Policy Development in the Real World

Introduction

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Identifying local priorities for policy change is an important component in the work of Healthy Community Partnerships working within the Healthy Communities Ontario approach. The purpose of this @heart Newsletter is to provide models and concepts, recommended resources and tools, and real stories to assist community partnerships with this policy prioritizing process. It is meant to be a very practical, “how-to” resource that directly addresses some of the challenges that Healthy Communities Partnerships face and complements other policy-related supports provided recently by the Heart Health Resource Centre (HHRC), such as the workshop entitled “Health Promotion Policy Development and Implementation in Real World Settings” and related webinars.

This resource is the first @heart created specifically for electronic distribution. It allows us to provide links to other resources that can assist communities in developing healthy policies. You may find that our summer 2007 edition of @heart entitled Influencing Decision-makers is a helpful adjunct to the content contained in this edition. The HHRC would like to acknowledge the contributions of several others who have been an important part of this newsletter. In particular, we have organized the content of this edition around The Health Communication Unit’s (THCU) Policy Roadmap, and have incorporated stories from several local practitioners who have experienced successes in moving healthy policy forward.

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

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

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

Ottawa Charter for Health Promotion (1986)
How This Resource is Organized

The organizing framework for this resource is the THCU Roadmap for Policy Development. We begin with some general contextual elements of policy as a health promotion strategy. Five of the eight steps in the Roadmap are addressed in this resource. They are:

- Identifying/ describing/ analyzing the problem
- Assessing community readiness
- Developing policy options
- Identifying decision-makers and influencers
- Building support for policy

Throughout the resource, there are several practical applications of the policy steps. They appear in the form of a “Spotlight On...”, providing real examples from an Ontario community; links to recommended practical resources specifically related to a particular step in the process; and examples that illustrate how the step might look in the real world.

Policy Fundamentals

This Roadmap is applicable to policy changes at several levels and in a variety of settings:

- Micro level – within homes (e.g., family policies in support of active social events such as birthday parties) and in neighbourhoods (e.g., families working collectively to clean up local parks)
- Meso level - within organizations such as workplaces, health care facilities, schools, grocery stores, restaurants, churches and service clubs where policies guide the day-to-day operational practices of staff, volunteers and clients
- Macro level – within government jurisdictions from local, to regional, to provincial, national and international levels that enact policies that affect the health of all constituents (e.g., ensuring all have access to affordable, nutritious and culturally-appropriate foods)

Similar steps from the Roadmap are used, regardless of the level or setting.


“a course or principle of action adopted or proposed by a government, party, business or individual.”

It therefore implies a value or belief as well as defining what is acceptable by supporting certain steps or procedures. Policies serve as guides to action on an issue by specifying expectations.

1 For more details on the Policy Development process, see Policy At-a-Glance and Developing Health Promotion Policies Workbook at www.thcu.ca
## Step 1: Identifying / Describing / Analyzing the Problem

The group, coalition or community planning table needs to answer four key questions before proceeding. Resources are recommended for each question.

<table>
<thead>
<tr>
<th>Question to Address</th>
<th>Resources to Consider in Answering the Question</th>
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| **1. Step 1 in the Roadmap:** Do you know enough about the problem to be able to explain its relevance succinctly to a variety of audiences such as potential partners, decision-makers and the media? | • THCU’s Developing Health Promotion Policies Workbook – Step 1 worksheets provide a number of questions to answer regarding the problem  
• Public Health Agency of Canada’s Infobase – an on-line, interactive database of CCHS data organized by public health unit area with many aspects that can be compared to other areas  
• Rapid Risk Factor Surveillance System (RRFSS) data  
• Your most recent Community Health Status Report  
• Your regional LHIN |

## Step 2: Assessing Community Readiness

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<th>Question to Address</th>
<th>Resources to Consider in Answering the Question</th>
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| **2. Step 2 in the Roadmap:** Are you confident that policy is, at least in part, an appropriate strategy to effectively address the defined problem? | • Sources of evidence-based policy initiatives  
  o National Coordinating Centre for Healthy Public Policy  
  o CDC’s Community Guide to Preventive Health Services  
  o Canadian Population Health Initiative, Canadian Institute for Health Information |
| **3. Are those most affected by implementation of the policy ready to see policy change on your issue?** | • Determine the stage of readiness – 3 potential frameworks to consider  
  o 9 stages in a survey format (Tri-Ethnic Center, Colorado State University)  
  o 6 dimensions (Deakin University)  
  o 6 characteristics (Ontario Rural Economic Development Data & Intelligence - REDDI)  
  • Consider conducting a sound population survey to directly determine what constituents feel, know, or believe about the issue  
  o THCU’s Conducting Survey Research Workbook  
  o Survey Monkey or Zoomerang  
  o The Survey Kit (Sage Publications) |
| **4. Do you have the right mix of stakeholders to address the policy?** | • THCU Stakeholder Participation Wheel  
• THCU Making the Case workbook & accompanying workshop  
• Persuasion Principles – Robert Cialdini (more on page 10): [www.influenceatwork.com](http://www.influenceatwork.com)  
• Advocacy: Building Skills for NGO Leaders, Centre for Development and Population Activities, Washington DC. |
Six Dimensions of Readiness

To further assist with Step 2: Assessing Community Readiness, the following related approach is recommended.

