

## **THE DEVELOPMENT OF A SMOKE-FREE HOUSING POLICY IN THE REGION OF WATERLOO: KEY SUCCESS FACTORS AND LESSONS LEARNED FROM PRACTICE**

As of April 1, 2010, the Region of Waterloo became the first Regional Municipality in Ontario to implement a policy with the goal of making all Regionally-owned and operated Community Housing units 100% smoke-free. The L.E.A.R.N. document *“The development of a smoke-free housing policy in the Region of Waterloo: Key success factors and lessons learned from practice”* provides a detailed description of the steps taken to develop, implement and evaluate this policy. The Health Communication Unit’s (THCU) eight steps for policy development (THCU, 2004) were used to guide the policy development process and these serve as the basis of the structure of the resource.

Region of Waterloo Public Health (ROWPH) and Waterloo Regional Housing (WRH) staff began receiving complaints from community housing residents about second-hand smoke (SHS) entering their units at the beginning of 2008. In response, a working group of WRH staff, tenants and ROWPH staff was developed to explore possible responses. After consulting with experts in the field and with WRH tenants through a mailed survey, online survey and community forums, a smoke-free policy was developed and presented to the Region of Waterloo Community Services Committee and the Waterloo Regional Council.

In October 2009, the Community Services Committee and Regional Council approved the smoke-free policy as proposed by WRH and ROWPH staff. The Region of Waterloo Community Housing Inc. board also approved the policy. As a result, all leases signed as of April 1, 2010 for units owned and operated by WRH and Region of Waterloo Community Housing Inc. (ROWCHI) state that tenants and their guests are not permitted to smoke or hold lit tobacco in the residential unit (including any balconies or patios). Residents who signed leases prior to April 1, 2010, were grandfathered meaning they do not have to abide by the indoor smoke-free policy unless they transfer to a new unit and therefore sign a new lease. Smoking is also banned outside within five meters of any windows, entrances or exits to a residential complex, and all tenants must comply with this aspect of the policy regardless of when the individual signed their lease with WRH or ROWCHI. A multi-year evaluation of the policy has been developed through a partnership between ROWPH, WRH and the Propel Centre for Population Health Impact at the University of Waterloo; the results of this evaluation, however, are not yet available.

The resource aims to support public health practitioners who are interested in implementing a similar smoke-free policy in their own community. Throughout the document key success factors are identified. These include

the value of partnerships; tenant consultations; tenant involvement in the policy development process; the Region's history of progressive tobacco control policies; and offering cessation services to current and prospective tenants. These success factors were identified as being key elements of the policy development process, without which the process may not have been as successful. In addition, lessons learned from the practice are identified. These lessons learned include the challenges of working within a political process; the need to grandfather current tenants; and low levels of participation in community forums. These key success factors and lessons learned provide insights and learnings from the process that other public health practitioners should consider when planning similar policies. For more information on this policy please see the full resource available on the PTCC website under the L.E.A.R.N. section. A direct link can be found here: <http://ptcc-cfc.on.ca/english/Resources/Resource-Search/Resource/?rid=12403&preview=true>.

### ***About the L.E.A.R.N. Project***

*The Learning through Evidence, Action and Reflection Networks (L.E.A.R.N.) project aims to build capacity among public health practitioners, their community partners and researchers to integrate research and practice-based evidence in their work. One major activity of the project is to document experiences and lessons learned of practitioners that have developed innovative interventions (policies and programs) so that others may learn from them and replicate them when they are shown to be effective. These “Documented Practices” are not Best or Better Practices. Instead, they serve to document practical public health experience in a way that will help others build on past experiences to plan and implement future activities. By highlighting what was learned from real world experiences and what practitioners would suggest is important to consider in the future when implementing a similar practice, the “Documented Practices” documents developed by the L.E.A.R.N. Project are meant to assist those working in tobacco control to effectively and efficiently plan and implement successful activities.*