deciding to work towards establishing policy, it is vital to assess the amount of community support that you have. As you can see from the Road Map, this is a task that needs to occur early in the policy change process. You will need to know whether or not other 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 on side. Because community support is so essential for successful implementation of any policy, this factor cannot be underestimated. It should be noted that getting support may not be as daunting as it appears. Many surveys show that most people support health-promoting policies.

In the policy process, you need two basic and quite separate forms of support: general community support, and specific group support, that is, support from those who are actively involved in the issue.

(1) Community support. You will need to know if the community views the issue as a problem, if they view it as a serious problem, and if they will support policy as a good way to address it.

Without adequate community support for your cause, the likelihood of succeeding with a policy proposal is low.

(2) Group support. You will need the support of individuals or groups who are both strongly committed to the issue and interested in pursuing policy as a solution. This may become the core group that will actually plan and carry out the work in addressing your issue.

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

- Are there educational and awareness programs in your community whose focus is “your” problem? How long have they been running? How successful have they been? How popular are they?
- What kinds of environmental support for your issue exist in your community?
- Has the problem been a recent focus in the media (radio, TV, newspapers, and so on)?
- If similar issues have arisen in the past, what kinds of action were taken?
- Have you surveyed a wide cross-section of people for their opinions?
- Since this can be a long process, have you support for yourself in this work?
- Have you tried to determine the positive and negative forces regarding your issue? (This is called a force field analysis and will be described later in this chapter.)

Community Story - Workplace Alcohol Policy

The following story features some of the aspects involved in assessing community support.

Problem
The potential for inappropriate alcohol use was an identified concern by the community.
4: Assessing Support

Goal
To prevent alcohol-related problems in the workplace through the development of an alcohol policy.

Example of an Objective
To identify employers in the community who are interested in working together to develop a workplace alcohol policy.

A Community Health Centre in southwestern Ontario conducted a community-based needs assessment. Alcohol use and abuse were identified as key areas of concern. To provide a more comprehensive picture of the issue and scope of alcohol-related problems, the Community Health Centre then collected additional data (e.g., alcohol-related mortality and morbidity statistics for the area, research literature, alcohol related charges, and so on).

The Community Health Centre applied successfully for funding from Health Canada for two and a half years to run a series of programs addressing alcohol issues. A steering committee made up of community members was formed to oversee programs and provide direction. The Community Health Centre staff had the responsibility for actually running the nine programs. In reviewing its programs and their direction, the steering committee requested consultation from a provincial alcohol prevention training agency. The consultants pointed out that alcohol issues in the workplace were not being addressed. The steering committee recognized the opportunity to reach people in the workplace and to support workers in preventing alcohol abuse, and therefore decided to work on the issue.

A subcommittee has been formed to look at the issue more closely. It includes someone from the District Health Council, someone from a Health and Safety committee, a union worker, and an occupational health nurse. The subcommittee's goal is to assist workers in preventing alcohol problems through the development of a workplace policy that would be primarily supportive in nature. The subcommittee's plan is to target one employer at a time, approach management to discuss the issue of alcohol-related problems, and propose to assist in the development of a policy. If the employer is agreeable, then the issue will be taken to an employee relations committee and a company committee with worker representation will be formed to look at policy development.

The community steering committee regards their workplace policy as different from many others. It aims to keep people at low risk for alcohol problems and to help those who are at risk. It is intended to increase awareness of the issues and support employees rather than simply list punitive rules. It is not the intent of the community steering committee to impose a policy on a particular workplace. Rather, they wish to inform workers about the issues in alcohol-related problems and to build support within the workplace for strategies to help employees remain clear of problems. The subcommittee's role would be to act as a resource and facilitate the process of policy development by workers themselves. They view the workplace as a microcosm of the community and an important setting to put in place programs that keep people healthy. As a community group, they want to work to prevent alcohol problems in the workplace and see the best way to do this through workplace policy.

<table>
<thead>
<tr>
<th>Highlights</th>
<th>Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. This group identified a need for policy and wanted to facilitate policy development in the workplace setting. However, they realized the need to mobilize workers around the issue.</td>
<td>1. While the need for a policy may seem clear to some people, those most directly affected by it must buy into it.</td>
</tr>
<tr>
<td>2. While there was a general concern about alcohol problems in the community, the idea of a workplace alcohol policy grew out of the recognition that the workplace was an opportunity to reach large groups of adults.</td>
<td>2. Certain settings or events can be vehicles for reaching people and a means of reaching your goal.</td>
</tr>
</tbody>
</table>
Decision-makers

In assessing community support, it is important to keep in mind the role of decision-makers. “Decision-makers” are those people who have power to make changes. 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 check out their views on the issue and the likelihood of their supporting your cause. Please see Chapter 6 for more information about the role of decision-makers in the policy change process.

The climate for change

The climate for change refers to the combination of attitudes, atmosphere, values and players in your community that encourages change to happen or not. It is extremely important to gauge the climate of your community regarding your issue because you want to predict how much support you will have to pursue, how much opposition you are likely to face and what would be the most successful strategies. Remember, this climate can be difficult to gauge as it can change very quickly, so you need to keep up to date. You don’t want to find out too late that public attitudes have changed.

Force field analysis

In order to try to predict how well your policy proposal will be received, it is very useful to look at your community to determine which forces will help you and which may hinder you. You need to ask yourself:

- What will help us to make these changes? That is, what are the positive forces?
- What will hinder us? That is, what are the negative or restraining forces?

Mapping these opposing forces and studying their relative strengths is a “force field analysis”, an approach developed by Kurt Lewin. To conduct your force field analysis, list all the forces which would help and those that would hinder you in your work. The following example of a “force field analysis” concerns a proposed municipal alcohol policy. Municipal alcohol policies determine where alcohol can be served in designated municipally-owned facilities. They may specify training standards for event organizers and set out a variety of operating guidelines for managing alcohol-related events.
Driving Forces (+ve)
- reduces chances of litigation
- reduces irresponsible use of alcohol which has resulted in fights, injuries and accidents
- promotes a balance of recreational events where alcohol use is permitted and where it is not
- expectations are made clear with the Server Intervention program and this empowers the event workers
- has a positive impact on health.

Restraining Forces (-ve)
- decreases revenue for municipality
- opposition from some community members (heavy drinkers) about restrictions
- view in the community that enforcement measures are essential to be effective
- view in the community that it is not the municipality's responsibility to legislate morality
- view in the community that this policy will discourage tourist events.

After listing the driving and restraining forces, you need to consider which forces need to be strengthened in order to succeed and which have to be reduced in strength.

It can be very useful to do a force field analysis with all the people interested in your cause. This way you can get a much better sense of the issue. In addition, different points of view encourage creative thinking.

Community Story - Tobacco Industry Sponsorship

This story illustrates the idea of viewing problems as opportunities for creativity and innovation and trying the untried.

Problem
Tobacco industry sponsorship of arts events.

Goal
To promote the health of the community through the development of a policy banning tobacco industry sponsorship of the arts.

Example of an Objective
To plan and implement an educational session on arts and health at a workshop.

The Arts and Health Alliance is a coalition of more than 80 groups and individuals which facilitates collaboration between people working in the arts and health. By working in partnership, the coalition seeks alternative funding for the arts and promotes the use of art to convey health messages. Health groups have long called for a ban of tobacco advertising and arts groups have been concerned about the call for a ban with no proposal for alternate funding. Following an initiative by a city councillor (in a large urban centre), dialogue between the two groups began. The health department took the lead in extending invitations to arts groups to explore alternatives to tobacco advertising.

Discussion between the two groups highlighted the benefits of mutual collaboration and a decision was made to collaborate on joint projects. It was concluded, for example, that health messages can be conveyed through the arts. Rather than print and distribute a pamphlet targeted to young black men about AIDS, for instance, it might be desirable to convey a message on a float for the Caribana parade. A healthy community is one in which the arts flourish and are a central part of the culture — not viewed as a peripheral and dispensable activity. Dance performances, plays, and paintings expressing people’s experiences can all reflect the health of both individuals and communities.

Central to the development of partnerships between Arts and Health is the idea that the arts component should reflect the cultural diversity of the city. If it does not, then one cannot reach the audience for whom a particular health message is intended. At the 1994 Prevention Congress (Ontario Prevention Clearinghouse), art was a medium for health messages. A workshop, "Stereotyping in the arts and stereotyping the arts", was held at the conference which addressed how arts groups can contribute to anti-racist health in
4: Assessing Support

communities. One component of the session was a slide show by a Native artist depicting the life experiences of aboriginal people. The art spoke volumes about the health (in the broad context) and quality of life of Native people.

While the Alliance strives to enhance the profile of art as a component of community health, its more specific future goal is to make tobacco sponsorship of the arts redundant by establishing alternative sources of arts funding that do not undermine public health. To this end, the Alliance is establishing sponsorship relationships with corporations that have a credible profile in the community, and working toward sustaining funding by government to replace monies from tobacco sponsorship.

<table>
<thead>
<tr>
<th>Highlights</th>
<th>Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Policy was seen as a long-term goal following the build-up of community support.</td>
<td>1. Building community support is a lengthy process. However, it is important in identifying the problem, deciding upon a policy solution, and working toward that solution.</td>
</tr>
<tr>
<td>2. Two seemingly unrelated groups (arts and health) found common ground to work towards their goal.</td>
<td>2. Support can be found from unlikely sources. The key is to find a common objective regarding a particular issue.</td>
</tr>
</tbody>
</table>

As you set about assessing community support for your problem, try to consider all the factors that determine or affect your community’s perception of this issue. Community support should be assessed throughout the policy change process. Community support is vital; without it, very probably you will not succeed. Before you proceed, here are some pointers to keep in mind:

- Look for signs that indicate a need to change, e.g., dissatisfaction with a particular program or interest in a new idea.
- Create a situation where people are interested in the change. Present the proposed change in a positive manner, outlining all possible benefits, but being clear about the costs that might be involved. Do careful groundwork, and give people the information they need to feel comfortable about the change.
- View problems as chances to be creative.
- Be innovative; try the untried.
- Plan for success. Try to ensure that you have the optimal environment for successful change to occur.
- Don’t forget the big picture. Remember that this change is one part of a bigger goal.

(Adapted from Community Action Pack: Leadership, Health Canada (Fitness and Amateur Sport), 1986.)
STEP BACK

Think about...
How are things going?
What's the "big picture"?
Are you headed in the direction you want to go?
Chapter 5: Deciding What To Do: Setting Goals and Objectives

This chapter will cover:

- setting goals
- setting objectives
- choosing a policy option
The "Road Map" for Policy Change

Identify/describe problem

Analyze problem

Assess community support

Decide what to do

Education & Awareness

Environmental Support

Policy

Choose policy option — consider implementation

Assess support for policy option

Choose/approach decision-makers

Consider range of action strategies

Choose action strategy

Assess resources — adequate?
  - people — inadequate?
  - funds
  - information
  - other

Increase active support (group/coalition)

Increase community support

Implement action plan

Evaluate results

Implement policy

---

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Now that you have carefully examined your problem, you have some decisions to make. These may include:

- Is there more than one solution to your problem?
- What does each solution require in terms of time, people, money, and/or additional resources?
- Which solution offers the most benefit and the least cost?
- Do any of the solutions involve policy change?
- Do you want to work for policy change?
- Do you have good community support for policy change?
- What kind of policy would best solve your problem?

If you have carefully considered the full range of possible solutions and have determined that policy is the best solution to your problem, your next step is to set out goals and objectives. This task may help reinforce that policy is a reasonable solution and direct you in terms of the kind of policy that would be worth considering. As you can see from the Road Map, it is at this stage that you decide to pursue policy as an approach to your problem.

**Setting goals**

A goal is a broad statement that describes the change you want to have happen as a result of your action. To set your goal, you need to consider:

- What part of the problem do you want to address?
- What would you like to accomplish in the short term?
- What would you like to accomplish in the long term?

Some examples of goal statements are:

- “to eliminate smoking in the workplace”.
- “to provide nutritious food choices at school”.

Some pointers as you set your goals:

- You may need more than one goal. Each goal should focus on one change. Write each goal separately so that you can see how they differ, and why you may need different strategies to accomplish them.
• Make your goals realistic and attainable by breaking them up into smaller, more manageable chunks. They are more attainable when they are smaller.

• Each goal may take a different amount of time to be accomplished.

• If you have more than one goal, place them in order of importance.


Setting objectives
An objective is a statement that describes a step which is taken to meet a goal. Goals usually take a long-term view, and objectives are things that can be accomplished in a shorter specified time period. To set your objectives, you need to consider:

• What specific actions or activities are necessary to help you meet these goals?

• Which activities are of interest to you or your group? Which ones are you likely to be successful at?

• Who is your target group?

• What time frame is ideal for this work?

• What time frame is possible for this work?

Some examples of objectives are:

• “to carry out a literature survey regarding the effects of smoking in the workplace within three months”.

• “to conduct a survey in two of four schools in the area regarding the eating habits of a minimum of 500 elementary school children”.

Some pointers as you set your goals:

• Goals are statements of “what” and objectives are statements of “how” to reach the goals. Therefore, objectives contain more specific information about your planned activities.

• If you have more than one goal, you will need different objectives for each goal.

• Objectives must be measurable so that they can be evaluated, that is so you can determine if you have accomplished your objectives or not. Think of objectives as yardsticks that will help you to evaluate your work later.

• You may have to refine your objectives throughout the process.
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 (Leach, 1993)

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

- Are these goals and objectives consistent with how you and your group define the problem?
- Are they consistent with what members of the group want to do?
- Are they realistic, given the nature of the problem and the resources of the group?

The value of setting goals and objectives is often underestimated. With clear goals and objectives, you will have a good idea of the scope of the problem and what you are going to do about it. To help you set your goals and objectives, all of the community stories in this guide include a sample goal and an example of an objective.

Choosing a policy option

Having set your goals and objectives, you next need to consider what kind of policy to pursue. Policy options are choices regarding the type of policy to pursue. You will need to decide which policy option might be most effective and how many options should be pursued over time.

Here are some examples:

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.

Tobacco:
- implementing a comprehensive tobacco use prevention curriculum at the school board
- establishing a policy restricting smoking in public places
- prohibiting smoking in workplaces.

Nutrition:
- limiting advertising of high-fat foods during children's TV programs
- requiring school cafeterias to offer low-fat foods
- charging more for high-fat foods in school cafeterias and workplaces.
Assessing support for a policy option

In order to choose which kind of policy to pursue, you should consider the degree of support for each policy option. Strong community support for a particular policy will make it more attractive to decision makers and therefore easier to bring about. 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 this issue and that you need environmental support to strengthen your options. To increase support for your option, you could also research how similar issues have been handled in other areas.

Assessing policy options and the support they can garner 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 all you want in order to move forward. It should also show you what you won’t accept as a solution. Central to this process is the community’s receptivity and support for the change you are proposing.

Policy Implementation

Working to achieve a local policy is time-consuming. You may find you are devoting all your energies to getting a particular policy established. However, this is the time to be thinking about how policy could be implemented. Many people only begin to think about implementation when the policy has been approved and underestimate the time involved in ensuring the policy is carried out. Policy implementation has budget implications (e.g., promotional materials, public meetings) and hence requires advance planning. It also helps begin the process of building community support for the policy which will ensure it doesn’t collect dust. Planning for implementation in the early stages of policy development will increase the likelihood of successful policy adoption and community change.

References:


STEP BACK
Think about...
How are things going?
What’s the “big picture”?
Are you headed in the direction you want to go?
Chapter 6: Getting The Support Of Decision-Makers

This chapter will cover:

- which decision-makers to approach and how
- the process of decision-making
The "Road Map" for Policy Change

1. Identify/describe problem
2. Analyze problem
3. Assess community support
4. Decide what to do

- Education & Awareness
- Environmental Support
- Policy
  - Choose policy option — consider implementation
  - Assess support for policy option
    - Choose/approach decision-makers
      - Consider range of action strategies
      - Choose action strategy
      - Assess resources — adequate?
        - people — inadequate?
        - funds
        - information
        - other

5. Increase active support (group/coalition)
6. Increase community support
    - Implement action plan
    - Evaluate results
    - Implement policy

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This chapter is one of the most important. In most cases your group will not be able to implement policy on its own; you are going to need influential people, decision-makers, to support your cause for you. As the Road Map shows, you need to consider your decision-makers before planning your action strategies.

**Choosing the key decision-makers to work with**

A decision-maker is an individual who has the power to make changes. You will have to determine who are the main decision-makers for your issue and how much influence each can exert. Then you will have to decide which decision-makers to approach, and, if there are more than one, who to approach first. The Worksheet “Deciding who your decision-makers are” in Chapter 10 will help you.

You will probably have more than one decision-maker involved in your issue. So, if it appears that one key individual, such as a mayor, has the ultimate power to decide in your favour or not, that person likely doesn’t work alone and probably is accountable to others, such as, in this case, City Council.