1. **Community Knowledge about the Issues**: To what extent do community members know about the causes, consequences, and local implications of the problems?

2. **Community Attitude**: What is the prevailing attitude of the community toward the issue? Is it one of helplessness or one of responsibility and empowerment?

3. **Community Efforts**: To what extent are there efforts, programs, and policies that address the issue?

4. **Community Knowledge of the Efforts**: To what extent do community members know about local efforts and the effectiveness of those efforts?

5. **Leadership**: To what extent are appointed leaders and influential community members supportive of the issue?

6. **Local Resources related to the Issue**: To what extent are local resources – people, time, money, space, etc. – available to support efforts?

An adaptation of this model applied to youth obesity in Fiji, know as the 6 Dimensions of Readiness available at: (http://www.deakin.edu.au/hmnbs/who-obesity/conferences/pmac/concurrent-c-deCourten.pdf)

**SPOTLIGHT ON … Punjabi Community Health Centre, Mississauga – A Case Study on Community Readiness**

In Sikh tradition, more than 1,000 people attending services at Gurdwara Temple in Mississauga were fed each week. The Punjabi Community Health Centre (CHC) located next door recognized the opportunity to improve the healthy eating choices available through the temple. Leading up to the specific discussion regarding the meals, the CHC Director, Baldev Mutta, and other staff, spent two years working with the temple on a variety of mini-projects with part of their goal being the development of a strong relationship between the two organizations – building community readiness. Work began with efforts to encourage and support more pregnant women who attended the temple to come to prenatal classes. Some of these various projects were supported by Healthy Living Peel under their “Peel Seniors in Action”, “Peel Women in Action” and “Multicultural Youth” initiatives.

Knowing that Southeast Asians suffer from an unusually high incidence of heart disease, the time came to look at the healthy food options offered at the temple. The CHC Board Chair and Executive Director met first with nine leaders from the temple management committee, making a presentation regarding training that could be provided to the temple volunteer food preparers. The committee’s only concern was any potential cost involved. When none was apparent, they were prepared to “get serious” about this.

Over the course of the next four weeks, a small demonstration was provided to the temple chef and ten volunteers by the CHC dietitian regarding healthier options. The dietitian then visited the temple to see how the foods were being cooked and offered suggestions for improvement. During this beginning phase, the CHC had to do a lot of the “leg work” such as setting meeting dates, preparing agendas and minutes, and inviting the volunteers to attend. After several months, the temple began to take on some of these responsibilities because they saw some of the benefits.

The temple agreed to put a policy in place that included training sessions for the kitchen volunteers four times a year.

With this in place, some of the related “spin-off” activities included:

- A walking program for the cooking volunteers, with a monthly $25 certificate for fruits and vegetables given to the woman who walked the most;
- A community garden was established at the back of the CHC and it is largely the temple’s seniors and their grandchildren who do the work. As many of these seniors are in wheelchairs, work from Home Depot was secured to raise the garden. The temple provided the tractor to clear the land as well. The need for organic foods drove this initiative.
Step 3: Setting Goals, Objectives & Policy Options

Based on the description of the problem in Step 1, identify the specific long-term changes current efforts are working towards. It is likely that these goals have already been established through strategic and/or long-term planning efforts. Ensure your objectives are SMART (Specific, Measurable, Achievable, Realistic and Timely).

With these outcomes in mind, now it is time to identify the specific means by which you will accomplish your objectives and move the policy option(s) forward.

An example of a real goal, outcomes objectives and possible policy options:

THE PROBLEM:
In many pockets of the city, particularly those which house people living in poverty, there are no reasonably priced supermarkets available within walking distance, forcing people without transportation to purchase foods at corner stores or small markets where the food tends to be neither fresh nor affordable.

GOAL:
To increase the number of people in city who have access to affordable, healthy, culturally-appropriate foods within reasonable walking distance of their home.

OUTCOME OBJECTIVES:
- The number of people living in poverty in “neighbourhood x” who can walk to food outlets to purchase affordable, healthy, culturally-appropriate foods is increased by 50% by December, 2015.
- The number of retail food outlets located in “neighbourhood x” who report an increase in sales of affordable, healthy, culturally-appropriate foods is increased by 50% by December, 2015.

POSSIBLE POLICY OPTIONS:
- Change zoning by-laws allowing for the creation of a supermarket within 2 kilometers of designated neighbourhoods.
- Change zoning by-laws allowing for farmer’s markets to be available at least twice a week in designated neighbourhoods.
- Allow municipal green space in designated neighbourhoods to be established as community gardens.
- Existing “corner stores” support the necessary development to sell fresh fruits and vegetables.

Choosing the Policy Option(s)

This is one of the most difficult, yet important decisions to be made in the policy development process. The outcome will be the statement that succinctly describes required policy changes to decision-makers.

