

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

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EXECUTIVE SUMMARY

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. This resource 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 this 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 Propel Centre for Population Health Impact at the University of Waterloo; the results of this evaluation, however, are not yet available.

This 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.

L.E.A.R.N. PROJECT DESCRIPTION AND DOCUMENTATION OF PRACTICE-BASED EXPERIENCES

The Learning through Evidence, Action and Reflection Networks (L.E.A.R.N.) project is a partnership between the Program Training and Consultation Centre (PTCC) and the Propel Centre for Population Health Impact, serving tobacco control practitioners engaged in the Smoke-Free Ontario Strategy. The project aims to build capacity among public health practitioners, their community partners and researchers to integrate research and practice-based evidence in their work, through:

- Facilitating knowledge exchange and innovation
- Supporting the development and enhancement of relationships among public health practitioners, their community partners and researchers
- Documenting practice-based evidence and knowledge to support the implementation of effective practice
- Strengthening the link between research and practice by supporting the use of research-based evidence in practice, and championing practice-based research, thereby generating knowledge based on practice

The L.E.A.R.N. project has established province-wide communities of practice on high priority topics to provide a structure and focus for the work described above. 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.

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1 INTRODUCTION

It is understood that exposure to second-hand smoke (SHS) can lead to a variety of negative health outcomes ranging from nasal irritation to coronary heart disease and cancers (U.S. Department of Health and Human Services (USDHHS), 2006). Over 4,000 chemicals have been identified in SHS and more than 50 of those are known carcinogens (USDHHS, 2006). No safe level of exposure to SHS has been identified (USDHHS, 2006; World Health Organization (WHO), 2007). In response to this knowledge, many public spaces have been designated as smoke-free in order to reduce exposure to SHS and therefore improve health outcomes. In Ontario, the Smoke-Free Ontario Act (SFOA) bans smoking in all enclosed workplaces and public spaces, and as of 2008 prohibits smoking in vehicles when children under the age of 16 years are present (Government of Ontario, 2010).

As smoke-free public spaces have become the norm, the home has emerged as one of the most common sites of exposure to SHS for individuals. In 2009, over 1.4 million non-smoking Canadians reported being regularly exposed to SHS in their home (Statistics Canada, 2010). To prevent exposure, individual families can elect to make their own homes smoke-free. Smoke-free policies in the home will not only protect individuals from exposure to SHS, but may also increase the likelihood that smokers living in the home will reduce their overall cigarette consumption, or will quit smoking completely (Gilpin, White, Farkas & Pierce, 1999; Messer, Mills, White & Pierce, 2007; Shields, 2007).

While individuals living in multi-unit dwellings (MUDs), residential units that share a wall, ceiling or floor with another residential unit, can choose to make their own unit smoke-free, they may be involuntarily exposed to SHS in their home if others within the building or complex smoke indoors or close to windows, air intakes or doors. A study by King and colleagues (2009) measured levels of PM_{2.5}, a component of SHS, in smoking and non-smoking units and in hallways in an apartment building. The results of the study indicated that SHS drifted from smoking units into other areas of the building including non-smoking units and hallways. The level of PM_{2.5} measured in non-smoking units was above the threshold identified by the U.S. Environmental Protection Agency for clean indoor air (King, Travers, Cummings, Mahoney & Hyland, 2009). Establishing smoke-free policies in MUDs is one way to protect individuals from involuntary exposure to SHS in their home. Smoke-free policies in rental MUDs implemented by landlords are legal in Ontario and Canada (Hill, 2008; Non-Smokers' Rights Association (NSRA), 2007).

The Region of Waterloo implemented a smoke-free policy in all Regionally-owned and operated Community Housing properties in April 2010. This report documents the steps taken to develop, implement and evaluate this policy. In addition, key success factors and lessons learned from practice are presented throughout this document. The purpose of this report is to support public health practitioners who are interested in assisting with the development of a similar tobacco-free policy in their community.

2 METHODS

For this report, knowledge related to developing and implementing a smoke-free housing policy in Regionally-owned and operated Community Housing properties in Waterloo Region was collected retrospectively. Using a case-study approach (see Yin, 2003) to data collection, multiple sources of evidence were gathered from the public health practitioners, housing and legal staff who were members of the policy development and implementation committee. These sources included the collection of documents (e.g., written reports, work plans), archival records (e.g., survey results, evaluation forms), and physical artifacts (e.g., information letters, posters). Public health professionals, housing and legal staff at the Region of Waterloo thoroughly documented the policy development and implementation process in these documents. This report reflects the work completed by these individuals.

The Health Communication Unit (THCU) has developed a workbook entitled *“Developing Health Promotion Policies”* to guide individuals and organizations through the healthy policy development process. The workbook

provides an eight step guide on how to develop policies (THCU, 2004). These eight steps were used by the Region of Waterloo to structure their approach to policy development and were reflected in many of the documents collected for the purpose of developing this resource. Additional materials were analyzed to determine how the information provided fit the policy development process, and key success factors and lessons learned from practice were identified. The resulting report was reviewed by public health practitioners from Region of Waterloo Public Health (ROWPH) and housing staff from Waterloo Region Housing (WRH) to ensure the accuracy and completeness of the information presented in this document.