**Approaching decision-makers**

You will have to decide exactly how you plan to approach these people: by telephone, or in person, or by letter. Here are some of the factors to consider when making these decisions:

- Pick your people 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. Find out who makes which kind of decision so you will know where to start. 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. If you are a parent working on a school-related issue, you would likely talk with other parents, the principal, teachers, the Home and School Association, and maybe even the school trustee. If you are a community health worker trying to put in place a tobacco by-law, your approach would be more formal and directed towards working with bureaucrats and municipal councillors as well as with the public.

- Find out how your decision-makers make decisions. Although some decision-makers make uninformed, “snap” decisions, most of them make their decisions more cautiously because they know they are accountable to others. Know as much as you can about their particular style of decision-making so you can know best how to approach them.

- Time your actions carefully so your concerns will be heard and attended to promptly. For optimal success:
  - raise concerns only when your motivation and energy and that of your group is at its highest,
  - know when the decision-maker is most willing and able to deal with your concern, such as when public opinion is on your side,
  - find out at what level decisions are made and when.
• Be assertive, not aggressive. An assertive, direct, firm stance will probably win you much more respect than an aggressive one.
• Develop a credible and accurate analysis of the issue. Inaccurate, incomplete data will only harm your cause.
• Understand the big picture. Think about how your group and your issue fit into the community’s overall needs. Keep your long term goal in mind, and remember why you will probably need to proceed slowly, step by step.
• Remember that sometimes you may have to lose gracefully or at least, you may have to compromise. This willingness to compromise may help build your long-term credibility. At the same time, you also have to know your group’s bottom line. This can be a difficult judgement call to make, but getting into a power struggle over your issue is probably not what you want. Moreover, “losing” on one issue may not mean losing the whole fight. Flexibility is key.
• Thank key decision-makers for their support. This is easily forgotten in the rush to get to the next step, but remember: no one likes being taken for granted. A little sincere appreciation can go a long way towards ensuring their future cooperation.

Community Story - Decision-Making and School Nutrition Policy

This story shows the need to identify and approach the most appropriate decision-maker.

Problem
Low nutritional value of foods available to children at school.

Goal
To ensure intake of nutritious foods at school by all children, through the development of a school nutrition policy.

Example of an Objective
To conduct a survey in schools to determine food availability.

A dietitian working in a Public Health Unit in southeastern Ontario had been concerned about the nutritional value of foods offered to children while at school. A survey had been carried out looking at the food available in schools and found the food to be low in nutritional value. For example, soft drinks, hot dogs and sweets were widely available. Many parents had called the Health Unit to express concern about the foods children were eating in school, not realizing they themselves had the power to effect change in the schools. Some parents had expressed concern about the kind of snacks provided to kindergarten children and about “doughnut days” at school, however, these were isolated events and parents did not group together to raise any form of opposition.

The dietitian decided to talk directly to the Director of Education and found strong support for her ideas of serving only healthy food in school and focusing on nutritious food for fund-raising events. The Director agreed to the need for a school food policy. However, the Director delegated the work of policy development to a school superintendent, who delegated it to a principal, who in turn delegated it to a teacher. By this time, enthusiasm for the idea had lost its momentum and nothing more was done. Many staff within the Board of Education did not see nutrition as a Board priority. The use of food of little nutritional value for snacks and fund-raising was regarded as an occasional event and therefore not a serious problem.
The dietician has now put aside work to develop a school nutrition policy and is targeting parents about issues in healthy eating with the intent of encouraging parents to move for changes at school. She has developed a healthy eating kit which will be available to every school parent advisory council (parent-school association) along with a presentation by the dietician. The kit discusses the conflicting messages children receive at school about nutrition, the kinds of foods that can be available at school, and the role of parents in making changes.

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<th>Highlights</th>
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<tr>
<td>1. While there were parents who were concerned about snacks provided to children, there was no concerted move to do something about it.</td>
<td>1. Concern about an issue has to be mobilized effectively if it is to be translated into action.</td>
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<tr>
<td>2. The Director of Education delegated responsibility for policy development to a superintendent, who delegated it to a principal, who delegated it to a teacher.</td>
<td>2. Determine who is your most effective decision-maker — not just the most powerful. Decision-making may not lie in the hands of only one person.</td>
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**The process of decision-making**

Getting the support of decision-makers is not just a matter of knowing who to approach but being familiar with how they make decisions. The process of decision-making can vary depending on the issue, the setting or the decision-maker. Most decision-makers have to follow a pre-determined process for making decisions. It is important that you are aware of this process.

Find out how to present your case so it will be favourably received. For example, if you want to take an issue to City Council, you will probably not be able to simply appear at their next meeting. Most likely you will need to put your request in writing and then wait for an appointed date and time to make your presentation to Council. You may be able to set up meetings with individual Council members before that date, and you may also be able to meet with their staff to try to win their support. However as the decision-making body is a group, any decisions regarding policy proposals will have to be made by that group.

In addition, you should also realize that decision-makers have their own timeline. You may have to wait much longer than you expect for them to make up their minds. The process may be slowed down if they need more information, if other key people have to be consulted, or if other issues or other groups take precedence over yours.

Decision-makers are often influenced by the decisions of other similar decision-makers. For example, your City Council members will probably be influenced by opinions and judgements made by other City Councils in your area or province. Try to gather information such as this to help you argue your cause.
Community Story - Working Toward Cleaner Indoor Air

This community story illustrates some elements of the process that decision-makers may go through.

Problem
Non-smoking by-law needed to be revised.

Goal
To reduce the effects of environmental tobacco smoke through clean air by-laws.

Example of an Objective
To revise and update tobacco control by-laws with input from an expert in the field.

In a mid-size northern Ontario community, tobacco control by-laws had been in place since 1983. Recently, it became apparent that these by-laws needed to be updated because many of the areas were already covered by provincial law. The local inter-agency council for tobacco decided to move to revise the by-laws. A subcommittee of the council reviewed existing Canadian by-laws, drafted a proposed new by-law, and sent it to the City Solicitor for review. Eight months later, the Solicitor’s comments were received with little revision. Input was also provided by an expert in the field and was incorporated to strengthen the by-laws.

The subcommittee members were able to identify a city councillor who was supportive of restrictions on tobacco use. Members met with this councillor who provided useful advice on bringing issues before City Council and on the process of effecting change at the municipal level. For example, he informed them of their right to make a submission before Council and that the request needed to be made two weeks prior to the meeting. No other individual meetings were held with city councillors prior to the presentation.

The meeting at City Council went well. The key theme in arguing for the proposed by-laws was the deleterious health effects of environmental tobacco smoke on the public. The Council promised to consider the matter and within two months decided to send the proposed clear air by-law to a consultation committee in order to obtain feedback from the public. The consultation committee was formed to hear community views on proposed by-laws. Individuals and groups had raised concerns at the Council meeting but not everyone was heard. Several parents of children with asthma had expressed their support for the by-laws to the local inter-agency council since tobacco smoke restricted their access to some public places such as shopping malls. However, these parents did not organize themselves to present a united front. Strong opposition came from bingo hall operators who believed their business would suffer if tobacco use was prohibited.

The consultation committee was formed to include key stakeholders, including a mall manager, bingo club operator, medical officer of health and city councillor. The committee has had one public information session and has approximately six months to report to City Council.

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<td>1. While individuals and groups had concerns and supported the proposed by-laws, they did not organize to present a united front.</td>
<td>1. There is strength in numbers and diversity. Individuals and groups who come together with a common voice may be more successful in making change.</td>
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<td>2. Although tobacco by-laws were in place, they were out of date and needed to be changed.</td>
<td>2. Once a policy is in place, it may need to be monitored and revised to reflect the changing values and beliefs within the community.</td>
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Remember: most decision-makers need the support of others to make a decision and to ensure that it is carried through. Therefore, don’t concentrate all of your efforts on one individual. Recognize that there are many levels of decision-makers and decision-making. Also remember that decision-makers typically are dealing with a variety of issues — not just yours. One key factor for decision-makers is knowing that they have the support of the community. Consider these factors carefully before seeking the support of the key decision-makers in your community.

References:

**STEP BACK**

Think about...
How are things going?
What’s the “big picture”?
Are you headed in the direction you want to go?
Chapter 7: Choosing Your Strategies

This chapter will cover:

- generating public support
- making telephone calls
- writing letters
- preparing for meetings
- preparing briefs or deputations
- using the media
The "Road Map" for Policy Change

1. Identify/describe problem
2. Analyze problem
3. Assess community support
4. Decide what to do

**Education & Awareness**

**Environmental Support**

**Policy**

Choose policy option — consider implementation

Assess support for policy option

Choose/approach decision-makers

Consider range of action strategies

Choose action strategy

Assess resources — adequate?
  - people — inadequate?
  - funds
  - information
  - other

Increase active support (group/coalition)

Increase community support

Implement action plan

Evaluate results

Implement policy
This chapter describes some of the strategies you can use to get support for your issue. Consideration of the range of action strategies is approximately mid-point in the policy change process (see Road Map) and only occurs after a careful consideration of all aspects of the problem. At this point, you probably know more about the issue than most people.

You need two kinds of support; you need certain decision makers to support your cause, and you need the support of key parts of your community. Therefore, you need to choose action strategies that increase support from both of these key groups.

Factors to consider when choosing strategies
There are three important factors which need to be considered when choosing action strategies. These are:

Resources
Look at your financial and personal resources because these largely determine which strategies are available to you. If you have lots of funds and people power, your range of options will be wider than if you do not.

Planning
Think about what should be your first strategy. Consider how much of your resources you should spend on each step. Plan ahead and have an alternate strategy in case your first strategy doesn’t work. Also plan a variety of options so you can respond to new public opinions, new personalities and so on. Avoid using a cannon when a pea-shooter would work better. Plan for both good and bad outcomes so you’ll be ready. And remember, although action strategies must be carefully planned, there is a lot you cannot control. The best you can do is be as well prepared as you can.

Opposition
Consider who may oppose your action. It’s much better to anticipate and be ready for resistance and opposition.

Choosing your strategies
The effectiveness of the following range of strategies varies, depending on many circumstances. Keep your ultimate goal in mind and choose strategies which will help you achieve it. You now want to choose strategies that will build public support and build the support of decision-makers. See the Worksheet “Deciding on an action strategy and carrying out your action plan” in Chapter 10 for further information.

1. Building Public Support
In building support for your cause, remember there are many sides to an issue — not a right or wrong — and there are varying levels of support. You can obtain the support of your community in a variety of ways:

(A) Educational and promotional material
Posters, pamphlets, newsletters, flyers, public service announcements and petitions can effectively present your cause to the public. (See the Resource Section for further
information.)

(B) Community groups
Community organizations who endorse your cause can bring both considerable public support and concrete support, such as meeting places, mailing lists, and so on.

(C) Public meetings
Public meetings provide people with a chance to express their opinions, to obtain additional information and debate the issues.

The easiest way to hold a public meeting is to make a presentation at a meeting already organized by another group. The advantages of this route are obvious in terms of the time and effort saved in organizing a meeting, and you can tailor your presentation to match the views of the group. The major disadvantage is the fact that you may have only a limited amount of time to speak about and discuss your issue.

If you are required to organize a public meeting just to discuss your issue, here are some things to consider:

- Promote it well. Make sure the advertising states the topic, the time, the location, and who will be speaking. Stress the importance of your issue to the community.
- Make sure the location is accessible.
- Choose a time that is likely to be convenient for the people you want to attend.
- Think carefully about the choice of format (e.g., panel, lecture, debate, open discussion).
- Select speakers who know the issue and who can communicate well.
- Arrange for a chairperson to introduce the speakers, to keep track of time, to handle questions from the audience and to close the meeting.
- Be very well informed. Make sure you have done your homework and are ready to answer the questions and concerns which may be raised.
- Think carefully about what you want to accomplish at the meeting, such as identifying new people for your side.
- Decide what you hope will happen next. People should be able to leave the meeting with some ideas about what they themselves can do about the issues raised.

2. Building the Support of Decision-makers
Some of the most common strategies include: phoning a decision-maker, writing to a decision-maker, meeting with a decision-maker, preparing briefs and deputations and using the media.

Each of these strategies is discussed below. As you begin, set up a system so you and your group can keep an accurate record of all contacts with decision-makers. This would include recording calls, letters, meetings and so on.

(A) Phoning a Decision-Maker
Be as well-prepared when you phone someone to recruit their support as when you approach them in any other way.

- Ask yourself: Who should I call? Who should I call first? Why am I calling?
Is it to make an appointment, ask for information, or follow-up on a previous contact?
- Think about what you will say before the call. Make sure that you are brief, clear, and concise. Make sure that the person knows what you are asking of him/her.
- Follow-up on every telephone call that you make. For example, you might write the person and thank them for considering your issue and indicate when you would like their decision.

(B) Writing to a Decision-Maker
Letters are one of the most effective ways to approach decision-makers. Here are some tips for writing a good letter:
- Most key decision-makers receive a lot of mail. Give careful thought to your letter so it will stand out and be read.
- Make sure that the decision-maker’s name is spelled correctly and that the address is correct — a small but very important point.
- If you know the person you are writing to or you have met previously, mention this in the first paragraph of your letter. This will alert the person opening the mail to give the letter special attention.
- Make sure that your tone is courteous, not confrontational or threatening.
- Handwritten letters are fine, in fact they often get more attention than typed letters. Make sure your handwriting is legible.
- If possible, keep your letter to one page. Try to state the issue clearly in your own words and avoid jargon.
- Cover only one issue per letter.
- In some cases, a true story can illustrate your issue effectively.
- State the action that you want your decision-maker to take in the first paragraph.
- Point out to the decision-maker the benefits of becoming involved in your issue.
- Send enclosures if you think more information would be helpful. For example, relevant editorials or news stories from local papers are useful for attracting attention.
- Ask the decision-maker to reply regarding whether he or she will support your position.
- Follow up your letter with a phone call.
- Close with a thank-you for their attention. This is very important yet often overlooked.

If you are writing to a relatively high-level decision-maker, members of your group could all send one standard letter to this person. However, personal letters, handwritten or typed, are often more effective.

Remember: good letters may be all that is needed to get a decision-maker to support your initiative.
Sample letters

Date

Dear ________________:

As the mother of an asthmatic child, I am writing to support the proposed tobacco by-law which City Council is considering. I am strongly in favour of any by-law that would restrict cigarette smoking in public places.

While I realize that the decision to smoke is a personal one, it is unfair that individuals should have to suffer the negative effects of other people's habits. Because people in this town are free to smoke where they please, my activities and those of my child have limitations placed on them. For example, I cannot go into a mall with my four-year old for fear of cigarette smoke bringing on an asthma attack. Whenever my child is exposed to second-hand smoke, he begins to wheeze and cough. His eyes water and he has difficulty breathing. It is unfair that my child's health should be compromised because someone wants to indulge in an unhealthy habit.

I know I speak for parents of all asthmatic children who experience similar difficulties on a daily basis. It would be irresponsible of City Council to let children continue to suffer. I trust all council members to act responsibly in the interest of the public good and to pass strong tobacco by-laws.

Yours truly,

Date

Dear ________________:

We are a coalition of senior citizen groups and would like to commend the efforts of the Parks and Recreation Department of [municipality] in working to put in place a municipal alcohol policy. We urge the municipal council to adopt this policy.

We regard a municipal alcohol policy as an important step in affirming the importance of responsible drinking behaviour and censuring unsafe, irresponsible behaviour. Many senior citizens living near municipal recreation facilities have expressed concern about the behaviour of some patrons while under the influence of alcohol. One senior citizen building is adjacent to a recreation facility and the noise level has been disruptive. While some people may see such a policy as encroaching on individuals' rights, we maintain that such a policy will prevent negative behaviour from getting out of hand and make our city a better place to live.

Again, we urge City Council to adopt this policy, and we offer our support for such a move.

Senior Citizens' Coalition
Community Story - Equitable Milk Prices

This community story illustrates an example of how effective one single letter can be.

Problem
Healthier [low-fat] milk choices were more expensive than other kinds of milk.

Goal
To make all milk prices equal or nearly equal.

Example of an Objective
To write a letter to the head office of the grocery store chain requesting that milk pricing be more equitable.

An individual, while shopping at the local grocery store, noticed that when milk went on sale, it was never 1% or skim milk, which are the heart healthier choices. In fact, the regular prices of different kinds of milk were biased in the same way: healthier low-fat choices were more expensive. This individual wrote a letter to the head office of the grocery store chain to point this out, and to ask if healthier milk choices could be priced more attractively. The grocery store responded to the letter by making the prices of all types of milk fairly equal. This form of pricing has since become store policy.

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<td>1. The initiative was by only one person.</td>
<td>1. You don’t always need a coalition or group to accomplish your goal.</td>
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<tr>
<td>2. A simple, cost-effective strategy worked.</td>
<td>2. You don’t always need a range of strategies. You can start small and obtain results.</td>
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3. Meeting with a decision-maker

A personal visit to a decision-maker is a highly effective approach. To make it most productive, be well prepared.