Consider the following when choosing the Policy Option:
- Is there evidence that this option will effectively reduce or eliminate the identified problem?
- Is the community likely to support this option?
- Will key partners support this option?
- Is there a need to advocate for all policy options at once or phase in the options over time?
- Has there been any micro level success (e.g. in one school) before addressing higher level change (e.g. School Board)
- Where is there momentum already happening in your or other communities on which to build (e.g. a HSFO Community Advocacy Grant has been awarded)?
- Is there an opportunity to align with, or support provincial (e.g. OCDPA messaging) or national policy initiatives?
- If the policy is a new endeavour for your partnership, might an “early success” be wise, rather than tackling something more difficult right from the start?

Consider the policy recommendations of the Ontario Chronic Disease Prevention Alliance in their evidence-based “Common Messages” in the areas of alcohol misuse, mental health, physical inactivity, tobacco use, and unhealthy eating.

(http://ocdpa.on.ca/doca/OCDPA_CommonMessages.pdf)
Municipal policies support mobile sales of affordable, healthy, culturally-appropriate foods on a regular weekly basis.

**Tools to Assist with the Policy Option Decision**

1. **“Best Practice” Collections**
   - National Collaborating Centre on Healthy Public Policy: [www.ncchpp.ca](http://www.ncchpp.ca)
   - The focus of the NCCHPP is public policy with a potential impact on social, economic, and environmental determinants of health. Examples include policies related to transportation, food, housing, and poverty. They explicitly exclude policies on health care services, such as Medicare or waiting lists. Focusing on healthy public policy is not a new idea -- it is one of the five action areas in the Ottawa Charter for Health Promotion of 1986, for example. Nevertheless, a centre focused on healthy public policy is an innovative initiative in Canada.

   - The purpose of the Best Practices Portal is to improve policy and program decision-making by enabling access to the best available evidence on chronic disease prevention and health promotion.

3. **Effectiveness in Public Health Practice Project:** [www.ephpp.ca](http://www.ephpp.ca)
   - The EPHPP began in 1998 with the mandate to provide research evidence for the public health standards in the province of Ontario and to develop the skills of a critical mass of public health practitioners to participate in systematic reviews.

4. **Key Informant Interviews** with local decision-makers identify where there are potential champions as well as opposition for various policy options. For a guide to assist with how to conduct these types of interviews, as well as focus groups, visit: [http://www.ruralcenter.org/documents/Conducting%20Key%20Informant%20Focus%20Group%20Interviews.pdf](http://www.ruralcenter.org/documents/Conducting%20Key%20Informant%20Focus%20Group%20Interviews.pdf)

   "A model of policy-making that aspires to have scientific evidence simply inform decisions (rather than decisions based only on such evidence) allows for the real world possibility that decision-makers can and will only tackle some issues and not others at any point in time and will take into account the values and value conflicts that are often very real in making broad policy decisions."

   (Farfard, P. “Evidence and Healthy Public Policy: Insights from Health and Political Sciences.” NCCHPP. May, 2008.)

5. **Consult the Experts** – Consider connecting with health promotion policy experts to gain their opinion regarding which options might be best suited to your community. Sources for experts could include:
   - Policy experts could help with sorting out the “best practice” as it relates to the local context.
   - Your local university, particularly those with units such as PROPEL (formerly known as the Centre for Behavioural Research and Program Evaluation) at the University of Waterloo: [http://www.propel.uwaterloo.ca](http://www.propel.uwaterloo.ca)
   - The National Collaborating Centre for Healthy Public Policy: [www.ncchpp.ca](http://www.ncchpp.ca)

6. **Consult the Population** that will be affected by the policy being considered to determine their level of support. This may have been done as part of the assessment of community readiness. Use the data in this step to determine which policy option(s) have the most support. Consider a large survey or several focus groups, for example.

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**Evidence may not be the ONLY answer:**

In the May, 2008 NCCHPP newsletter, the authors point out that having the evidence does not always mean that it will be used. For example, many researchers assume that if decision-makers have the evidence available to them, they will use it. This assumption is, however, not supported by much of the available empirical evidence. Many policy decisions are actually based on considerations other than the best available evidence. The reality is that while policy-oriented researchers may want to provide their results to those with the power to make decisions (“speak truth to power”), the powerful are by no means obliged to listen. Steps 4 and 5 in the Roadmap will address how to significantly influence these decision-makers.

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It may be necessary to **compare a few policy options**. The following methods of decision-making offer some possible processes for a group to use. They come from a variety of sources as indicated.

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<th>DECISION-MAKING TOOLS</th>
<th>EXAMPLES OR RECOMMENDED REFERENCES</th>
<th>COMMENTS</th>
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<tr>
<td>Paired Comparison Analysis</td>
<td>• <a href="http://www.mindtools.com/pages/article/newTED_02.htm">http://www.mindtools.com/pages/article/newTED_02.htm</a></td>
<td>A technique involving comparison of each option with each other, one by one. Particularly useful when objective data is not available.</td>
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<td>Six Hats Thinking</td>
<td>• <a href="http://www.mindtools.com/pages/article/newTED_07.htm">http://www.mindtools.com/pages/article/newTED_07.htm</a></td>
<td>A method that forces people to assess a situation from a variety of perspectives, rounding out their usual thinking style for a more complete assessment.</td>
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<tr>
<td>Force Field Analysis</td>
<td>Explanations and examples: • <a href="http://www.crossroad.to/Quotes/brainwashing/force-field.htm">http://www.crossroad.to/Quotes/brainwashing/force-field.htm</a></td>
<td>A method of assessing the source and strength of different forces acting on an issue.</td>
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<td>• <a href="http://www.mindtools.com/pages/article/newTED_06.htm">http://www.mindtools.com/pages/article/newTED_06.htm</a></td>
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<td>• <a href="http://www.skymark.com/resources/tools/force_field_diagram.asp">http://www.skymark.com/resources/tools/force_field_diagram.asp</a></td>
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<tr>
<td>Pareto Analysis (80/20 rule)</td>
<td>• <a href="http://www.managers-net.com/paretoanalysis.html">http://www.managers-net.com/paretoanalysis.html</a></td>
<td>A tool to help identify the changes that will have the biggest benefit. Most useful when many things are competing for your attention. Involves generation of a list of solutions, then scoring them on potential level of impact.</td>
</tr>
<tr>
<td>Decision Tree Analysis</td>
<td>• <a href="http://www.mindtools.com/dectree.html">http://www.mindtools.com/dectree.html</a></td>
<td>A comparative method of mapping out the possible solutions to a problem, and the results that may ensue from each solution.</td>
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**SPOTLIGHT ON... Workplace Health - Which Option(s) to Take Forward?**

The Workplace Wellness Committee of a medium-sized, rural Ontario workplace had set a goal to have a comprehensive workplace health policy in place within five years. They had identified many areas that could benefit from policy change such as injury prevention, harassment in the workplace, drug misuse, physical activity and healthy eating. The decision facing the committee was whether to approach the senior management team with a request for a comprehensive workplace health plan consisting of all these topics from awareness, education, skill-building and policy angles OR to get started in a few, or even one, topic area and broaden to other topics with time. In order to assist with the decision, they decided to undertake a survey with all employees to find out what they would support. The next dilemma – which survey to use? Should they develop their own and test the questions for validity and reliability, as recommended by one committee member, or adapt one they knew had been done in another similar workplace. They elected for the latter, consulted the 29 tools in THCU’s Comprehensive Workplace Health Promotion: Recommended and Promising Practices for Situational Assessment Tools and decided to use the Health At Work Needs Assessment Questionnaire developed by the Haldimand-Norfolk Health Unit, which had done extensive testing on the tool. The results indicated that there was a great deal of interest in having healthier food choices available in the workplace cafeteria, at social events, and during meetings so their choice was to start with that policy option.

**Step 4: Identifying Decision-Makers and Influencers**

You have described the problem and identified that there is a role for policy in the solution. Now, you need to identify who has the ability to “say yay or nay” to the desired policy. This step might, at first, appear fairly obvious.

However, in some systems, identifying who will make the decision about whether or not a policy will be supported and approved can be as complex as it is important. It might be:

- **One person** – making it critical that you understand how to influence that individual to reach agreement, as moving forward on the policy rests solely on their decision.
- **A group of people** – perhaps a committee, a board of directors or a management team. It is important that you understand how decisions are made in the group (e.g. consensus, majority rules), who influences whom within the group, and when some or all the group members will be replaced if you encounter enough resistance that progress with the current group is not possible.
- **A series of people** – perhaps there is a hierarchy of decision-makers to navigate, such as a manager, a director, and then the CEO where each individual may need to be influenced differently to move your “ask” forward to the next level.
The key to this step are the INFLUENCERS – those people who will advocate on behalf of your cause to the decision-maker(s). Influencers could include:

- Members of your partnership / coalition IF they are best positioned to do so.
- The public, or the constituents who will be affected by the eventual policy, such as the employees in a workplace.
- A person in a position of authority, such as a Medical Officer of Health.
- Media, as they are particularly influential with publicly elected representatives such as government or school board officials. They can also influence the public, who in turn can be influencers.
- Peers of the decision-maker(s), particularly those who are well-respected and/or liked by the decision-maker.

Consider using one or both of the following tools to assist with selecting the most appropriate influencer:

Social Network Analysis (SNA)

A social network is a social structure comprised of individuals (or organizations) called “nodes,” which are connected by one or more specific types of interdependency, such as friendship, kinship, financial exchange, dislike, sexual relationships, other relationships or beliefs, knowledge or prestige. Sometimes this network might be referred to as a Community of Practice, although a CoP is usually focused specifically on learning from others.

Social network analysis views social relationships in terms of network theory about nodes and ties. Nodes are the individual actors within the networks, and ties are the relationships between the actors. The resulting graph-based structures are often very complex. There can be many kinds of ties between the nodes. Research in a number of academic fields has shown that social networks operate on many levels, from families up to the level of nations, and play a critical role in determining the way problems are solved, organizations are run, and the degree to which individuals succeed in achieving their goals.