One meeting may not be sufficient. For example, you may need to consult others for their opinions, or you may need to meet with others who have influence over your decision-maker. If so, then you will need a comprehensive strategy as to who to approach and when.

(A) Before the meeting

Here are some guidelines to help you prepare for your meeting:

- Time your approach. Find out when someone is most likely to listen to you — a specific time of day or time of year, or near a specific event such as an election.
- Learn as much as you can about your decision-maker before your initial contact. If possible, review his or her biography. Do some background research to find out about your decision-maker’s concerns and past positions on issues. Newsletters, newspaper articles, reports, minutes of meetings are good sources.
- Identify the decision-maker’s accomplishments and be prepared to applaud the person for his/her previous work.
- Consider whether the decision-maker is likely to be sympathetic to your issue. If not, be prepared and ready to try to win him/her over. Think about the arguments that might be made against your cause. Consider whether there is a mutual goal that you might work towards together.
Think about how you will present your case. You would probably make a different presentation to the Director of Education than to the owner of a hockey arena. Consider the kind of props you will use (e.g., charts or tables, photographs, or written reports).

While you may know more about the issue than the decision-maker, don’t make the mistake of assuming that you do. Although this person may not be up-to-date, he/she may still be very knowledgeable. Try to find out what he/she does know and build on that.

Be sure to discuss what you want in the context of the public interest rather than your own personal interest.

If you are a member of a group, leave information about your organization such as brochures.

You should not go alone. Take at least one other person with you (in some cases, you may need a group). Don’t pick people who are abrasive or who is likely to lose their temper. Make sure you all know your issue thoroughly. It is more important that the representatives are knowledgeable, credible and assertive. Let the decision-maker know in advance how many will be attending and who they will be.

Have a practice run-through and decide who will speak on what issue. Prepare a written summary of the issue (maximum 2 pages) and take several copies of it with you to the meeting.

Recognize the “gatekeeper” role of key members of the decision-maker’s office staff. One of their most critical responsibilities is to recommend to their boss the value of meeting with certain people. Be courteous, learn their names, and make sure they know who you are. Stress that you can provide timely information on your issue that will help the decision-maker respond to queries and questions more effectively.

Check to find out how much time you will have. Don’t expect more than 15 minutes unless otherwise notified. Confirm the date and time of the meeting in writing and reconfirm the day before.

(B) At the meeting

• Be on time.
• Make it clear at the beginning who you are and who you represent.
• Be clear. Avoid jargon; use plain English.
• Don’t name-drop.
• Come prepared to listen, as well as to talk.
• Try to avoid just complaining; focus on possible solutions.
• Don’t bluff your answers. If you don’t know, say so and promise to find out.
• Stick to the point. Don’t get side-tracked.
• Make it clear what you want the person to do.
• Disregard personal remarks. Don’t lose your sense of humour.
• Be sensitive to how people are reacting to your ideas so you can adapt your arguments.
• At the end of the meeting, briefly summarize what you want the decision-maker to remember most, and what you hope s/he will do next.
7: Strategies

- Leave your name and telephone number so you can be reached. Offer to call regularly to bring him/her up to-date on the issue and your campaign.
- Thank him/her for the meeting.

(C) After the meeting
- Immediately after, meet with the others and analyze the meeting. Ask yourselves questions such as: what worked and what didn’t; what did you accomplish; are you satisfied with the results, why or why not?
- Start planning the next step and decide who will do what part.
- Decide what to report to your whole group.
- Write to the decision-maker. Summarize the content of the meeting and the agreed-upon next steps, and thank him/her for meeting with you.
- If you have promised something such as to send information, do so promptly.
- Look for any other opportunities to keep your decision-maker involved and informed. For example, send him/her relevant articles or reports. If you are part of an organization, consider adding the name of the decision-maker to your mailing list to receive newsletters, media releases, and so on, but be selective about what you send.
- If possible, initiate some proactive activity to build further links with your decision-maker. For example, invite him/her to a meeting with your group or a local event organized by your group.

4. Briefs and deputations

In some situations, you will have to make a presentation before a decision-making body such as a municipal council or a board of education. Even if you have had a meeting with a decision-maker, a more formal presentation may also be required. Presentations are usually made orally (a deputation) and are accompanied by a written report (a brief). This brief can be identical to your oral presentation.

The same steps are needed in the preparation of a brief and a deputation. The purposes of both briefs and deputations are to: criticize a situation, suggest steps to remedy it, initiate a project, inform and persuade.

(A) Planning
- Consider all the ideas to include in the brief and then select the basic ones, usually not more than four. Discuss the ideal form and length for your brief.
- Select two or three people (no more) to research and write the brief.
- Decide who will present the brief. Select a speaker with a well-modulated voice that carries well. Choose the best person for the job, not necessarily the most prominent person.
- Decide whom your brief who will be presented to. This will determine your language and your approach (e.g., scientific, philosophic, factual, and so on).
- Decide how many people will accompany the speaker. For a private presentation, two or three people will be suitable. For a public presentation, the more the better. This indicates strong support for your position.
(B) Writing the brief

- Here are standard sections to include in a brief. Remember to keep it short.
  a) Introduction: the subject of the brief.
  b) Statement of the problem: who it concerns and why, causes of the problem with contributing factors.
  c) Proposed solution: provide an explanation for each step toward the solution.
  d) Expected benefits to the community and/or to the cause. Be enthusiastic about your ideas.
  e) Budget: all costs, suggested revenues, available grants, volunteer labour, and so on. Do not include anything unless you have verified its availability.
  f) Summary of recommendations.
  g) Bibliography: sources of statistics and quotes.
  h) Support for the brief: official approval of the brief by the group you represent.

- Collect all necessary data. Be very precise; you will lose credibility if you have errors. Make statistics understandable to your audience.
- Write in a clear, straight-forward manner.
- Type the brief. Include all necessary factual material. If you are including diagrams, plans or maps, be sure they are drawn to scale.
- Prepare a realistic budget.

The section above is based on information contained in Sharing the Power (1978) by the Canadian Advisory Council on the Status of Women.

5. Using the media — print, radio, television

Because you can reach the largest audience through the media, it can be very helpful to you, and you need to establish a good rapport with it. To use the media effectively, consider carefully when and what kind of publicity you want, as well as what kind you may get.

Here are some general tips on how to use the media to mobilize support for your issue:

- Always consider your audience — who you are trying to reach.
- Consider who is best to present your cause. Tone of voice counts on the radio while appearance counts on TV.
- Identify contact people in each of the different media outlets and explain your issue and your goals. Try to choose people who work in areas most closely related to your issue.
- Explain why your issue might be of interest to them and why they should cover it. Keep in mind, however, that when you contact the media, you can’t control the coverage that will follow. You have to be prepared for this.
- Don’t automatically involve the media. Choose your timing carefully. Wait until you can present a compelling case.
- Although you should take advantage of the media, don’t wait for a crisis to occur.
before you contact them. Approaching the media in a crisis situation is almost
guaranteed to produce coverage, but may not be the coverage you want.
- Be clear about why you want publicity and what you hope to gain from it.
  Carefully consider what you might lose by arousing controversy or by having
  your views misunderstood.
- If you succeed, be sure to let the media know how the decision-maker has
  helped you achieve your goal.

The section above is adapted from Keck et al. (1989). See the Resource Section at
the end of the guide for additional information such as how to prepare for an interview,
press releases, public service announcements, and so on.

Remember: even though support for your cause may be growing, there may still be
opposition. Don’t underestimate the strength of your opponents! Instead, anticipate their
criticisms and prepare accordingly.

The strategies described above are ways to move towards your goal. They are not
ends in themselves. When you are considering which action strategy to use, always keep
the big picture in mind — your ultimate goal is a resolution of your problem.

References:


Between the Lines.


STEP BACK
Think about...
How are things going?
What’s the “big picture”?
Are you headed in the direction you want to go?
Chapter 8: Assessing Resources

This chapter will cover:

- assessing required resources versus current resources
- kinds of resources to consider
The "Road Map" for Policy Change

1. Identify/describe problem
2. Analyze problem
3. Assess community support
4. Decide what to do

- Education & Awareness
- Environmental Support
- Policy

- Choose policy option — consider implementation
- Assess support for policy option
- Choose/approach decision-makers
- Consider range of action strategies
- Choose action strategy

- Assess resources — adequate?
  - people — inadequate?
  - funds
  - information
  - other

- Increase active support (group/coalition)
- Increase community support

- Implement action plan
- Evaluate results
- Implement policy
This chapter helps you to consider the resources you may need in order to build support for your cause.

What you need and what you have

What you are able to do depends directly on your resources. If you do not properly assess your resources, you may inadvertently sabotage your efforts, or at least diminish your impact. Therefore, the next important step is to determine which resources you need, and then to compare them with what you have. From this, you’ll know if you are ready to go ahead or if you need to look for new resources first.

Most people think of resources in terms of money and materials. In working for policy change, however, it may be possible to accomplish your goal without much of either. Time, energy and commitment are often your most useful tools.

1. People

The skills, energy, and commitment of people are probably your greatest resource. Start with your own group; explore their talents before starting to look beyond. This can save you time and the task of bringing a stranger “on board”. You may be surprised to find what hidden skills people have. The people involved need to ask themselves:

• Which tasks do we need done?
• Which particular skills do we need to do them?
• Who has these skills?
• How many people do we need?
• Are there others who have expressed interest in helping us?
• Do we need someone with influence in the community? Who can we ask?
• How much time and energy will we need from each person?

If you want more information about getting people to work with you, see Chapter 9.

2. Funds

Lack of money is probably not going to be your biggest problem, but it can certainly hold you back. Ask yourself:

• How much money do we need and how much do we have? Do we need to secure more money or can we proceed without additional funds?
• Where can we get more money for our cause? Are there sources that we already know about or does fund-raising have to be a priority?
• Where can we go to find out more about funding possibilities?

If you would like more information about the availability of funding, see the Resource Section at the end of the guide.

3. Information

Complete and accurate information is one of the main foundations of your project so make sure yours is thorough and up-to-date. If you lack certain information, then you need to determine where you can obtain it — from other agencies, knowledgeable people, books, documents, and so on. See the Resource Section for sources of additional information.
4. Miscellaneous

Other individuals or agencies may be willing to provide supports such as office space, photocopying, faxing capabilities and mailing assistance. Consider your timing carefully. Some groups get caught up in trying to find long-term staff and funding commitments. As a result, people lose interest in the cause. As yourself whether it is possible to start some activities before everything is in place. See the Worksheet “Assessing your resources” in Chapter 10 for further ideas.

Community Story - Building Support for an Activity Centre

The following community story illustrates the key role that resources played in achieving a goal and how a variety of resources were used [e.g., people, time, donations].

Problem
The community was in danger of losing its Activity Centre.

Goal
To promote physical activity among children and young people in the community.

Example of an Objective
To search for and obtain donated furniture for the Centre.

The need for an Activity Centre for youth in a northern Ontario community had been recognized for some time, particularly in view of program cutbacks by the municipality. The local alcohol prevention staff, in trying to address this need, began seeking out a location for an activity centre. Through discussion with Parks and Recreation, it became apparent that an old skating shack at a park might be a possible location. The availability of a rink and baseball diamond made the area attractive. The municipality agreed to allow the community staff to be tenants of the park. Although no rent would be charged, the community staff would assume responsibility for the maintenance of the building and the park.

Through youth surveys and evaluations, the need for youth and family recreational programs was identified. The staff therefore worked to involve the neighbourhood in the building of the community centre and maintenance of the park. Fund-raising events were held to raise money for the Activity Centre programs and neighbourhood volunteers spent many long hours renovating the Activity Centre with materials donated by local businesses (e.g., flooring, paint). Thirty to forty volunteers from the neighbourhood flooded the two rinks that were built. During the winter, it was estimated that 5,000 to 6,000 children used the rinks. During the summer, over 100 children registered for activity programs. People in the neighbourhood worked together to rebuild the park and they used it extensively.

It seemed as if the issue had been resolved. Unfortunately, one day, a back wall of the Activity Centre caved in. The municipal staff found the damage to be extensive and decided to condemn the building. The staff called a community meeting to discuss the issue and to decide what to do. At a well-attended meeting, people decided to approach City Council since they wanted to continue to use the park and facility. A letter was sent to the municipality to request making a presentation at the next meeting. The issue was already familiar to Council since the community was not a large one. Forty to fifty people attended the meeting. There was little prior planning, although flyers were distributed to announce the meeting. The individual coordinating this initiative made a brief presentation to request that the wall be reconstructed. He had also asked a man who lived near the park to talk about the history of the park and how it had changed and, in turn, transformed the neighbourhood. Some people who used the park, including a young boy, spoke spontaneously about the importance of the Activity Centre and park in their lives. Council was moved by the presentations and referred the matter to a municipal park committee, which recommended that a $12,000 grant be given to restore the wall and raise the building. The restoration of the wall is a temporary measure, however, and a
neighbourhood committee has been organized to build a new centre with the help of the municipality. Numerous activities and fundraising events have since been held in this community to build a better recreation centre.

<table>
<thead>
<tr>
<th><strong>Highlights</strong></th>
<th><strong>Tips</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The community mobilized to save the activity centre because it realized how important it was to them.</td>
<td>1. People have to believe that a problem affects them directly before they are mobilized to do something about it.</td>
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<td>2. By hearing a person giving a history of the park at the council meeting, council members were able to have a better appreciation of the issue, and what the park had meant to the community.</td>
<td>2. Decision-makers need to understand the context of a problem or the factors leading up to it, before they can make an informed decision.</td>
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<td>3. The people who were most affected by the problem were the ones who spoke about it at the council meeting.</td>
<td>3. If it is possible, make the problem personally relevant.</td>
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**References:**

**STEP BACK**

Think about...
How are things going?
What's the "big picture"?
Are you headed in the direction you want to go?
Chapter 9: Building People Power

This chapter will cover:

- characteristics of groups and coalitions
- advantages and disadvantages of coalitions
- tips on building coalitions
- working with volunteers
The "Road Map" for Policy Change

Identify/describe problem
Analyze problem
Assess community support
Decide what to do

Education & Awareness
Environmental Support
Policy

Choose policy option — consider implementation
Assess support for policy option
Choose/approach decision-makers
Consider range of action strategies
Choose action strategy
Assess resources — adequate?
  · people — inadequate?
  · funds
  · information
  · other

Increase active support (group/coalition)
Increase community support

Implement action plan
Evaluate results
Implement policy
This chapter covers some of the issues to consider when you bring more people into your cause. The Road Map makes the distinction between building support through a new group or coalition to support your cause and building broad community support for your issue. This chapter focuses on building the former.

Why groups and coalitions?
A group is a collection of people who have come together for a common purpose. Although the background of the group members may be quite diverse, they agree about a common goal. This diversity can also be a source of strength, since they bring many different forms of expertise to the group’s efforts.

A coalition is an alliance of distinct parties, groups or organizations created for the purpose of some joint action. In a coalition, of course, the groups do not merge and each maintains its own independent governing structure. As with groups, members of coalitions recognize their common objectives and choose to cooperate to achieve common goals. Individual group interests become less important than the common purpose of working together.

Broad-based coalitions can be very successful in achieving major policy changes — more than any single organization can be. Coalitions stay together only as long as their members see the need for them — from several months to several years. Participation of coalition members can also vary widely. They can simply share information, or they might coordinate their activities to maximize resources, or they might publicly present a united front around an issue.

However, while coalitions may have the power and potential to garner enormous legislative support, keep in mind that they are less stable because of the diversity of their interests. Nonetheless, the risk of conflict around other issues is worth the potential gains to be made from the broad-based support of a coalition.

Numerous articles have been written on coalitions and coalition-building. Distinctions have been made among the different types of coalitions, their functions, and activities. (See the Bibliography for further information.)

There are three major advantages of coalitions. They are:

- **Strength in numbers**: Groups and coalitions can address big issues that their individual members or organizations could not solve alone.
- **Networking opportunities**: Coalitions can bring together groups who are working in the same area, who may face similar issues, and who would otherwise continue to function independently, and often less effectively.
- **Efficient use of resources**: Coalitions can maximize impact by coordinating and focusing their resources. This minimizes the possibility that several organizations will duplicate the efforts of others.

There are three major disadvantages to coalitions. They are:

- **Big time commitments**: Time and energy are required to put a coalition together and to keep it together, especially if the members’ interests don’t overlap widely.
- **Complexity of decision-making**: Decision-making in a coalition is usually more complex because of the potential for conflict among the many different members who may be trying to protect their own territory, and may distrust others’ motives.
- **Disproportionate benefits**: Some parties may benefit more than others from the alliance.
The 5 key characteristics of groups and coalitions

1. Goals
The foundation of a strong coalition is the belief that shared activities are more likely to achieve goals and objectives than individual activities. Because each member of a group or coalition has different priorities, each may also bring their own agenda. Therefore it is important, especially in the early stages, to define the broad common goals of the group and to determine how the coalition will work to achieve these goals.