In its simplest form, a social network is a map of all of the relevant ties between all the nodes being studied. The network can also be used to measure social capital -- the value that an individual gets from the social network. These concepts are often displayed in a social network diagram, where nodes are the points and ties are the lines, as depicted here.

The node with the highest “betweenness” and “centrality” is marked in yellow. This would be a key person to recruit as a champion to your policy cause as they are well connected to many others in their network.

Undertaking a SNA need not be a costly or time-intensive process, especially if the members of a network can be fairly easily determined, such as members of a church congregation, or parents in a soccer league, or people who work in the mayor’s office.

Visit [http://en.wikipedia.org/wiki/Social_network_analysis_software](http://en.wikipedia.org/wiki/Social_network_analysis_software) for a comparison of various software programs which will produce visual representations of networks such as this. Visit [http://en.wikipedia.org/wiki/Social_network](http://en.wikipedia.org/wiki/Social_network) for details on the 19 metrics associated with SNA. It will not be necessary to assess the network in which you are interested on all 19 dimensions, but rather, select those that appear to be of most use to your situation. The Health Promotion Hub at Health Nexus also has information about network mapping. For more information go to [http://www.healthnexus.ca](http://www.healthnexus.ca)

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3 Some of the information presented in this section is from the Physical Activity Resource Centre’s Workbook for Influencing Physical Activity Policy developed by THCU.
Social Proof

Another method to help determine how to best influence a decision-maker can be found in the work of Robert Cialdini, in “The Psychology of Persuasion” (ISBN 0-688-12816-5), where he identifies six principles of persuasion (see page 11 for the other five). Social Proof is one in his cache of weapons of influence and it is based in the notion that people, including decision-makers, will do things that they see other people are doing, particularly if those “others” are ones they respect or consider role models. For example, in one Cialdini experiment, one or more research assistants would look up into the sky; bystanders would then look up into the sky to see what they were seeing. At one point, this experiment had to be aborted, as so many people were looking up that they stopped traffic.

So, gather information from other communities who have made progress on the same issue you are working on. Then, determine which examples will be most influential based on the community from which they came.

SPOTLIGHT ON… Windsor-Essex “Go for Health” – Identifying Decision-Makers

In 2005, the Windsor-Essex County Health Unit developed a strategy to address chronic disease prevention in partnership with the Cancer Prevention Network of Erie St. Clair and the Health Action Windsor-Essex Coalition, taking a systems or sector-based approach. It has been tagged as an “urgent green-light initiative for community health”.

Specific leaders were targeted and they were asked to help the critical chronic disease situation “by developing and supporting policies that foster healthier lifestyles. Without new policies, changes will simply not take place. You have the power and the authority to advocate, create and implement policies that promote and support healthy living. You have the power and authority to create a healthier environment and to enable change.” The first forum of approximately 75 leaders from the seven sectors of business, food services, government, health services, media, recreation and leisure, and schools, were gathered together and provided with possible policy options to consider. They were asked to identify the next steps for their sector. The Health Unit was able to support sector-specific meetings from the Forum on, through organizational supports which included a Trillium grant awarded to the YMCA for this initiative.

The second forum, held in June of 2009 offered the opportunity to learn more about what other sectors had been working on in order to encourage activity within other sectors. Achievements included:

- The business sector has seen more workplaces with wellness policies and more sustainable workplace programs.
- The food service sector has seen eight businesses designated as Eat Smart restaurants or workplaces.
- The education sector has focused their efforts on the enforcement of Daily Physical Activity. The want to see more Trustees involved in their work.
- The government sector is focused on seeing more policy harmonization across the region such that the municipalities are not working as individually in the past. The imminent “policy scan” will need to be collated across the areas and universal gaps identified as well as related “best practices”. Politicians and municipal administrators will be recruited to this group.
- The health services sector is working towards consistent messaging in five key behavioural areas and is looking at access issues across the other sectors and populations.
- The media sector identified their goal of being involved in other sector initiatives earlier as well as wanting to bring a few major media outlets together to strategize about stories to cover. The intend to engage decision-makers in the media and to replace the newspaper series that sparked much of the original debate in this area, “Fit City” with something else.
- The recreation and leisure sector identified that there were very few diverse policies in place across the various municipalities. They are going to work towards “changing the social norm” by establishing smoke-free outdoor recreational facilities, and supporting Eat Smart in their facilities.

For more information, contact the GFH Coordinator, Celso Oliveira at olivei1@uwindsor.ca or 519.982.4854
Step 5: Influencing Decision-Makers

“There is nothing a government hates more than to be well-informed; for it makes the process of arriving at decisions much more complicated and difficult.”

(Attributed to John Maynard Keynes)

This step is like building an action plan for any project you are undertaking. When trying to build support among the decision-makers on a policy issue, the action is often “advocacy”, which is a form of persuasive communication. For further details about advocacy see the @heart Issue 25 – Influencing Decision-makers.

Advocacy usually involves working with government, business, schools, or some other large institutions to take positive action such as putting a policy in place to correct an unfair or harmful situation, the problem you identified clearly in Step 1. The situation may be resolved through persuasion, by compromise, or through political or legal action.

The American Public Health Association describes the value of advocacy in their Media Advocacy Manual. This can be found by using the search function at http://www.apha.org

“Advocacy is used to promote an issue in order to influence policy-makers and encourage social change. Advocacy in public health plays a role in educating the public, swaying public opinion or influencing policy-makers.

Media coverage is one of the best ways to gain the attention of decision-makers, from local elected officials to members of Congress. All monitor the media. Every congressional office has a staff person who monitors the news in the district or state and clips articles that mention the representative or senator by name. These articles are circulated to staff each week. Decisions to support legislative initiatives are frequently influenced by the media coverage.”

Key components of an Effective Advocacy Strategy:

1. An effective messenger(s)
   - Consider the concepts of Social Network Analysis (details on p. 9) to identify who is best suited to communicate your message.

2. A persuasive, relevant message
   - Assess the message against the 12 evidence-based considerations in THCU’s Message Review Tool
   - Ensure the “What”, “So What”, “Now What” components are clear in the message and be cautious about including any other details.
   - Create as persuasive a message as possible that is matched to what you know about the recipient. Consider Robert Cialdini’s six persuasion principles (www.influenceatwork.com):
     - **Reciprocation** - People tend to return a favour. Thus, the pervasiveness of free samples in marketing. For example, in exchange for a workplace instituting a policy to conduct on-site fitness classes for employees, the Health Department will arrange for three employees to become trained instructors.
     - **Commitment and Consistency** - If people commit, orally or in writing, to an idea or goal, they are more likely to honour that commitment, even if the original incentive or motivation is removed. For example, in car sales, suddenly raising the price at the last moment works because the buyer has already decided to buy. Or, an elected regional councilor has voted in the past to support government investment in a skateboard park. Persuade him/her to vote in favour of restricting unhealthy food choices from the vending machines in community centres in order to be consistent with their previous decisions is support of the health of our children.
     - **Social Proof** – See page 9 for more info on this aspect.
• **Authority** - People will tend to obey authority figures, even if they are asked to perform objectionable acts. For example, the Medical Officer of Health and Chair of the Board of Health citing the legal requirements of the Ontario Health Promotion and Protection Act, Section x, Part # … may be very persuasive when addressing municipal officials.

• **Liking** - People are more easily persuaded by other people that they like. Cialdini cites the marketing of Tupperware in what might now be called viral marketing. People were more likely to buy if they liked the person selling it to them. When there is a choice of messengers who are relatively equally well suited to the task in other respects, go with the one who already has a cordial relationship with the decision-maker or the one that is generally more popular (of course, that can be a difficult conversation at the community planning table!).

• **Scarcity** - Perceived scarcity will generate demand. Identifying that offers are available for a “limited time only” encourages sales. For example, your coalition would be willing to offer training to day camp staff in active games for children but they can only do this for one local camp provider. Would you like to take advantage of this?

### 3. Effective communication methods

(often referred to as channels and vehicles in communication “lingo”) to reach the recipient(s).

- **What** - “87% of our elementary school aged children are currently not meeting Canada’s physical activity guidelines and their physical and mental health now, and in the future, is suffering because of it. We are currently raising a generation of children whose life expectancy is predicted to be less than their parents”.

- **So What** - What does the recreation provider have to gain by addressing this issue?

  - Directly contributes to their mandate
  - Contributes to the overall health of the community
  - Provides additional jobs in the community for staff to lead more programs
  - Provides the opportunity to work with the private sector on sponsorships for children

- **Now What** – We want your support to move forward with revising the current subsidy policy so the funds allocated for subsidized programs are increased by 25% in each of the next four years.

When undertaking advocacy, as is the case in any communication campaign, select one or more strategies from the following three approaches:

- **Interpersonal** – These are likely to be some of the most influential approaches when addressing a policy agenda as they involve targeted discussions with specific individuals either in a one-to-one or small group setting. These interactions are challenging when trying to reach a large number of people but are well suited to discussion-oriented, two-way conversations.

- **Events** – These are well-suited to situations where a variety of approaches is desired. Having a large group of people gather at an event can generate media coverage, as can the advance promotion of the event. There may be opportunities within the event to support interpersonal communication as well. A word of caution when using events, such as a rally, demonstration, or large press event, for advocacy or policy purposes – they are generally best used when other means have proven unsuccessful and public pressure is now being applied in what can often be a confrontational manner.

- **Media** – This could be “broadcast” (TV, radio, newspaper, internet, billboards) or “narrowcast” (flyers, letters, posters). Generally, media approaches tend to be one-way communication. They offer the opportunity for a wide reach, often at a fairly high cost, but are not well-suited to communication messages that are controversial, or those in which you are trying to change opinions or dispel myths.