2. Funding
Funding is often a problem for groups and coalitions. Start-up funds, even small amounts of seed money, are almost always needed. It may be possible obtain money from local, provincial, or federal agencies (public or private). Group members may also decide to contribute small amounts to the costs. Remember, services-in-kind are often easier to obtain than money.

3. Membership
Membership in a group or coalition is determined by commitment to a cause. To ensure a broad base of representation, all concerned parties should be invited to join, and everyone who takes part in the group should benefit. The effective power and success of groups and coalitions lies with its members, not its leaders. Therefore, efforts should be made to involve members immediately by assigning and making them responsible for specific tasks.

This cartoon is by Carlos Freire and is taken from Naming the Moment, Political Analysis for Action, A Manual for Community Groups by Deborah Barndt. Published by the Jesuit Centre for Social Justice, Toronto, 1989. Used with permission of the publisher.
4. Key figures
Key public figures have been used effectively by groups and coalitions because they draw attention to the issue, especially in crises. They may speak on behalf of the group, or lend their names to fund-raising or special events organized by the group. Their presence often gives the cause credibility and increased support.

5. Evaluation
Evaluation is often ignored when a group or coalition is first formed. The initial energy and enthusiasm are directed at forming the group. As the group grows, people become occupied with keeping it together, and at this point, it may be quite difficult to start an evaluation process. Therefore, evaluation should be planned right from the beginning. Designate an evaluation team, develop an evaluation plan and set aside funds for this purpose. See Chapter 10 for more detailed information.

Tips on building groups or coalitions

- **Plan carefully**
  Planning is absolutely necessary to overall success; the time and energy in planning is well worth it. The planning process gives members time to get to know one another, to become aware of their similarities and differences, to start setting goals and objectives, to consider financial needs and to assess their joint resources.

- **Select a chair**
  The best person may not be the most obvious or the strongest member. Decide how much power the position carries. Try to select someone of whom all members approve. Rotating the position among several people (or groups, for a coalition) is a good way to share influence. Selecting a chair is a step that must not be overlooked.

- **Appoint a coordinator (for a coalition)**
  The coordinator oversees the day-to-day functions of a coalition. A good coordinator is diplomatic, sensitive and skilled at negotiation. A coordinator must also be someone who is committed to staying with the project. The continuity a coordinator provides is very important to the coalition’s progress.

- **Avoid competition among the members (for a coalition)**
  Competition can emerge regarding fund-raising where members may be competing for funds and resources from the same agencies. Issues such as this must not be ignored. Staying focused on the issue or common goal and sharing tasks and responsibilities may help diffuse some of the problems.

- **Make sure every group has a voice**
  Assess your group regularly and consider if all members have an equal voice. Perhaps you need to consider meeting in open forums where all voices can be heard. Make sure that no one organization becomes the “voice” of the coalition.
• **Encourage open discussion**
  Members must feel that they can contribute their ideas to discussions. When people feel free to express their views and discuss new ideas, misunderstandings are minimized. One way to encourage this is by having people work together in smaller groups or committees.

• **Make sure your decision-making structure is fair**
  In a democratic decision-making structure, all group members have an equal voice in suggesting ideas and making decisions. Don’t allow the person with the loudest voice, or the largest, most influential organization to take over.

• **Search out the strengths of all group members**
  Make sure you welcome the strengths of everyone in both large and small group discussions.

This section is adapted from Newman and Lehman (1993) with permission from Anabel Newman, Professor Emeritus, Indiana University, Former Chair, National Coalition for Literacy. For more information on this process, refer to the original source.

**Community Story - Improving Road Safety**

This story shows how one individual gathered information and built support for her cause. The outcome of her initiative was the formation of a coalition.

**Problem**
A number of traffic fatalities had occurred on the same busy road.

**Goal**
To prevent accidental traffic injury and death.

**Example of an Objective**
To establish a consistent and reduced speed limit on this busy road.

Efforts to improve road safety were spearheaded by one city resident. She became outraged after a third traffic fatality over a four-year period occurred on the same busy road and she learned that nothing had been done to prevent further accidents. She decided to push for change although she had almost no familiarity with the political process.

This woman knew that she could not influence city councillors to lower the speed limit on her own. So, one of her first tasks was to collect information about the issue to build her case. She obtained data regarding provincial traffic fatalities [from the Ministry of Transport], epidemiological data [from the Health Unit], and results and information from the coroner's inquest. She also submitted articles to the local newspapers, and she collected community stories to show that the changes she was proposing had been carried out successfully elsewhere.

She moved to build support from any individuals and groups who could lend it, such as a local environmental group, parents, teachers, the Junior League, and so on. She made a point of following up on every contact she heard about. Another key strategy was to meet with individual city councillors and educate them about the issue of road safety. Her message was that accidents are not accidents; they are preventable events. This was a new concept for many. Upon learning that there was a weekly mail/information delivery to city councillors, she regularly sent articles or information to councillors through this route. When some councillors commented that driver attitudes and behaviour could not be changed, she circulated a Nova Scotia study that demonstrated how positive rewards can change driver behaviour. This woman also learned that City Council had obtained reports every three months [for a two-year period] from the coroner's office regarding the
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last traffic fatality on this busy street. Knowing this, enabled her to argue that Council was aware of the problem and needed to be more accountable.

Through her contact with City Hall, she developed informal but useful partnerships with City Hall staff such as the traffic controller, police, and someone in the engineering department, each of whom provided various forms of assistance. Four deputations were made before city councillors to formally speak to the issue of road safety and to increase the level of acceptance of making some changes. This was augmented by organizing telephone calls to city councillors, particularly to those resistant to change. Before meeting or talking with councillors, background information was obtained such as their age, where they worked, if they were allies of the mayor, if they were in the insurance business, and so forth. A petition with 850 signatures was also obtained to demonstrate public support for a lower speed limit. This resident learned that in spite of all the help from community members, not everyone had the same level of commitment to the issue, and their support changed over time. However, she appreciated whatever help she did get and thanked anyone who supported her cause.

At the fourth and final deputation, city councillors decided to focus on different speed limits for different sections of the road, despite this woman’s proposal for a consistent speed limit for improved road safety. Her request was therefore denied, and after so much work, she was disappointed. However, the mayor spoke for the need to establish a city-wide committee to look at the bigger issue of road safety in the city. A steering committee was formed, chaired by the mayor, to discuss road safety issues. Out of this group, a road safety coalition, representing many groups such as the police, automobile club, Council on Trauma Prevention, and citizen groups, was formed to push for changes — not just on one road, but involving the whole community.

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<tr>
<th>Highlights</th>
<th>Tips</th>
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<tr>
<td>1. She collected detailed information from multiple sources, and she was able to show that the changes she was proposing had been carried out elsewhere.</td>
<td>1. You will enhance your chances of success if you can find successful examples of your proposed policy change from elsewhere. Strong, irrefutable data from credible sources also helps to build support for your issue.</td>
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<td>2. She learned that in spite of all the help, not everyone had the same level of commitment as she had, and that it changed over time. She demonstrated her appreciation for whatever help she received.</td>
<td>2. Don’t expect everyone to be as committed as you are. However, everyone’s efforts, no matter how small, need to be acknowledged and appreciated.</td>
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**Working with volunteers**

Recruiting volunteers can be relatively easy; keeping them can be difficult. Here are some things to keep in mind:

- Be clear why you want volunteers. Be sure you know exactly which tasks you want them to do. “Just come and help” is not enough.

- Find out what volunteers expect from your group. Make sure you know specifically what they expect to do. Find out if they have been given tasks which match their skills and interests. Find out if they feel they are being treated fairly and with consideration.

- Some volunteers leave groups because they are interested in getting involved and doing something immediately — not spending a lot of time planning. Keep this in mind as a frustrated or idle volunteer will soon lose interest and leave the group.
• Volunteers also have responsibilities to the group and to the cause. Since your group is not the primary job or interest for most volunteers, their commitment may appear to be less than yours. However, volunteers have their own lives and their own time constraints, so you will have to be flexible and understanding. This doesn’t mean their contribution cannot be very valuable to your work.

• Maintaining continuity of group members is very important for motivation, group identity, and momentum. Therefore, a high turnover of staff and volunteers can greatly slow down your efforts. Make every effort to keep people on board, and if people do not stay involved, make it your business to find out why.

**Keeping up the momentum: challenges and barriers**

For your group or coalition to be successful, some members must see the issue as a top priority. If no one thinks the issue is vitally important to them or to their organization, the power and political impact of your group will be greatly diminished. However, based on the experience of many other coalitions, you should expect that the members’ interest and enthusiasm over any issue will wane over time. When interest in high, people will be enthusiastic and energetic. If people feel that they have made a real positive difference to the issue, they will likely continue to participate in the group, so be sure to acknowledge their contributions. However, when momentum slows down, it is important to determine if it is due to lack of interest or to dissatisfaction with some aspect of the group.

All members of a group or coalition should recognize that any and every success belongs to everyone in the group, and not just to the leaders. If you are a group leader, it’s your job to stress this fact, and to give credit where it belongs. Celebrate your successes together.

See the Resource section for further information about coalitions and coalition-building.

References:


**STEP BACK**

Think about...

How are things going?
What’s the “big picture”?
Are you headed in the direction you want to go?
Chapter 10: Taking Action

This chapter will cover:

- Implementing your action plans
The "Road Map" for Policy Change

1. Identify/describe problem
2. Analyze problem
3. Assess community support
4. Decide what to do

- Education & Awareness
- Environmental Support
- Policy

   - Choose policy option — consider implementation
   - Assess support for policy option
   - Choose/approach decision-makers
   - Consider range of action strategies
   - Choose action strategy
   - Assess resources — adequate?
     - people — inadequate?
     - funds
     - information
     - other

   - Increase active support (group/coalition)
   - Increase community support

Implement action plan

Evaluate results

Implement policy
Carrying out your action plans

After considerable thought and planning, the time comes when you must begin to implement your plan. Even if it seems that the time is not just right, eventually you need to begin. Although the Road Map at this stage simply says “implement action strategy”, you are probably well aware that this is not a simple task.

Before you get started, consider these questions:

- Have you identified and analyzed the problem thoroughly?
- Is policy change the best way to solve this problem?
- Is there sufficient data about the problem to sell it to people in positions of power?
- Is there sufficient data about the problem to sell it to the community?
- Can the community support this issue?
- Are the goals reasonable and objectives measurable?
- Is there support from key decision-makers, and if not, how will it be obtained?
- Is there accurate knowledge of the resources available and what is needed?
- Are there plans to bring more people and more groups on board? Which people and which groups?
- Has an evaluation process been established?
- Is there a realistic plan of the major actions that will be taken?
- Is the time-line realistic?
- What major obstacles will likely be encountered and how should they be prepared for?
- Is it clear who will do what?
- Is this the time to begin?

Some points to remember:

- You will probably be involved with more than one strategy at a time. For example, at any one time your group could be sending out letters to decision-makers, and doing research and planning a meeting with other key people.
- You will need to be flexible so you can respond quickly when things don’t go as planned. Remember, circumstances can change, and you need to be prepared for that.
- No strategy will be entirely flawless. At some point you just have to go ahead, get started and give it your best. Celebrate the fact that you are taking action.

Good luck!

A series of six sample worksheets are provided here to help you in the planning process. These worksheets can be tailored to your specific situation.
1. How To Identify Your Problem

General issue or topic: ____________________________

The problem is: ____________________________

If the problem were solved, how would the situation be different from what it is now?

Who is affected by the problem? ____________________________

Who else sees it as a problem? ____________________________

What factors contributed to the development of this problem? ____________________________

Is this problem part of another issue? ____________________________

Is this problem a crisis? ____________________________
2. Assessing Community Support: Stakeholders

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?

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<tr>
<th>May Oppose</th>
<th>May Support</th>
<th>Neutral</th>
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## 2. Assessing Community Support: Stakeholders

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<tr>
<th>Key Reasons to Support</th>
<th>Reasons (if any) to Remain Neutral</th>
<th>Can these people be persuaded to support or at least not oppose this change?</th>
<th>How can you use the supporting reasons to counter arguments?</th>
<th>Are they disputable?</th>
<th>Are they factual?</th>
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3. Deciding Who Your Decision-Makers Are

Your problem:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Your proposed solution:

_____________________________________________________________________________________

_____________________________________________________________________________________

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

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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

1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________
6. ______________________

Rank-order 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, etc.)? __________________________

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

Yes — Why? ____________________________________________________________

No — Why not? ______________________________________________________________

Your problem:

________________________________________________________________________

________________________________________________________________________

Your goal (desired solution):

________________________________________________________________________

________________________________________________________________________

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

Decision-makers:

________________________________________________________________________

________________________________________________________________________

Your community:

________________________________________________________________________

________________________________________________________________________

How to meet the Goal — available strategies:

- Telephone call/campaign
- Letter writing
- Meeting with decision-makers
- Oral/written presentations
- Involvement of the media

(continued next page)

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

**Proposed**

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<thead>
<tr>
<th>Presentations</th>
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<tbody>
<tr>
<td>Oral</td>
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<tr>
<td>Written</td>
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<tr>
<th>Media</th>
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<table>
<thead>
<tr>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time (weeks/months)</td>
</tr>
<tr>
<td>Telephone Call</td>
</tr>
<tr>
<td>Letter to:</td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Meetings</td>
</tr>
<tr>
<td>1</td>
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<td>2</td>
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<tr>
<td>3</td>
</tr>
<tr>
<td>Presentations</td>
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<tr>
<td>Oral</td>
</tr>
<tr>
<td>Written</td>
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<tr>
<td>Media</td>
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</tbody>
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| Task | Target for Strategy | Who will do it? | When | Result  
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Did it work? Why or why not?)</td>
</tr>
</tbody>
</table>

### Monitoring Progress

<table>
<thead>
<tr>
<th>Task</th>
<th>Completed</th>
<th>Date</th>
<th>Outcome (Y/N)</th>
<th>Useful Strategy Why or why not?</th>
</tr>
</thead>
<tbody>
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Debriefing:

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

_________________________________________________________________________________________

What strategies worked particularly well? Why?

_________________________________________________________________________________________

What strategies did not work well? Why?

_________________________________________________________________________________________

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

_________________________________________________________________________________________

Were some decision-makers missed? ________________________________________________

Was timing a problem? ___________________________________________________________

Next steps:

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________
6. Evaluating Your Action Plan

<table>
<thead>
<tr>
<th>Initial Situation (At the beginning)</th>
<th>Anticipated Situation (At the end)</th>
<th>Success Indicators</th>
<th>Means of Verifying Indicators</th>
<th>Positive Contributing Factors</th>
<th>External Conditions that may affect results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Target population</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Collaboration with other groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Reproduced with permission from: AIDS Community Action Program (ACAP). The National AIDS Strategy (NAS) of Health Canada, Quebec Regional Office.
Chapter 11: Evaluation

This chapter will cover:

- evaluating your actions and outcomes
- looking back and looking ahead
The "Road Map" for Policy Change

1. Identify/describe problem
2. Analyze problem
3. Assess community support
4. Decide what to do

Education & Awareness

Environmental Support

Policy

- Choose policy option — consider implementation
- Assess support for policy option
- Choose/approach decision-makers
- Consider range of action strategies
- Choose action strategy
- Assess resources — adequate?
  - people — inadequate?
  - funds
  - information
  - other

Increase active support (group/coalition) Increase community support

Implement action plan

Evaluate results

Implement policy
What is an evaluation?

Evaluation is a means of assessing the process and outcomes of an activity. Basically, it looks at what and how; it compares what you expected to happen with what really happened, and it looks at how things were done. Evaluation should be part of the very first plans your group makes. Although it is frequently overlooked, it has to be an integral part of your entire action plan right from the start.

There are two kinds of evaluation, process and outcome. Process evaluation measures how you are doing things. Outcome (or product) evaluation measures your progress and how well you have accomplished your goals. Some groups evaluate both process and outcomes, and others only one or the other. For your purposes, you probably should do both.

A standard way to look at the merits of any plan is to list the important criteria and then score the alternatives according to these criteria. We include two sample checklists. The first is used to help you score various garden plots and to pick the one most suitable for you.