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**Wanted!**

– Significantly more subsidies available for children to participate in community recreation programs.
Examples of Advocacy Strategies

<table>
<thead>
<tr>
<th>Media</th>
<th>Interpersonal</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>• letter writing</td>
<td>• telephone campaign</td>
<td>• public forum</td>
</tr>
<tr>
<td>• press conference</td>
<td>• debriefing sessions</td>
<td>• marches</td>
</tr>
<tr>
<td>• mass media (billboards, radio)</td>
<td>• deposition / presentation</td>
<td>• demonstrations</td>
</tr>
<tr>
<td>• petition</td>
<td>• one-on-one meetings</td>
<td>• elections</td>
</tr>
<tr>
<td>• posters, pamphlets</td>
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Although these strategies are the same for health communication campaigns designed to influence the behaviour of specific audiences, the strategies within them will differ when policy change is the desired outcome. Remember from Step 3 that you are promoting different outcomes when the health communication is geared to individual behaviour change. Instead of trying to convince individuals to become more active, you are trying to convince decision-makers to enact policy that will support large segments of the population in being active through such things as building more trails. Examples of strategies for advocacy within each approach are included in the table above. It is recommended that lower profile approaches (such as letter writing or one-on-one meetings) be utilized before “going public” with such high profile approaches as demonstrations or public forums.

The media can be particularly influential, as depicted in the diagram on page 13, as they can influence decision-makers directly and indirectly through others. Working with the media requires a specific skill set and likely involves linking with those within your network or organization with communications and/or media relations backgrounds. Recruiting people with these skills to your policy coalition is therefore important.

When working with the media, for policy outcomes, you are generally trying to get your issue covered as “news”, rather than paid advertising or “lifestyle stories”. There are two sequential steps to consider:

1. Framing for **Access** – getting the attention of the media so they will recognize your story as “newsworthy”.

When deciding whether to run a story, an editor will look for something that performs well in at least two of the following five areas:

- Timing
- Significance
- Proximity
- Prominence
- Human Interest

2. Framing for **Content** – once you have their attention, identify the key messages that will entice the media to address the topic.

   The message is critical. Determine the specific over-riding communication objective. If nothing else, this is what must get through to the media at EVERY opportunity. Every partner agency needs to find a way to work this mantra into every media interaction. This will require support at an agency-wide level, not just from the individual representative who sits at the coalition table. Significant work may be required to get to the point where all partner organizations formally and publicly endorse the policy option.

   **TIP:**
   Ensure there is enough time in a policy workplan to guarantee that partner organizations fully support the policy options and associated action plan.

**How might a community “policy committee” be involved in building support for the identified policy option?**

- Identifying those within their organizations and networks who might have a relationship with a decision-maker and could act as an “influencer”.
- Aiding in the distribution of surveys to their clients, members, staff, neighbours etc. when public opinion is being sought about policy options.
- Drafting and/or reviewing presentations, briefing notes, letters, and other written material.
- Providing technical expertise to select the best policy option(s) for the situation, advising on the content of the actual policy components or sitting as a member of the technical writing team who crafts the details of the policy.
- Making presentations, visits, phone calls to decision-makers when they are the best messenger to do so.
- Providing letters of support from their respective organizations for the policy option(s).
- Securing testimonials from citizens who will be positively affected by the proposed change in policy.

**Spotlight on: Active Halton – Selecting the Channels of Influence**

Active Halton is a network for individuals and organizations that have an interest in promoting active lifestyles for all ages in the Halton community. Membership includes individuals from the fitness, recreation, physical activity, and health and education sectors. Both employed staff and community volunteer representatives are encouraged to join.

Active Halton is a community group that has been meeting for eight years, during which they have received support from Choices 4 Health in Halton. One of the initiatives that began in 2008 focuses on workplace health and specific policies in support of physical activity. Their goal was to have several workplaces adopt physical activity policies beginning with Active Halton members. The Trillium Foundation supported their work. The communication channels and vehicles selected included a mix of events and media approaches.

**Events:** Two policy workshops were held for the Workplace Wellness network of the Halton Regional Health Department, which had indicated an interest in this area. THCU provided the examples and tasks specific to physical activity that were used during the sessions. The slide decks from the two workshops are available at: [http://www.choices4health.org/pages/Networks/Active+Halton/Workplace+Health.html](http://www.choices4health.org/pages/Networks/Active+Halton/Workplace+Health.html)

**Media:** The Active Halton web site for workplace health at: [http://www.choices4health.org/pages/Networks/Active+Halton/Workplace+Health.html](http://www.choices4health.org/pages/Networks/Active+Halton/Workplace+Health.html) contains a wealth of information regarding physical activity policies, available to workplaces when they are ready to take action. These include: Guides to Policy Development, Sample Policies, relevant Stats & Facts, and Promotional Tips.
In addition, a regular series of email bulletins were circulated to workplace health contacts across the region that promoted the topic of physical activity in the workplace and provided messaging tools to those working in workplace health to pass on to their internal decision-makers.