**Community Garden Site Checklist**

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
<th>Not acceptable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water supply</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proximity to bus routes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proximity to previous community gardens</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of sun</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workability of land</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parking availability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receptive neighbourhood</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of washrooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sanitary sewers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety/security</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absence of cable line</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Soil quality</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Long-term use possibility</td>
<td></td>
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</tbody>
</table>

*Developed by the London Good Food Project, Community Garden Group, Spring 1993.*

The second checklist shows one way to monitor progress. In this example, criteria were designed to ensure snacks were nutritious. The checklist is used by parents to monitor how well the school nutrition policy is being carried out in the kindergarten class.
Kindergarten Snack Checklist

<table>
<thead>
<tr>
<th></th>
<th>Policy Implemented (start date)</th>
<th>2 weeks</th>
<th>1 month</th>
<th>2 months</th>
<th>3 months</th>
<th>4 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of parents responsible for snacks posted in class</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snack menu posted for one month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snacks are served from snack menu</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent representative participates in school nutrition committee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent representative meets with teacher every 2 months to discuss class policy</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Designing an evaluation

Some important points to consider in designing an evaluation:

- Start with your group’s goals and objectives.
- Plan how you are going to measure your success in meeting these objectives so you know which types of information must be collected. Remember, if your objectives are S.M.A.R.T. (see Chapter 5) then they will be measurable.
- Set up realistic, easy ways to collect the data you need. Set up a process so this data is systematically collected as the project proceeds. This monitoring MUST be done as you go along, not just at the end.
- Remember, there are many different ways to measure success. Think about all the activities you have undertaken (e.g., organizing meetings, joining or forming coalitions, gathering information, meeting with decision-makers). Getting the issue on the agenda at Council and learning how to present a brief at Council meetings are examples of successes even if you haven’t managed to get a policy formed.
- As you continue your work, regularly review it and ask yourself: Is your plan working? Is this what you expected to happen? Is there something you are not doing but should be? Is there something you are doing but should not be?
See the Worksheet “Evaluating your action plan” in Chapter 10 for further ideas.

**Looking back and looking ahead**

After you have succeeded (or not) in your efforts to establish policy, you need to “step back” from the process once again and determine where you are. Look again at the Road Map to review your progress and identify where you are.

**Step Back**

Assess the current situation as a result of the actions you have undertaken. Ask yourself:

- Have you moved ahead? By how much?
- Is the situation better than before?
- How have your efforts changed the big picture? Have you reached your goal?
- If you have accomplished what you set out to do, did it go as you had anticipated? If not, what caught you off-guard, or made you re-think and re-plan your strategy?
- If you did not accomplish what you had intended, why not? What would you do differently another time?
- Did you exceed your expectations? What does this mean for any future plans?
- What have you learned about the issue? What have you learned about the policy change process?
- Are the people who were involved in the process happy with the results of their actions? Are they happy with the process? Are they satisfied with their participation in the process? If yes, make sure that you congratulate everyone who took part, and celebrate your successes!

**Step Forward**

Assess your actions in terms of the future. Think about where you would like to be. Ask yourself:

- Does more need to be done? If so, what and when?
- Do people in your group want to do more? Are they highly motivated?
- What will happen to the group or coalition? Has it served its purpose? Is there a reason to stay together?

As you have seen, the theme of stepping back and re-evaluating is found throughout this guide. Each time you step back, you undertake a form of evaluation. Evaluation lets you determine the success of your actions and gives you direction regarding what needs to be done next.
References:

STEP BACK
Think about...
How are things going?
What's the "big picture"?
Are you headed in the direction you want to go?
Chapter 12: The Implementation of Policy

This chapter will cover:

- the importance of an implementation plan
- the role of education and awareness, environmental support, and enforcement measures
- costs of implementation
The "Road Map" for Policy Change

1. Identify/describe problem
   - Analyze problem
   - Assess community support
   - Decide what to do

2. Education & Awareness
   - Environmental Support
   - Policy
     - Choose policy option — consider implementation
     - Assess support for policy option
     - Choose/approach decision-makers
     - Consider range of action strategies
     - Choose action strategy
     - Assess resources — adequate?
       - people — inadequate?
       - funds
       - information
       - other

3. Increase active support (group/coalition)  Increase community support
   - Implement action plan
   - Evaluate results
   - Implement policy
Implementing policy is one part of the process that few people remember to plan for. Many people put all their efforts into getting the policy in place and think that then their work is all over. However, after the policy has been established, you usually also need to monitor if and how it is being implemented and enforced.

The Importance of an Implementation Plan

Sometimes people who have been very involved in getting a new policy established find that they are not the ones who have the responsibility for implementing it. For example, this may be the job of municipal staff or the board of education. However, you need to ensure that, while the policy is developed, measures are put in place as to how it will be implemented. A community health worker might try to ensure that he/she is on the committee that plans and implements the policy. A citizen might organize a group to observe how the policy is being implemented — for example, checking whether people are continuing to smoke in the malls or whether hot dog lunches are being reintroduced at schools. All of this is something you will need to think about and the earlier in the process you can do so, the better.

Since a policy is of little use unless it is implemented, you must plan to monitor its implementation just as you planned to get the policy established. In addition, education and awareness and environmental support are vital in order to support policy implementation. A combination of education programs and enforcement measures are usually needed because if people are not aware of a policy or if the environment doesn’t support the changes proposed by the policy, the policy will almost certainly not be followed. "The Model of Policy Implementation Plan" below shows how education and awareness, environment support and enforcement measures support the implementation of a policy.
Here are some questions to consider:

- What mechanisms will be in place to support the policy?
- How will people know about the policy and what will it mean to them once it is in place?
- What will make it easier for people to comply with the policy? Will you need enforcement measures? What educational programs need to be in place to inform people? While most people will comply with policy regulations, some, such as heavy drinkers and fast drivers may not. Fines, other penalties and added supervision may be required.
- Do you have a realistic time line? Compliance will not happen overnight.

Community Story - Smoking in the Workplace

This story demonstrates the need for an implementation plan focusing on awareness and environmental supports rather than enforcement.

Problem
Smoking in the workplace negatively affects non-smokers and smokers.

Goal
To establish a smoke-free workplace through a workplace policy and to gain workers’ cooperation with the policy.

Example of an Objective
To visit all work crews to address concerns and support their needs regarding the proposed policy.

A paper mill in a small northwestern Ontario community is part of a large multinational corporation. In response to the corporation initiating a smoke-free workplace policy, the paper mill set up a task force to support employees in making the transition to a smoke-free workplace. The task force included representation from labour, management, the health and safety committee, the Health Unit and a occupational health nurse. A survey of workers provided information on the actual number of smokers and what would help them stop smoking. Task force members saw the policy as an opportunity to help workers stop smoking if they wished to do so.

A number of programs and supports were put in place to help employees. Two health fairs were held with information on tobacco use and smoking cessation strategies. Signs, posters and newsletters were also used to carry information. Quit-smoking kits were available to anyone wanting them, and smoking cessation programs were offered if sufficient numbers requested them. Nicorette gum was also provided to help people through the shift. The most effective strategy proved to be meetings with the crew members and the occupational health nurse. At these sessions, information about the policy and tobacco use were given by the nurse and all questions were answered and concerns addressed. Workers had an opportunity to raise any issues they wished and to discuss them with the nurse. Both the face-to-face contact and having someone available to listen to concerns and questions was most helpful to employees. Even those individuals who did not like the policy knew their concerns were being heard and taken seriously. The biggest fears of employees were discipline and the loss of their jobs. However, the company has strived to support employees to abide by the policy rather than to punish them. Although the policy has only been in place for a short time, no grievances have been raised by the employees. The task force plans to evaluate the success of their support strategies and monitor implementation of the policy.
Here are some questions to consider:

- What mechanisms will be in place to support the policy?
- How will people know about the policy and what will it mean to them once it is in place?
- What will make it easier for people to comply with the policy? Will you need enforcement measures? What educational programs need to be in place to inform people? While most people will comply with policy regulations, some, such as heavy drinkers and fast drivers may not. Fines, other penalties and added supervision may be required.
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Community Story - Non-smoking By-Law

The following story about a policy with an implementation plan is different from the former because it involves a larger, more diverse community. Also, in the former story, the policy was imposed in conjunction with an implementation plan. In this story, education and awareness were used extensively to inform people about the policy to ensure greater compliance.

Problem
Environmental tobacco smoke is a health risk.

Goal
To make the municipality smoke-free through the establishment of a comprehensive non-smoking by-law.

Example of an Objective
To set up forums/meetings for target groups, such as restaurant owners, to address concerns regarding the by-law.

A municipality in a large urban center has been working to implement a more progressive tobacco by-law passed by City Council. The by-law is unique in that smoking is prohibited in all public places and workplaces except those designated as having a smoking area. In most areas, non-smoking rather than smoking areas are designated. A year of transition was proclaimed following the passing of the by-law to educate and inform the community.

A comprehensive communication plan was developed as a key strategy of enforcement. Many people were aware of the new by-law because extensive consultations had been carried out during the four years it was being developed. Therefore, the primary focus of the communication plan was the hazards of environmental tobacco smoke, and the secondary focus was the specifics of the by-law. A variety of channels were used to inform the public such as media releases, on-site consultations in workplaces, and coordinating mail-out of information with existing networks such as hydro bills. The Health Unit also worked to have a presence at community events and to take a leading role in promoting widespread community awareness to increase the effectiveness of the by-law.

For the most part, the community has been supportive of the by-law. Of the 300 calls that the Health Unit has received over the first nine months since the by-law was passed, 80% have been in favour of the changes. However, some barriers were encountered in the developmental phase. The original version of the proposed by-law required application for a permit in order for an establishment to have a smoking area. Because of objections to this, the requirement was withdrawn. The by-law now specifies that all areas must be smoke-free, unless establishments agree to set up a designated smoking area in accordance with specific by-law requirements. However, official permits are not necessary.

Some opposition to the proposed by-law came from a small businessman who was part of a business association. He argued that placing restrictions on clients' desire to smoke would adversely affect business. However, subsequent focus groups with owners of small businesses and a forum to discuss the issues identified little further opposition to the by-law. Restaurant owners were required to provide 50% of seating capacity to be
smoke-free. Consultations were carried out with restaurant owners to address their concerns but they also raised no opposition. Health Unit staff concluded that restaurant owners felt that 50% non-smoking seats was reasonable and that the owners understood that the community supported the by-law. The basis of the extensive communication plan is the belief that if the community understands the by-law and the rationale for it they will support it. To date, this has largely been the case.

<table>
<thead>
<tr>
<th><strong>Highlights</strong></th>
<th><strong>Tips</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. This group used a variety of ways to get the message out about the proposed by-law (media releases, mallout, and so on).</td>
<td>1. Make sure that many people are informed. In order to do so, use a range of strategies over time.</td>
</tr>
<tr>
<td>2. The requirement for a designated smoking area through a permit system (reverse onus concept) was withdrawn.</td>
<td>2. Know your bottom line and where you can compromise and still achieve your goal.</td>
</tr>
<tr>
<td>3. People were given different opportunities to raise their concerns (e.g., focus groups with business people, forums).</td>
<td>3. Community events to discuss policy may or may not be well-attended but they are necessary to give people an opportunity to express their views.</td>
</tr>
</tbody>
</table>

**Costs of implementation**

Most of the costs in policy development occur when the policy is implemented. Therefore, try to anticipate what expenses your group might have to absorb. Education and awareness campaigns and establishing environmental supports can be expensive. Depending upon the issue, enforcement measures might also be required, such as additional security. When expenses are high, take advantage of no-cost measures to promote the policy such as news releases, public service announcements, cable TV and presentations to service clubs and sports groups. Successfully implementing a 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.

**Community Story - Municipal Alcohol Policy**

**Problem**

An alcohol management policy needed to be implemented in order to reduce alcohol problems occurring in municipal facilities.

**Goal**

To promote a municipal alcohol policy (MAP) so that municipal staff, volunteers and participants would have information and skills to voluntarily comply with and put into use the policy regulations.

**Example of an Objective**

To produce and make available table tents and cards with messages for municipal recreational facilities.
In a large urban community, a staff committee of a municipality (Parks and Recreation) with assistance from the Addiction Research Foundation and Public Health Unit, wanted to develop a policy to govern the use of alcohol in its municipal recreation facilities, not only to reduce the chance of litigation, but to promote a safer, healthier environment for individuals using municipal facilities. Early in the process of developing the MAP, the committee discussed and planned for its implementation. As the policy began to take shape, it became clear that due to the many issues being addressed, the policy would have to be phased in over a number of months. In fact, it was not possible to immediately implement the policy, since training of servers could not be put in place right away and promotional materials had to be budgeted for and developed. Committee members also believed that the community needed time to familiarize themselves with and accept the various aspects of the policy.

In order to inform people about the MAP, public meetings were held to explain the policy and answer questions and concerns. Meetings were also held with managers of recreational facilities to discuss implications of the policy for them. This group first expressed reservations about the MAP but eventually became strong supporters.

A number of items had to be included in the budget for the implementation of policy such as the server training program, printing rental facility forms, and preparing signs and promotional materials. Materials developed to promote and explain the policy included:

- Signs — statement on intoxication for placement in all bars; bar notes (rules for the bar such as “No last call” and availability of low alcohol drinks); RIDE (Reduce Impaired Driving Everywhere) spot check warning.

- Table Cards or Tents — these items are placed on tables and introduce or remind patrons about the MAP and encourage moderate use of alcohol.

- Table Covers — these small cards are used at weddings as a more tasteful replacement for the table tents with similar messages.

- Pamphlet — a brief description of the regulations contained in the MAP.

- Posters — these include messages about the MAP for circulation to all libraries and community centres.

The purpose of the implementation plan was to inform municipal staff, event organizers, volunteer workers including servers, and community participants of their respective responsibilities when involved with an alcohol-related activity held in a municipal facility. For instance, participants are not to over-drink, while servers are not to overserve. Jointly, participants and organizers are responsible for preventing intoxication and reducing the likelihood of problems developing.

Another strategy of the implementation plan was to communicate with individuals and groups through a variety of ways — more messages in many locations to reinforce responsible moderate drinking and serving practices. Combined with policy regulations and education was skill development through server training. This empowered servers and event organizers to take charge of the event and prevent problems from occurring.

Implementing the policy is an ongoing process. Continued promotion of the policy will ensure greater voluntary compliance to the regulations contained in the policy. As municipal staff and event organizers practice skills contained in the policy, new and safer behaviour will be accepted as the norm and commonplace.
### Highlights

1. The MAP highlighted the legal responsibility of the municipality and user groups running the event. (These responsibilities existed before the policy.)

2. The policy was promoted to all staff, user groups, volunteers and participants.

3. The committee recognized that in spite of the best planning, the policy could not be implemented immediately.

4. Including server training in the implementation plan enabled city staff and event organizers to understand the policy and know how to respond to situations.

### Tips

1. Framing policy as a means of enhancing health and safety serves to foster community support.

2. People need different kinds of messages given in different ways in order to be informed.

3. Phasing in policy implementation allows time for people to adapt to the changes expected of them.

4. To put the policy into action, people need skills as well as information. An implementation plan is key to successful policy development. Planning for implementation must be done early in the process, not just after the policy is formally in place.

---

**STEP BACK**

**Think about...**

**How are things going?**

**What’s the “big picture”?**

**Are you headed in the direction you want to go?**
Chapter 13: Policy In Different Settings

In universities, people know through studies.
In businesses and bureaucracies, people know through reports.
In communities, people know by stories.

John L. McKnight in Regenerating Community

This chapter will present:

- six community stories of policy change in the making
This chapter shows you examples of policy in various stages of development. The stories that follow are recent examples of efforts to establish policy. They are from different areas of Ontario, small and large communities. These stories show several steps of the process as well as the challenges and barriers people have had to deal with.

The stories illustrate various stages of the Road Map. We hope these stories will help you to understand the policy development process so you will be better able to address your own issues with good success.

Community Story #1 - Environmental Tobacco Smoke

Problem
Increased incidence of lung cancer and chronic respiratory disease was found in the region. No by-law regarding tobacco use existed.

Goal
To increase the number of smoke-free public places through the establishment of municipal tobacco by-laws.

Example of an Objective
To hold a public workshop to discuss both the dangers of environmental tobacco smoke and the proposed by-laws.

The problem identified was that in this region rates for lung cancer and other respiratory diseases were higher than in other parts of the province. There were no existing by-laws restricting tobacco use, either in this city or elsewhere in the region. A professor at the local university carried out a survey of the community to determine public attitudes to smoking in public places. She found widespread support for tobacco use restrictions.

A small group of about eight people got together to form a committee to work on this concern. They included representatives of the Heart and Stroke Foundation, Canadian Cancer Society, the Health Unit, the local hospital, community members [e.g., a restaurant owner] and a professor at the local university. The committee members felt that they represented the broad interests of the community.

Committee members examined by-laws both inside and outside the region to see what existed already, where, and in what form. The committee decided to inform the community about the dangers of environmental tobacco smoke through several means: a press conference, door-to-door canvassing, a public workshop to which City Council members were invited, letters to the editor of the city newspaper, a presentation to City Council and meeting City Council members on an individual basis. They also discussed their concerns with restaurant owners.