Their mix of communication approaches has proven effective in that several local organizations have since adopted a physical activity policy for their workplace.

Step 6: Writing the Policy

The influencing and advocacy have paid off and the decision has been made to support the policy. Direction has been given for a group to come together and draft a policy for review and approval. The work has just begun. The challenge will be to negotiate the degree of “teeth” desired in the policy while consulting with stakeholders to ensure it will be approved and then implemented as smoothly as possible. This stage entails “wordsmithing” the elements of the policy, considering enforcement, crafting communication strategies regarding the policy to those affected, and putting in place any necessary supports, programs and services. The group convened for this policy writing exercise will likely be:

- A policy expert within the system (e.g., the City Clerk, the human resource manager, a curriculum consultant)
- Content experts (likely from the collective who brought forward the policy request)
- A policy analyst, if available to the group
- Members of the various stakeholder groups who can help with troubleshooting some of the implementation challenges. These could be from the groups who will be affected by the policy.

The typical policy has five aspects, which may have different terms attached to them in different systems:

1. **Rationale** – What is the problem that the policy will address? These are often worded as “whereas” statements.

2. **Definitions** – This is the section of the policy that will help avoid “loopholes”. Think about the specificity in tobacco legislation such as: what constitutes a workplace, how does it apply to private cars used for business, what does “covered” mean, is a mall a workplace or a public place?

3. **Policy Option(s) / Components** – This is the “nuts and bolts” of the policy. This section spells out what the rules, regulations, and sanctions are. This is NOT where the “procedures” come in regarding how the policy components will be implemented even though many documents are called “Policies & Procedures”.

4. **Date Approved**

5. **Supporting Elements**
   - Enforcement procedures to address non-compliance
   - Communication Procedures (including dissemination, signage and notifications)
   - Monitoring and evaluating the effectiveness of the policy and the process with which it was implemented
   - Supports available to those who may need to make changes to adhere to the new requirements. For instance, offering smoking cessation supports once a smoke-free policy has been approved.
It is critically important to develop negotiation skills well in advance before they are needed or recruiting someone to the committee who already has these skills.

- Visit MindTools (http://www.mindtools.com/CommSkll/NegotiationSkills.htm) for eight key components of effective negotiation and a free, downloadable worksheet.

- Anne Warfield offers some tips on negotiation - conduct a Google search to access her work.

There are many training courses available in this area.

Sample Policies

- Atlantic Health Promotion Research Centre houses a pan-Canadian scan of healthy eating and active living policies commissioned by CIHI (updated in 2005) (http://www.ahprc.dal.ca/heal/search/index.cfm)

- PARC’s Physical Activity Policy Toolkit (http://www.ophea.net/Parc/policy.cfm)

- Evidence-based Physical Activity Policies - Use the search function to find sample policies at (http://www.cancer.ca/Manitoba/Publications.aspx?sc_lang=en)


- Sample Workplace Policies (http://www.peelregion.ca/health/workplace/employers/policies/)

- Good For Life Healthy Eating Policy (http://www.simcoemuskokahealth.org/JFY/OurCommunity/GoodforLife/partnertoolsGFL/eatpolicy_GFL.aspx)

- Nutrition Policies in BC Schools (http://www.healthyeatingatschool.ca/category/nutrition-policies)

TIP:

Be strategic in choosing the specific statements to include. There may be many “stats & facts” to help make the case but consider:

- Which ones will be most relevant to the decision-maker(s)

- The success of the policy may (and should) be evaluated against the degree to which it has contributed to changes in the problem as stated. Make sure these outcomes are feasible.

- How many are required? A few well-phrased statements may be more effective than many points.
In Summary…

While presented in a sequential order here, there is a strong consensus in the literature that not all policy problems go through the cycle in a particular order or that all stages are used in all cases. Thus, for example, it is often the case that, in response to a crisis or external shock, policy-makers move directly to the decision-making stage based on little or no analysis of the range of possible policy and program options. The immediate response to SARS is a good example where federal, provincial and local decision-makers were forced to move quickly to make policy and program decisions with the inevitable mixed results. Similarly, policies and programs are sometimes ended well before evaluations are done (or an evaluation is not built in from the beginning), making it more difficult to know the extent to which they were effective.

The work associated with policy change is different than that required for other types of health promotion work. As such, groups new to this process might be well-advised to tackle a less challenging policy for their first foray into this arena, learn from this process, and then apply it to other policy options. Likewise, talk to colleagues in your community who have worked on other policy issues to find out more about their lessons learned.

The goal of this publication has been to share practical tips, tools, concepts and examples that assist individuals and partnerships in advancing a policy agenda. As new and perhaps overwhelming as it may seem, we hope you will take up the challenge – “If not you, then who?”

Additional Resources for Selecting the Policy Option or Writing the Policy

- Policies in Action – HHRC & Nutrition Resource Centre:  
  http://www.nutritionrc.ca/nrc-resources-main-page.html


- Healthy Preschoolers: http://www.nlhr.ca/Content_Files/Files/HealthyPreschoolers.pdf