As a result of their efforts, strong by-laws were passed prohibiting smoking in public places. However, there was opposition by some groups who felt they did not have an opportunity to have their say. Some restaurant owners expressed concern through letters in the newspaper. One couple who owned a small restaurant business was very vocal in opposing the by-law. They attended every council meeting and forum on the issue to assert that by-laws were bad for business. They raised opposition to the restrictions placed on all restaurants. A donut chain manager also vehemently opposed the proposed by-laws even though donut shop owners had an exemption under the by-laws. Unfortunately the committee member who was a restaurant owner was participating out of personal interest. He did not represent the restaurant association and therefore had no forum to communicate issues to other restaurant owners.

As a result of this vocal opposition, the tobacco by-laws were then amended and made considerably weaker than the original version.
### Community Story #2 - City Food Policy

**Problem**
It was difficult for city residents to obtain acceptable, nutritious food at reasonable cost.

**Goal**
To ensure equitable access of nutritious food at reasonable cost.

**Example of an Objective**
To meet with municipal departments on a regular basis (e.g., every two months) to discuss an established structure to promote access to food.

This is a story about a city in the province that has adopted a city-wide food policy, and how it has reached this point in the process.

This city had a number of community programs related to food and nutrition. Two key programs were the School Food Program (started in 1990-91 and jointly funded with the Board of Education), and the Field to Table Program (started in May 1991). The School Food Program provides elementary school children with a nutritious breakfast, snacks, and lunch (regardless of income). The Field to Table Program looks at an alternate method of food distribution at reduced cost. It connects the farmer to low-income citizens and increases access to quality food. These programs were developed to meet specific needs that had been identified in the community. The programs have been judged to be successful in that they have strong support from the community and have met the needs of the people for whom they were intended.

Some members of the Public Health Department and Food Policy Council felt that a policy was needed to ensure that these programs would stay in place over a long period of time, and as a way to acknowledge the importance of these programs — enabling people to make healthy food choices at affordable prices.

The food policy was adopted by City Council. In implementing the policy, interdepartmental committees have been set up and are to come up with new plans of action which will go to City Council for approval. Interestingly, members of the Food Policy Council have found that having a policy in place has enabled other food and nutrition programs to be put in place more easily to address other community needs.
Community Story #3 - Physical Health Education

Problem
Children were not physically active. Less than 40% were active every day.

Goal
Daily physical education for all school children in the Board of Education.

Example of an Objective
Targeting parents and children with education programs to develop awareness and to promote active living for families.

This story takes place in a large urban centre and focuses on the process involved in mandating daily physical education for all school children within one Board of Education. Discussion of the issue began in 1985 between one of the nursing managers in the Health Unit and the head of physical and health education for the Board of Education. The discussion centred on how to get children to be more physically active, and the importance of this to their health and ability to learn. Discussion on how the Board of Education could promote more physical activity among children took place before the Provincial Mandatory Core Programs from the Ministry of Health had been released. Promoting regular physical activity was not then regarded as a priority by many Health Units. A needs assessment by the Board of Education revealed that, at most, 40% of school children had daily physical activity.

A decision was made by the nursing manager and physical education consultant to work collaboratively toward daily physical education for all elementary school children. The former applied for grant money to fund a Family Heart Active program to target children and families. Funding was granted for one year and then other monies were secured for another two years to hire staff to work with principals, teachers, and parents to increase the awareness of the importance of daily physical education. The goal was for children to be active every day in school and regularly outside of school.

A key element in meeting the goal of daily physical education for children was a comprehensive communication and education plan. An extensive review of the literature was carried out which indicated strong benefits in terms of school performance and increased self-esteem. The literature also documented the link between daily physical activity and the reduced incidence of risky behaviours, such as drug use.

Informing people was a necessary but time-consuming task in order to build support. In addition to informing parents about the need for daily physical education, the Health Unit coordinated the development of physical activity programs to occur outside of school to build awareness and begin a change in lifestyle patterns.

While parents were supportive of daily physical education, teachers identified problems in actually carrying it out. These barriers, which included the lack of time for physical education and the lack of equipment, were addressed by the physical education consultant. For example, a manual describing activities for limited space was made available and various models for scheduling in physical activity were presented to the teachers.
While the original goal was to increase children's activity levels in school, it became clear after two years that a policy needed to be in place to sustain the changes and provide the administrative support to teachers to carry out daily physical education. It took approximately four years for the policy to be passed by the Board of Education who wanted to ensure that the policy was feasible and could be carried out. A 12-month period was given for full implementation.

While it is the Board of Education's responsibility to ensure the policy is implemented, the Health Unit has moved to develop strategies to support the policy, particularly because some slippage has occurred. Programs have been developed which target parents and children to promote active living in order to support a lifestyle change for daily physical education. One example is a program to teach children and parents play- ground games.

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<tr>
<th>Highlights</th>
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<tr>
<td>1. People did not initially see that there was a problem. Because of this view, a lot of work had to be done to convince key stakeholders that the problem existed. For example, an extensive literature review provided evidence of the strong benefits of daily physical education.</td>
<td>1. Strong evidence is needed to clarify or increase understanding of the problem.</td>
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<td>2. There was no obvious solution. There were also barriers in terms of lack of time and lack of equipment.</td>
<td>2. Barriers have to be eliminated or reduced in order to move towards policy.</td>
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<td>3. The implementation plan of the policy must include monitoring on a regular basis and making an active effort to develop strategies to support the policy once it is in place.</td>
<td>3. Sometimes the need for policy is not evident at the beginning and only becomes evident after work on the problem has been done.</td>
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<td>4. The policy change process is usually not a short one. In this example, the process has taken seven years. Over that period of time, commitment has not wavered; this is another element in its successful implementation.</td>
<td>4. Building and maintaining support for policy is an ongoing process that needs to occur with the community-at-large — even though they may not be directly affected by it.</td>
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Community Story #4 - Alcohol Use and the Community

Problem
A perception of inappropriate use of alcohol in the community existed.

Goal
To put alcohol management in place on the reserve.

Example of an Objective
Inform the community about the policy through community workshops.

This story centres on the development of an alcohol policy for a First Nations community in northern Ontario. Many people had been concerned about the problems with alcohol use in the community. Difficulties had surfaced at some social-recreational events and rules for Special Occasion Permits (SOP) were not being followed. As a result, a public meeting was held at the local arena. Although some community members were present, most participants were health and social service providers who recommended that an alcohol mani-
agement policy be drafted.

The health care and social service providers in the community were asked by the Band Council to make recommendations about what to do. They came up with two recommendations: (1) that the rules for SOPs be enforced, or (2) that the reserve go "dry". The outcome of this proposal was strenuous objections on the part of the community as many people believed it was a move to go dry. The public outcry was so strong that any action on policy development was halted. After approximately one year, the Chief asked the arena manager to restart the process of developing an alcohol policy.

One of the first tasks was to recruit a cross-section of community members for participation on a committee which, with the assistance of an Addiction Research Foundation consultant, would draft a policy. After much discussion of the issues over a full year, a policy, which was to go into effect three months later, was developed and approved by the Band Council. A major task was the implementation of the policy. Community workshops were held to give people an opportunity to understand the policy and discuss it. This time around, few objections were raised.

A number of other strategies were put in place to inform people about the policy and to support it. For example, posters and signs were made up,Server intervention training was made available, brochures explaining the policy were distributed, and information sessions for groups running SOP events were delivered. The promotional message throughout the promotion of the policy has been "Respecting Our People and Keeping Our Children Safe."

The challenge in developing and implementing an alcohol policy has been to change local attitudes. People have been most reluctant to give up alcohol at those places where it is inappropriately used — hockey arenas and beaches, and there are ongoing efforts to discourage illegal alcohol consumption on these sites. The idea behind alcohol-free programs and the sponsoring of family events is that a person can have a good time without alcohol.

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<tr>
<td>1. The consistent message of “Respecting Our People and Keeping Our Children Safe” was featured through all policy promotions and thus provided a link between them that was easily identifiable. The message was also in keeping with the local cultural. People in the community became familiar with the message and they began to identify with it.</td>
<td>1. A promotional message or logo can be used as the thread through the policy implementation process and can keep people on track about the issue.</td>
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<td>2. The group working on the policy faced a large barrier at the beginning when community members thought the intent of the policy was to have a dry reserve. The entire process was halted because of the resulting public outcry. An important point is that even though an alcohol policy was desired and supported by the Band Council (the main decision-maker) and by health and social service workers, there was not enough community support for the policy to be put in place. It was also felt that there would be a potential problem in trying to enforce such a policy.</td>
<td>2. Clearly communicate the intent of the policy. Presenting the benefits of the policy for those affected is important for garnering support. Involve those affected by the policy through a consultation process.</td>
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<td>3. The policy committee met at intervals for over one year and kept decision-makers and those affected by the policy informed of their deliberations.</td>
<td>3. Overcoming resistance to change takes time. Keeping the community informed will help foster support and advance the policy.</td>
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Community Story #5 - Alcohol Use in Municipal Facilities

Problem
There existed a lack of clear guidelines with respect to the use of alcohol at municipal facilities.

Goal
To reduce the incidence of alcohol-related problems through the development of a municipal alcohol policy (MAP).

Example of an Objective
To set up a committee with community representation to draft a municipal alcohol policy.

The setting for this story is a small northern community. During the 1970s, this small town, like many other communities, was somewhat lax in following the liquor laws. The municipality had built a recreation complex with an arena, a large community hall, and a curling lounge. The Liquor Control Board of Ontario, upon learning that liquor laws were not being enforced, sent out an inspector during a Carnival event and found numerous infractions, including over-serving of alcohol and serving to minors. The municipality ended up in court and the judge ordered that the situation be cleaned up and a municipal alcohol policy be developed.

The alcohol management policy which was developed satisfied the requirements of the municipality, but the policy was not as comprehensive as it could have been. Several years later, one of the recreation coordinators heard a speaker from the Addiction Research Foundation (ARF) discuss the features of an ideal municipal alcohol policy. The talk prompted him to consider his own municipality's policy and how it could be strengthened. Upon his recommendation, the Council directed that the policy be revisited. A new policy was developed with input from the community which went further than any other MAP had to date. It represents Ontario's first bilingual policy.

Central to the development of the policy was the involvement of key people in drafting the policy - service clubs, provincial police, and community members. The organizations that participated were expected to fully discuss the issues and implications of the policy with their constituents. Because the town was small, it was relatively easy to educate people about the policy and its rationale on a one-to-one basis. For example, anyone who approached the Recreation Director for a Special Occasion Permit was given a 15-minute talk on all aspects of the policy. The original policy was a foundation for the development of the second stronger policy. The revised policy was accepted by people because they were familiar with an already existing policy and its implications. In spite of a few requests to make the policy leaner, Council approved the recommended draft, believing they were keeping the community interests at heart. The policy was presented at a public meeting where people had an opportunity to ask questions and voice their concerns. The policy passed without difficulty. The policy is now enforced and recreational staff know that they have the support of Council in enforcing it.

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<tr>
<td>1. Care was taken to involve key community members in drafting the policy.</td>
<td>1. Communities need a sense of ownership and they need to understand how they will be affected by a policy.</td>
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<tr>
<td>2. The revised policy was easier to put in place because people were aware of the existing policy.</td>
<td>2. Try to build on existing support for your issue; a foundation may already exist if you are revising policy.</td>
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Community Story #6 - Tackling Smoking in Public Places

Problem
An individual's respiratory problems were made worse by cigarette smoke in the staff room at school.

Goal
To increase the number of smoke-free places through the establishment of by-laws to control smoking in public places.

Example of an Objective
To enlist support of key individuals and agencies through letters of support and deputations at City Council.

This story describes the experience of one individual who worked for the development of tobacco by-laws in her community. Having been bothered by cigarette smoke for many years, this woman eventually was unable to enter the staff room at the school where she taught because of the effect of smoke on her health. However, the possibility of a satisfactory solution to this problem in her workplace was very low. When she learned that one of the majority candidates where she lived wanted to pass tobacco by-laws, she decided to support this candidate.

This individual's initial enthusiasm turned to anger when the candidate became mayor but did not introduce a by-law. With the help of a councillor who gave her information about the process of moving issues through Council, she wrote to request standing at the next Town Council meeting. She then contacted the Non-Smokers Rights Association and arranged for a representative to speak to Council so that someone with a strong background in related issues could address the topic. In addition to obtaining a letter of support from the Medical Officer of Health, she also contacted the editor of the local paper to cover the story. In addition, posters designed to inform the public on the proposed by-law were put up in doctor's offices and local libraries, however, attempts to put posters in grocery stores were unsuccessful. The presentation before Council went well and within four months by-laws to control smoke in public places were in place.

Buoyed by this success, this woman and another person decided a year later to request that the by-law be expanded to include bus shelters, the workplace, hairdressers and malls, as well as to increase the smoke-free seating in restaurants to 50%. She was able to obtain copies of the by-law changes from other Canadian cities, and a few letters of support. This time, with the help of a small group of supporters she decided to make the presentation to Council herself, arguing for by-law changes that Canadians in other cities already enjoyed.

The reception by City Council was cool despite support at the meeting from key agencies. The proposed by-laws were not passed. Inaccurate comments were made by Council members which later proved embarrassing to those who made them. When these comments were reported in the press, the issue of by-laws to control smoking was positioned in a very positive light. Five months later, with the encouragement of the Non-Smokers Rights Association, the woman at the centre of this story decided to return to City Council to champion further tobacco use restrictions, believing she had public support. Armed with a petition signed by 25 influential community members as well as signatures from voters from an extensive door-to-door campaign to support the proposed by-laws, she felt the timing was right to go before Council. At the Council meeting, the presence of key agencies and groups who spoke in support of the by-laws helped to inform the Town Council about the need to expand the by-laws. Again, the woman who had started the whole train of events spoke to the issue. She had previously recorded the objections of each council member raised at the last meeting, and she addressed each one in her speech.

She also used a powerful strategy which was to give verbal images of the problem with tobacco smoke. For example, she asked council members to imagine walking through a mall holding a cigarette in hand, and then to imagine a young child beside you. This exercise provided a vivid image of cigarette smoke hitting the child directly in the face. Arguments were also supported with strong data such as mortality figures for the town as well as both the physical and financial costs of smoking to local businesses. Efforts paid off because the proposed by-law changes were then passed. Although a by-law was passed, the success of the policy lay in its enforcement. When people were smoking in areas designated to be smoke-free, this woman informed them of the by-law. Then she would call the By-Law Department to have an officer speak with the manage-
Highlight | Tips
---|---
1. This individual recognized her own limitations in taking this issue forward. She recognized that she needed help, which led her to approach the Non-Smokers' Rights Association. | 1. Know your limitations — what you can and cannot do and who can best help you. Know when you need help and determine who is in the position to help you.

2. She used concrete methods to convey her information, such as mental pictures and local mortality figures. | 2. When you can make the problem more concrete and real to people (e.g., using local data, stories, visual images), you make a stronger impression on people.

3. She used the media to her advantage by first contacting them about the story and then obtaining coverage in the local newspaper. | 3. In using the media, it would be helpful to have something to catch public attention and keep it. An example of this would be to capture the essence of your issue in a phrase or sentence that the media can quote and use.

4. The approach which was used to get the policy in place was incremental. Taking things in steps rather than leaping to the strongest form of policy helped to ensure that the by-law would be adopted. | 4. Policy implementation is an incremental process. You can increase the likelihood of success by making small changes over time. By going after too much too quickly, you can inadvertently sabotage your efforts.

5. She identified other Canadian cities where non-smoking by-laws already existed and used mortality and other statistics that were known and accepted to be true. This built evidence for her case and established her credibility. | 5. The use of proven and irrefutable data to back up a policy change can be a powerful and persuasive strategy.
Chapter 14: Conclusion
The purpose of this guide has been to give you an overview of the policy change process and to show you what is involved in making change at the local level. You probably realize that changing policy does not require a whole new set of skills but it does require looking at your problem in a different way, being persistent and flexible and working with others. It involves planning and systematically approaching a process which can be, at times, unclear and unpredictable. While you may find the policy change process time-consuming, be assured it has its rewards and can be very exciting.

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

Power does not simply lie in the hands of a few decision-makers; it also lies within those who live and work in a community and who have a strong commitment to making it better. The key is helping people realize they have that power and then giving them the tools to exercise it. It has been the intent of this guide to provide you with some of these necessary tools.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Coalition</td>
<td>an alliance of groups who come together for a common goal.</td>
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<tr>
<td>Community</td>
<td>a group of people who share a geographical centre or who share interests, activities, and concerns.</td>
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<tr>
<td>Community development</td>
<td>a way of organizing in order to allow people to gain control over their lives and the circumstances that affect their health by identifying their problems, developing their own solutions, and putting them into action.</td>
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<tr>
<td>Decision-maker</td>
<td>a person who is in a strong position of power and/or influence.</td>
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<tr>
<td>Evaluation</td>
<td>a process of determining if objectives have been met and which factors helped or hindered the process.</td>
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<tr>
<td>Goal</td>
<td>a simple, overall statement that describes a desired change.</td>
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<tr>
<td>Health promotion</td>
<td>“a process of enabling people to increase control over and improve their health” (World Health Organization, 1986).</td>
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<tr>
<td>Objective</td>
<td>a clear, realistic and measurable step being taken within a given time period in order to reach an overall goal.</td>
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<tr>
<td>Policy</td>
<td>a principle, plan or course of action.</td>
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<tr>
<td>Policy change</td>
<td>a change in an existing policy or the setting of new policy.</td>
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<tr>
<td>Stakeholder</td>
<td>a person who is affected by an issue or problem and who stands to either gain or lose through resolution of the issue.</td>
</tr>
<tr>
<td>Strategy</td>
<td>a systematic plan of action to reach pre-defined goals.</td>
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Selected Bibliography


Labonté, R. (1994). How to use policy and advocacy to get the job done. Notes from the *Heart Health Action Coalition Workshops*.


Resources

The following pages list specific associations, organizations, and programs that can provide assistance in making policy change at the local level. Some of them are more general in nature and some relate specifically to alcohol, nutrition and tobacco. You should first try to consult local resources first such as local chapters of provincial organizations, boards of education, local colleges and universities and so forth. Staff in local organizations and agencies should be familiar with local and regional issues and be able to provide answers to your questions. The list offered here is not exhaustive. The Ontario Public Health Association would appreciate hearing of any agency or program which could be added to this list.

General

Local Official Health Agencies (Public Health Units)
There are 42 Local Official Health Agencies in Ontario, also commonly called Public Health Units. Their programs address a number of issues and they can provide information in such areas as healthy growth and development, healthy lifestyle, communicable disease control and healthy environments. Public Health Units are listed in the blue pages of the telephone directory (municipalities). A directory of the Public Health Units is also available from Publications Ontario, 880 Bay St., Toronto, ON M7A 1N8 Tel: (416) 326-5300, 1-800-668-9938 (Ontario),

Community Health Centres
Community Health Centres provide a wide variety of primary health care services and programs to promote health for specific geographic areas or groups within a community. The nature of the services and programs will depend on the particular group being served. For more information, contact your local community health centre or the Association of Ontario Health Centres at 5233 Dundas Street West, Suite 102, Etobicoke, ON M9B 1A6 Tel: (416) 236-2539 Fax: (416) 236-0431.

District Health Councils
There are six planning regions in the Province of Ontario used by the Ministry of Health. These are: North West, North East, Central West, Central East, East and South West.

In Ontario, there are 33 local health planning boards which plan and co-ordinate the health service needs of the communities falling within their geographical catchment area. These boards, called District Health Councils, are made up of approximately 16 volunteer members each. Members are appointed by the Provincial Cabinet based on local nominations. Each Council is assisted by a small administrative staff and a large body of community volunteers. DHCs undertake their planning and coordinating role through local studies and needs assessments on issues such as long-term care, mental health, midwifery, aboriginal health, tobacco and health promotion. While DHCs work in partnership with the Ministry of Health, they also work in the firm belief that the community can best determine its health needs and priorities.
Health Promotion Branch
5700 Yonge St., 5th Fl.
North York, ON M2M 4K5
Tel: (416) 314-5493  Fax: (416) 314-5497

The Health Promotion Branch is currently responsible for planning, developing and implementing comprehensive population-based health promotion strategies that address Ministry of Health priorities. These are: tobacco, alcohol, nutrition, physical activity and healthy communities. The Branch also supports the development of a health promotion system for the province.

The Health Promotion Branch has developed a number of resources as part of the Healthy Lifestyles Promotion Program. These include the Community Mobilization Manual, Social Marketing in Health Promotion, and the Healthy Eating Manual.

Public Health Branch
5700 Yonge St., 8th Fl.
North York, ON M2M 4K5
Tel: (416) 327-7383  Fax: (416) 327-7438

The Public Health Branch works to optimize the health of the people of Ontario by implementing strategies for health promotion and disease prevention. Priority is given to programs that have the greatest impact on the population as a whole.

In Ontario, public health services are delivered through 42 autonomous local boards of health. The Public Health Branch provides funding, program and management leadership to the public health sector through local boards of health, support to corporate management on public health issues, a provincial epidemiology service and a response to control of outbreaks of disease.

Ontario Physical and Health Education Association (OPHEA)
1185 Eglinton Avenue East, Suite 501
North York, ON M3C 3C6
Tel: (416) 426-7120  Fax: (416) 426-7373

OPHEA exists to positively influence the lifestyles of Ontario’s children and youth through the provision of quality leadership, advocacy and resources in the area of physical and health education. Membership is comprised of approximately 1,500 individuals, including teachers, public health professionals, child care providers and recreation leaders. The organization manages the Active Living Community Action Project (ALCAP) which supports five community leaders from around the province to mobilize communities to participate in active living and provide equal physical activity opportunities for all members of the community. The organizations produces a number of resources including Quality Physical Education - Making It Happen! A Resource for Public Health.
For more information, please contact your local District Health Council or the Association of District Health Councils of Ontario, 4141 Yonge Street, Suite 201, North York, ON M2P 2A8 Tel: (416) 222-1445 Fax: (416) 222-3229.

**Social Planning Councils**

Social Planning Councils are voluntary bodies with a community-based membership that address a wide range of social issues. They are located in municipalities across the province and strive for citizen participation in social and economic policy, improvement in service delivery, and decentralization in decision-making. Social Planning Councils may be involved in a number of activities depending on the needs of the community, such as social planning, research, community development, public education, advocacy, sharing of information and facilitating public participation in decision-making. For information about SPCs in your area, contact the Ontario Social Planning Council at 130 Spadina Ave., Suite 402, Toronto, ON M5V 2L4 Tel: (416) 703-5351 Fax: (416) 703-0552.

**Centre for Health Promotion**

University of Toronto,
100 College St., Suite 207
Toronto, ON M5C 1L5
Tel: (416) 978-1809 Fax: (416) 978-1365

The Centre for Health Promotion at the University of Toronto has a mandate for research, education and service in the field of health promotion. It provides information, advice, and consultation on health promotion to practitioners in health promotion. The Centre's Health Communication Unit provides workshops, special presentations, consultations and resource materials in the area of health communication.

**Ministry of Health**

The Ministry of Health provides numerous resources to aid in program planning and development. Three key branches are:

**Communications Branch**

(Health Information Centre)
80 Grosvenor St.,
8th Fl. Hepburn Block
Toronto, ON M7A 1S2
Tel: (416) 327-4327, 1-800-268-1153 (Ontario) Fax: (416) 327-8791

The Communications Branch provides information on provincial health surveys and health and mortality statistics. This information can be provided for subsets of the population such as age group or geographic region.
Ontario Prevention Clearinghouse (OPC)
415 Yonge St., Suite 1200
Toronto, ON  M5B 2E7
Tel: (416) 408-2121, 1-800-263-2846 (Ontario)  Fax: (416) 408-2122

OPC is an incorporated not-for-profit agency. Launched in 1985, it is a catalyst for health promotion and prevention activities across Ontario, as well as a soundly conceived, cost-effective resource centre. OPC provides a consultation service to groups and individuals across Ontario who are involved in health promotion, prevention or community development work. OPC is a central link in a network of information, advice, support, expertise, access and connection. OPC’s database contains thousands of publications and regional contacts relating to health promotion and prevention, children, family and the community. The database is specifically driven by demand, and includes information regarding previous requests for consultation.

Ontario Public Health Association (OPHA)
468 Queen St. E., Suite 202
Toronto, ON  M5A 1T7
Tel: (416) 367-3313, 1-800-267-6817 (Ontario)  Fax: (416) 367-2844
E-Mail: Internet: opha@web.apc.org

OPHA works to strengthen the impact of people who are active in community and public health throughout Ontario. OPHA advocates for healthy environments, healthy public policy, equitable access to health information and services, economic and social justice, and healthy communities. OPHA also provides support to provincial demonstration sites and public and community health through the work carried out by the Heart Health and Injury Prevention Resource Centres, the Alcohol Policy Network (APLONET) and the Building Capacity for Policy Change Project.

Publications Ontario
880 Bay St., Toronto,
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Manuals, Guides and Books

It provides a conceptual framework for a clearer understanding of advocacy and describes different kinds of advocacy in which seniors are involved, and the roles and responsibilities they entail. Guidelines for being an effective advocate are also included. This guidebook is available from Canadian Pensioners Concerned Inc., Suite 310, Halifax Shopping Centre, 7001 Mumford Road, Halifax, NS B3L 4N9 Tel: (902) 455-7684. Cost is $15.00.

*Alcohol and Drug Policies. A Guide for School Boards.* Addiction Research Foundation. Second Edition, 1991. Toronto. This guide, targeted primarily for use by school boards, addresses the process of policy development with respect to alcohol and drugs. Three key components — preventive curriculum, early intervention and disciplinary action, are discussed and a model for school policy development is presented. Copies are available, in both English and French, at a cost of $8.25, plus shipping and handling, from the Addiction Research Foundation, 33 Russell Street, Toronto, ON M5S 2S1 Tel: 1-800-661-1111 Fax: (416) 595-4694.

*A Community Advocate’s Guide for Effective Tobacco Control Legislation.* National Clearinghouse on Tobacco and Health. May 1994. This guide is a resource for health activists working in tobacco control at the community level. Legislative authority and process, government structures, tips on meeting with decision-makers, making presentations, and dealing with the media are addressed. To obtain a copy, contact the National Clearinghouse on Tobacco and Health, 170 Laurier Ave. W., Suite 1000, Ottawa, ON K1P 2V5 Tel: (613) 567-2730, 1-800-267-5234 Fax: (613) 567-5695. Cost is $15.00.

*Community Action Pack.* This resource is a compilation of a number of guides relating to various aspects of community development. It includes information on many aspects of program planning and evaluation, securing financial resources, coalition building, and how to deal with the media. Many District Health Councils, Community Health Centres, hospital and educational institutions have this resource package. This resource is available from the Community Programs Group, 643 Queen St. E., Toronto, ON M4M 1G4. Tel: (416) 778-8727 Fax: (416) 778-8726. Cost of this kit is $267.50.

Of particular interest within the *Community Action Pack* are:


*Community Action Handbook.* Ontario Prevention Clearinghouse. This Handbook provides practical information for initiating the community action process. It is based on the suggestions and everyday experiences of people who worked together, as a
community, to bring about change. The Handbook describes the community action process. If followed, this approach will lead to the formation of a community-driven community coalition, in which members co-operate, co-ordinate and collaborate in the planning and implementation of health promotion programs, policies and activities. The Handbook also provides useful examples from communities that have used the community action process, and discusses who should be involved, how to get them involved and how to identify community needs and resources. A community action video is available to complement the Handbook. Both are available through the Ontario Prevention Clearinghouse, # 1200-415 Yonge St., Toronto, ON M5B 2E7 Tel: (416) 408-2121, 1-800-263-2846 (Ontario) Fax: (416) 408-2122. A $10 donation is appreciated to help cover the cost of printing and distribution.

*Consumer Advocacy Manual: A Guide for Citizen Activists.* (2nd edition). Philippa Lawson & Bill Jeffery. Ottawa: The Public Interest Advocacy Centre, 1994. This manual is aimed at consumer groups and ordinary people wishing to have a say in government policy, legislative reform and regulatory decisions. It is for people who want to be part of the decision-making process. The first three chapters focus on forming an advocacy group and running it effectively. The following chapters canvass various options for action including lobbying, legislative advocacy and appearing before administrative tribunals. This manual is available from The Public Interest Advocacy Centre, 1 Nicholas Street, Suite 1204, Ottawa, ON K1N 7B7 Tel: (613) 562-4002 Fax: (613) 562-0007. Cost is $20.00.

*Every Voice Counts: A Guide to Personal and Political Action.* Penney Kome. Ottawa: Canadian Advisory Council on the Status of Women, 1989. This book is a guide to personal and political action. It is designed to help women make their voices count. It will help users define their issue and goals, organize a working group, enlist public support, analyze and work with the media and take their message to the public and the appropriate authorities. As the Canadian Advisory Council on the Status of Women has since closed, look for this book at your local library. Many will have a copy.

*The Fight for Public Health: Principles & Practice of Media Advocacy.* Simon Chapman & Deborah Lupton. London, GB: BMJ Publishing Group, 1994. The first part of this book provides an overview of the theory on public health advocacy from the twin perspectives of the sociology of news production and public health activism. It is liberally peppered with a number of case studies from Australia. The second part, "A-Z of public health advocacy" looks at 65 different elements -- from "creative epidemiology" to "media etiquette" to "strategic research" -- for gaining media attention. Cost is $60.00.

*Guide for Communities to Enact Health-promoting Policies. Health Our Choice for Life.* British Columbia Ministry of Health, Office of Health Promotion, in collaboration with Social Planning and Research Council of B.C., 1991. This guide is targeted to community groups, municipal councils, school boards, business and citizens as well as health professionals, to provide assistance in making policies that promote health in communities. While brief, it addresses components of the policy making process at the local level by including case studies of communities that have adopted health promoting...
policies. Four policy areas are profiled: smoking by-laws, alcohol use/abuse, environment and traffic safety/accident prevention.

*In the Tiger’s Mouth: An Empowerment Guide for Social Action.* Katrina Shields. Gabriola Island, BC: New Society Publishers, 1994. This book contains information on practical tools for effective social action. It includes chapters on bridge building with the opposition, effective listening as a social change tool, giving talks on bad news with a view to empowerment, working cooperatively, new leadership paradigms and forming support groups. It also looks at the issue of burnout. Cost is $17.95.


*Media Advocacy and Public Health: Power for Prevention.* Lawrence Wallack, Lorl Dorfman, Dald Jernigan and Makani Thamba. Newbury Park, CA: Sage Publications, 1993. This book is about media advocacy as a strategy to promote public health. Media advocacy can be a significant force for influencing public debate and putting pressure on policy makers by increasing the volume of the public health voice and, in turn, by increasing the visibility of values, people and issues behind the voice. Cost is $25.95.

*Municipal Councillor’s Manual (rev.).* Ontario Ministry of Municipal Affairs, Toronto, ON: Queen’s Printer for Ontario, 1992. This manual is divided into five sections, corresponding to the five major components of municipal councillors’ work. It looks at the representative, policy-making and managerial roles, provides information on the legislative and fiscal contexts of municipal operations, gives an overview of the role of municipal councillors with respect to community land use planning and covers municipal structure and functions. This document is available from Publications Ontario, 880 Bay Street, Toronto, ON M7A 1N8 Tel: (416) 326-5300, 1-800-668-9938 (Ontario). Cost is $5.00.

*Policy Response to Reduce Alcohol-Related Risk in Municipal Facilities and Areas (A).* Robert Simpson and Jeff Cameron (March 1994). Homewood Health Services. This publication discusses the need for municipal alcohol policy, the steps involved in the process and policy strategies. To obtain a copy, contact Community Alcohol Resource Centre, c/o Homewood Health Services, 157 Delhi Street, Guelph, ON N1E 4J3 Tel: (519) 824-1010 Fax: (519) 824-1813.

*Public Health Advocacy: Creating Community Change to Improve Health.* Stanford Center for Research in Disease Prevention, 1994. This book is dedicated to the “how” of public health advocacy. It looks at developing a vision for change, building an advocacy group,
researching an issue, clarifying objectives, the process of action planning, strategic planning, advocacy tactics, counter-tactics to deal with the opposition, using the media effectively and evaluating activities. Five case histories and worksheets are also provided. It is available from the Stanford Center for Research in Disease Prevention, Distribution Center, 1000 Welch Road, Palo Alto, CA 94304-1885 Tel: (416) 723-0003. Cost is $35.00.

**Quality Daily Physical Education - Making it Happen! A Resource for Public Health.** Randy Ruttan & Linda Shortt. North York, ON: Ontario Physical and Health Education Association, 1995. This binder was produced for public health practitioners to support their efforts to achieve ODPE for children and youth in schools. The contents were guided by a needs assessment completed by public health units and by feedback and suggestions provided by public health professionals and educators. The resource is organized around six steps: be informed, know your community, work together, make a plan, make it happen, evaluation and next steps. It is available from the Ontario Physical and Health Education Association, 1185 Eglinton Avenue East, Suite 501, North York, ON M3C 3C6 Tel: (416) 426-7120 Fax: (416) 426-7373. Cost is $22.50.

**School Food/Nutrition Policy Development: A Model for Public Health Personnel In Ontario.** Kingston, Frontenac and Lennox & Addington Public Health Unit. Kingston, 1994. This publication discusses the need for school food/nutrition policies and proposes a seven-step model for initiating such a policy. References and a summary of existing food/nutrition policies in Ontario are also provided. This document is available through the Kingston, Frontenac and Lennox & Addington Health Unit, 221 Portsmouth Ave., Kingston, ON K7M 1V5 Tel: (613) 549-1232 Fax: (613) 549-7896. Cost is $5.00.

**Some Suggestions To Get A By-law To Control Smoking In Public Places.** Evelyn Johnston, 1993. This brief publication provides some tips and a description of the process involved in going after tobacco by-laws. Available from the Ontario Public Health Association, 468 Queen St. E., Suite 202, Toronto, ON M5A 1T7 Tel: (416) 367-3313 Fax: (416) 367-2B44.

**To Media and Back** (55 minutes). Taped at the AOHC Conference June 2, 1994, this video features valuable advice on working with the media by a panel of experts: Linda McQuaig, author and journalist (The Globe & Mail and MacLean’s Magazine); Diane Benson, News Director, CHEZ Radio in Ottawa; Colleen Walsh, Health Reporter, Global Television, and Jacquie Miller, Immigration Writer, The Ottawa Citizen. Some examples from community health centres are profiled in the video. Available from the Association of Ontario Health Centres, 5232 Dundas St. West, Suite 102, Etobicoke, ON M9B 1A6 Tel: (416) 236-2539 Fax: (416) 236-0431. Cost is $25. 00.

**Toolbox for Justice & Stewardship.** Citizens for Public Justice, 1993. This folder provides a series of one-page fact sheets on the following topics: telephone tips, meeting your elected representative, justice by mail, building a coalition, petitions and demonstrations, organizing a public meeting, starting a group, writing and presenting a brief, citizen action and the media. It is available from Citizens for Public Justice, 229 College Street,
Health Promotion Branch Resources:

*Community Mobilization Manual.* This manual was designed to assist communities with planning and implementing health promotion programs, policies and activities to address health issues related to tobacco, nutrition and alcohol. It has four parts, one which outlines the planning process and one each on ideas for action to address alcohol, nutrition and tobacco.

*Healthy Eating Manual.* The Healthy Eating Manual is mainly for use with employees in workplaces, however, it can be used with others interested in healthy eating. The intended users are people with some nutrition background, including fitness leaders, public, community and occupational health nurses, volunteers from health organizations, and other community leaders. The manual includes five interactive mini-lessons on fat, healthy eating, healthy weights, fibre and complex carbohydrates, and healthy eating out. It provides practical handouts for participants and information for leaders. For additional support in using the Healthy Eating Manual, please contact your local public health nutrition professional.

*Social Marketing in Health Promotion: A Communications Guide.* The Social Marketing Guide provides communities with the tools and information required to effectively promote health promotion programs and messages. This guide demonstrates how to create themes and logos, how to create and test new messages, how to prepare print materials for cultural groups, how to advertise effectively, and how to plan special events. Key features of the guide include: tips sheets, worksheets, resource listings, and sample projects.

Copies of Health Promotion Branch resources are free of charge in Ontario and can be obtained in English and French from Health Information Centre, Communications and Information Branch, Ontario Ministry of Health, 8th Fl., 80 Grosvenor Street, Hepburn Block, Toronto, ON M7A 1S2 Tel: (416) 327-4343 Fax: (416) 327-4389.

Alcohol

*Addiction Research Foundation (ARF)*

33 Russell St.
Toronto, ON M5S 2S1
Tel: (416) 595-6111 (Information line), 1-800-463-6273 Fax: (416) 593-4694

In addition to its central office and library in Toronto, ARF, as an agency of the Province of Ontario, has 26 area offices located throughout the province that provide information and consulting services on policy development, implementation and evaluation. Consult your telephone directory to locate the office nearest you for information and service on municipal, school and workplace policy programming. For policy planners, data on health problems and behaviours is available.

*A Guide for Policy Change*
Association to Reduce Alcohol Promotion in Ontario (ARAPo)
c/o Black Creek Anti-Drug Focus Community Group
705 Oakdale Road, Unit 54
North York, ON M3N 2Z4
Tel: (416) 740-9593 Fax: (416) 740-3002

This group works to reduce alcohol promotion and support measures aimed at reducing alcohol consumption. Questions about ARAPo can be directed to Simone Cusenza at the above address.

Drinking / Driving Countermeasures Office
Ministry of the Attorney General
720 Bay St., 11th Fl.
Toronto, ON M5G 2K1
Tel: (416) 326-4408 Fax: (416) 326-4213

This office provides information, program advice and support materials to community groups involved in efforts against impaired driving. The office also provides advice to government on matters of policy.

MADD Canada
6507C Mississauga Road,
Mississauga, ON L5N 1A6
Tel: (905) 813-6233, 1-800-665-MADD Fax: (905) 813-8920

MADD Canada assists victims of impaired driving crashes. It also works on preventative awareness and education programs and advocates for legislative and policy changes.

National Clearinghouse on Substance Abuse
75 Albert Street, Suite 300
Ottawa, ON K1P 5E7
Tel: (613) 235-4048 Fax: (613) 235-8101

The Clearinghouse provides information on alcohol and other drugs to health care providers, researchers, prevention workers, policy makers and planners, including searches of in-house databases. Service is not open to the public, with the exception of the FAS/FAE Information Service which provides information on fetal alcohol syndrome and fetal alcohol effects to those requiring it. A computerized information system is accessible by subscription to anyone with a computer and modem.

Ontario Students Against Impaired Driving (OSAID)
P.O. Box 101, 264 Queen's Quay W.
Toronto, ON M5J 1B5
Tel: (416) 248-5324 Fax: (416) 248-5324
Through its focus on high school students, this agency assists teachers, students and public health workers in program planning and through the provision of information on drinking and driving.

**Nutrition**

**Public Health Nutritionist:** There are public health nutritionists and public health dieticians in every public health unit in Ontario. Every community in Ontario is served by a public health unit. The public health nutritionist or dietician can suggest or provide nutrition information and/or resources and can assist in making links with other appropriate professionals or groups. Public health nutritionists and dieticians are Registered Dieticians licensed by the College of Dieticians of Ontario.

**Registered Dietician:** Dieticians work in many settings, such as public health units, community health centres, hospitals and private practice, and can provide information and resources to the public.

**Canadian Cancer Society (Ontario Division)**
1639 Yonge St.
Toronto, ON M4T 2W6
Tel: (416) 488-5400 Fax: (416) 488-2872

Basic information on nutrition and other topics can be obtained by calling your local office. Speakers are also available to address a variety of topics. See the white pages of your telephone directory under Canadian Cancer Society.

**Cancer Information Service**
1-800-263-6750

The toll-free cancer information service number is set up to address broader questions or concerns on any issue related to cancer.

**Coalition for Student Nutrition (CSN)**
c/o Foodshare Metro Toronto
238 Queen St. W., Lower Level
Toronto, ON M5V 1Z7
Tel: (416) 392-1669 Fax: (416) 392-6650

CSN helps schools work with communities to create nutritious breakfast, lunch or snack programs. The link between nutrition, educational performance and long-term health has been proven. Funded by parents, private donations and government grants, school nutrition programs are a concrete way to respond to the needs of all young people and to ensure that each student has an equal opportunity to learn.
Heart and Stroke Foundation of Ontario
Manager of Nutrition Programs
477 Mount Pleasant Rd.
Toronto, ON  M4S 2L9
Tel: (416) 489-7111, ext. 326  Fax: (416) 481-3439

The Foundation provides material related to nutrition and heart disease. Cooking classes (Heart Health) are also provided for the public.

Ontario Dietetic Association (ODA)
Executive Director
480 University Ave., Suite 604
Toronto, ON  M5G 1V2
Tel: (416) 599-7289  Fax: (416) 596-0603

ODA promotes leadership and excellence in dietetic practice by providing programs to support the continuous learning of members and advocating on behalf of the profession. It provides current nutrition information to other professionals and works to ensure the accuracy of consumer-directed nutrition information. ODA refers public inquiries to Registered Dieticians.

Ontario Society of Nutrition Professionals in Public Health (OSNPPH)
c/o Neil Mackenzie
415 Yonge St., Suite 1606
Toronto, ON  M5B 2E7
Tel: (519) 258-2146, ext. 263  Fax: (519) 258-6003

OSNPPH is an official organization that gives nutrition personnel in public health a strong voice for promoting the importance of nutrition within public health and for commenting on public health issues. Its goals include: giving official recognition to nutrition as a specialty within public health; responding to public health issues of concern to its members on a local, regional, provincial and national basis; providing representation and/or input to task forces, advisory committees, community health committees, professional organizations, policy development groups, and others; providing input into the development of standards for public health nutrition programs; setting and making recommendations for qualifications for public health nutrition personnel; assisting membership in advocating for public health nutrition policy.

Tobacco

The Ontario Ministry of Health funds four resource centres as part of its Tobacco Strategy, to support communities to take action on tobacco issues, including educational resource material, training and consultation. The four resource centres are:
Council for a Tobacco-Free Ontario (CTFO)
412 Mount Pleasant Rd., 3rd Floor
Toronto, ON M4S 2L7
Tel: 322-6660 Fax: 322-6122

CTFO is a volunteer-directed, not-for-profit organization whose mission is to eliminate tobacco use in Ontario. It supports over 40 local inter-agency councils across Ontario that participate in National Non-Smoking Week and World No-Tobacco Day activities and advocate for legislative change.

National Clearinghouse on Tobacco and Health
170 Laurier Ave. W., Suite 1000
Ottawa, ON K1P 5V5
Tel: (613) 567-3050, 1-800-267-5234 Fax: (613) 567-5695

The Clearinghouse is a national centre providing information and referrals relevant to Canadian tobacco and health initiatives. In addition to maintaining an extensive collection of over 12,000 materials, the Clearinghouse develops customized responses to requests for information, carries out selected projects to facilitate clients' work towards a tobacco-free society and produces a newsletter three times a year. The Clearinghouse provides support to advocates, health educators, policy makers, program planners, resource developers and health professionals working to prevent and reduce tobacco use. At this time, students and the general public are not included in the Clearinghouse's mandated client base.

Program Training & Consultation Centre (PTCC)
c/o Ottawa-Carleton Health Dept.
495 Richmond Rd.
Ottawa, ON K2A 4A4
Tel: (613) 722-2328, 1-800-363-7822 (Ontario) Fax: (613) 724-4191

PTCC provides training and consultation services to Ontario communities to support local program planning and implementation. It is a partnership between the Ottawa-Carleton Health Department, RBJ Management Associates and the Centre for Applied Health Research at the University of Waterloo. PTCC has offices in Ottawa and Kitchener. Community groups can access the Centre through a toll-free telephone line. You are encouraged to call for information and advice on local program planning and implementation for tobacco use reduction.

Smoking and Health Action Foundation (SHAF)
720 Spadina Avenue, Suite 221
Toronto, ON M5S 2T9
Tel: (416) 928-2900 Fax: (416) 928-1860

SHAF promotes legislative change in tobacco control and supports local groups in their reform efforts. Its objectives are to prevent access by the tobacco industry to children
and adolescents, thereby preventing addiction to tobacco products before they reach the age of responsibility; to prevent the promotion of tobacco products (advertising and promotion); to achieve a state of informed consent for users (warnings, plain packages, signage at point of sale, etc.); and to prevent harm to others caused by exposure to environmental tobacco smoke.

Other Organizations

Addiction Research Foundation
As an agency of the Province of Ontario, the Addiction Research Foundation provides information and consulting services to individuals, groups and organizations on smoking and health. Information on tobacco, prevention and cessation programs, policy issues and available grants can be obtained from the Foundation's 26 Area Offices located throughout the province. Audio-cassette information is available 24 hours a day, seven days a week by calling the toll-free Drug and Alcohol Information Line at 1-800-463-6273.

Canadian Cancer Society (Ontario Division)
1639 Yonge St.
Toronto, ON M4T 2W6
Tel: (416) 488-5400 Fax: (416) 488-2872

Basic information on tobacco and other topics can be provided by calling your local office. Speakers are also available to go out and address a variety of topics. See the white pages of your telephone directory under Canadian Cancer Society.

Cancer Information Service
1-800-263-6750

The toll-free cancer information service number is set up to address broader questions or concerns on any issue related to cancer.

COMMIT To a Healthier Brant
233 Colborne St., Suite 403
Brantford, ON N3T 2H4
Tel: (519) 758-1985 Fax: (519) 758-0471

COMMIT To a Healthier Brant is the demonstration site for the Ontario Tobacco Strategy. It co-ordinates activities at the community level to protect the health of residents, children and employees of Brant County (protection); helps non-smokers, especially young people, stay smoke-free (prevention); and encourages and helps people who have made the decision to quit smoking (cessation).
Heart and Stroke Foundation of Ontario
477 Mount Pleasant Rd.
Toronto, ON M4S 2L9
Tel: (416) 489-7100 Fax: (416) 481-3439

Your local chapter can provide written information on tobacco and heart disease as well as other risk factors related to heart disease. See the white pages of your telephone directory under Heart and Stroke Foundation.

The Lung Association
573 King St. E., Suite 201
Toronto, ON M5A 4L3
Tel: (416) 864-1112 Fax: (416) 864-9916

The Lung Association is concerned with the prevention and control of all lung diseases. It works to improve respiratory health through fund raising activities for the purpose of supporting medical research and Lung Association community health programs such as educational programs in schools and smoking cessation programs.

Ontario Campaign for Action on Tobacco (OCAT)
525 University Ave., Suite 300
Toronto, ON M5G 2K7
Tel: (416) 340-2992 Fax: (416) 340-2995

OCAT represents a coalition of health groups. It works to support the efforts of health professionals working in the tobacco control area and with government to move tobacco legislation forward.

Ontario Tobacco Research Unit (OTRU)
c/o Addiction Research Foundation
33 Russell Street
Toronto, ON M5S 2S1
Tel: (416) 595-6888 Fax: (416) 595-6066

The task of OTRU is to undertake a program of research, development and dissemination of knowledge about effective tobacco control programs and policies.

Other Health Promotion Resources

Best Start: Community Action for Healthy Babies
c/o Ontario Prevention Clearinghouse
415 Yonge St., Suite 1200
Toronto, ON M5B 2E7
Tel: (416) 408-2121, 1-800-263-2846 (Ontario) Fax: (416) 408-2122

Contact: Lynda Sellar, Lisa Gallant
Heart and Stroke Foundation of Ontario
477 Mount Pleasant Rd.
Toronto, ON M4S 2L9
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Tel: (416) 408-2121, 1-800-263-2846 (Ontario) Fax: (416) 408-2122

Contact: Lynda Sellar, Lisa Gallant
Best Start: Community Action for Healthy Babies is a community-wide health promotion program aimed at reducing the incidence of low-birth weight. The projects at the City of Barrie and the District of Algoma develop strategies to address the range of risk factors associated with low birth weight. These include behavioural factors such as smoking, environmental ones such as workplace conditions, and other determinants of health such as social support and poverty.

FOCUS Community Project  
c/o Addiction Research Foundation  
Community Programs Department  
33 Russell St.  
Toronto, ON  M5S 2S1  
Tel: (416) 595-6000  Fax: (416) 595-6644

The FOCUS Community Project seeks to strengthen the ability of communities to address local drug and alcohol-related problems. It facilitates government and community partnerships in solving community problems. The nine FOCUS community sites are: Black Creek, North Bay, Parkdale, O'Connor, Sault Ste. Marie, Regent Park, Vanier, West Bay and Windsor.

Heart Health Resource Centre  
c/o Ontario Public Health Association  
468 Queen St. E., Suite 202  
Toronto, ON  M5A 1T7  
Tel: (416) 367-3313, 1-800-267-6817 (Ontario)  Fax: (416) 367-2844

Contact: Nicola McDermott

The Heart Health Resource Centre provides support (i.e., training and consultation) to communities to build their capacity to plan and deliver multi-risk factor heart health prevention programs.

Ontario Healthy Communities Coalition (OHCC)  
c/o Ontario Healthy Communities Secretariat  
415 Yonge St., Suite 1201  
Toronto, ON  M5B 2E7  
Tel: (416) 408-4841, 1-800-766-3418 (Ontario)  Fax: (416) 408-4843

Contact: Lisa Caton

The Coalition is a group of communities and provincial organizations that share a common vision of creating healthier communities in Ontario. The mission is to assist communities in achieving social, environmental, and economic health and well-being for individuals, communities and local governments throughout Ontario. Through its Secretariat and Community Animators, OHCC provides communities with information, training and consultation services to support them in undertaking their healthy communities initiatives.
Ontario Injury Prevention Resource Centre
c/o Ontario Public Health Association
468 Queen Street East, Suite 202
Toronto, ON M5A 1T7
Tel: (416) 367-3313, 1-800-267-6817 (Ontario) Fax: (416) 367-2844

Contact: Beverley Woods

The Ontario Injury Prevention Resource Centre was established in 1994 to actively promote coordination, networking and information sharing among persons, groups or organizations working toward injury prevention in Ontario. A major target population is volunteer community groups, networking with professionals in all provinces and in government. The following services are offered: monthly newsletter, community development, clearinghouse for resources, information sharing, networking, funding sources and conference planning.