3 THE REGION OF WATERLOO AND WATERLOO REGION HOUSING

Waterloo Region, which is located in southwestern Ontario, has a population of 478,121 (2006) and includes the municipalities of Waterloo, Kitchener and Cambridge, and the rural townships of North Dumfries, Wellesley, Wilmot and Woolwich (Region of Waterloo, 2010; Statistics Canada, 2006)². In 2009, 18.8% of residents in Waterloo Region identified themselves as current smokers (daily or occasional) (Statistics Canada, 2010). Smoking rates tend to be higher among those individuals of lower socioeconomic status and while smoking rates in the Waterloo Region are on the decline, the rate of decline is faster among those with annual household incomes greater than \$40,000 compared to those with annual household incomes of less than \$40,000 (Region of Waterloo Public Health (ROWPH), 2009). In 2007, an estimated 7% of Waterloo Region residents indicated that at least one individual smoked inside their home every day or almost every day (ROWPH, 2009). Households with an annual income of \$30,000 or more were more likely to have a smoke-free home than those individuals with an annual income of less than \$30,000 (ROWPH, 2009).

Waterloo Region Housing (WRH) is the Community Housing division of the Region of Waterloo. WRH manages 2,722 affordable housing units on behalf of the Region of Waterloo and Region of Waterloo Community Housing Incorporated (ROWCHI). The units, located in Cambridge, Kitchener, Waterloo, Woolwich and Wellesley, can be found in various types of buildings including low and high-rise apartment buildings, townhouse complexes, semi-detached homes and single family homes. Units are available to rent to individuals and families with low to moderate incomes that have difficulties affording housing in the private rental market. Rents are subsidized to ensure they are affordable.

The Region of Waterloo was the first regional municipality in Ontario to approve a policy with the goal of making all Regionally-owned Community Housing units 100% smoke-free. Details of the policy including the process for its development, implementation and evaluation are described in the following sections.

4 POLICY DEVELOPMENT THEORY

The Health Communication Unit's (THCU) "*Developing Health Promotion Policies*" guide presents an eight step model of policy development for health promotion (THCU, 2004). The Region of Waterloo's policy development process followed this model, and the model forms the basis of the structure of this document. The THCU suggests that policy should be considered as a health promotion intervention as policies provide long-term, sustainable ways to improve health outcomes. A graphic representation of the THCU's model can be found in Appendix A. A brief overview of the eight steps identified in the THCU's model is provided below. For a more detailed explanation, please see the guide, "*Developing Health Promotion Policies*" (THCU, 2004).

Step 1: Describe the problem. This preliminary step encourages individuals interested in developing policies to work to gain a strong understanding of the specific problem the policy will address including the causes of the problem, the impact and perceptions of the problem, and the possible solutions to the problem.

² For more information on the Region of Waterloo, please see their website: <http://www.region.waterloo.on.ca/>

Step 2: Assess readiness for policy development. The second step of the policy development process allows organizations to decide if they should move forward with policy development. The community and organization's readiness for policy development are assessed.

Step 3: Develop goals, objectives and policy options. Once the problem is clearly understood, and it has been determined that there is sufficient desire and capacity to move forward with policy development, stage three can begin. This stage involves defining clear goals and objectives for the policy, and a list of possible policy options that meet the stated goals and objectives.

Step 4: Identify decision makers and influencers. The fourth step of the policy development process involves determining who the decision makers for the policy are and learning about how those individuals make decisions. This step also includes identifying influencers - individuals who could influence decision makers.

Step 5: Build support for the policy. After identifying decision makers, policymakers must find ways to build support for the policy. This involves determining what message related to the policy should be promoted, and what promotion methods should be used. The THCU suggests there are low, medium and high profile ways to build support for the policy, and that ideally, a combination of these techniques should be used.

Step 6: Write and/or revise the policy. The logistical and legal details of the policy are defined in this stage including the exact wording of the policy, and plans for enforcement, promotion and evaluation. Stakeholders, legal professionals and the community should be consulted during this process.

Step 7: Implement the policy. The policy should be implemented once all the prerequisites for implementation are in place. Prerequisites include approvals from decision makers, estimates of required resources, a realistic timeline and clearly defined roles and responsibilities. The policy implementation plan should include plans for communication, enforcement and signage (if applicable).

Step 8: Evaluate and monitor the policy. Once the policy has been developed and implemented, the final step in the policy development model is to develop and manage a system to evaluate the policy's effectiveness, feasibility and support.

5 THE REGION OF WATERLOO'S SMOKE-FREE MUDS POLICY DEVELOPMENT PROCESS

This section of the document provides an overview of the process the Region of Waterloo undertook to develop, implement and evaluate their smoke-free community housing policy.

5.1 STEP 1 – DESCRIBE THE PROBLEM: UNDERSTANDING THE PROBLEM OF DRIFTING SECOND-HAND SMOKE

The first step in the policy development process is to understand the specific problem the policy is attempting to address (THCU, 2004). In this case, this meant understanding the problem of drifting SHS in Regionally owned and operated MUDs.

Region of Waterloo Public Health (ROWPH) and Waterloo Region Housing (WRH) staff members began receiving complaints from Community Housing tenants about SHS entering their units at the beginning of 2008. Complaints were received by Tobacco Enforcement Officers, Public Health Nurses, Housing Staff and Regional Counsellors. On average, 18 – 20 complaints per month were received on this issue in 2008. In response to the complaints received, a working committee was formed in April 2008. This committee included staff from ROWPH, WRH, ROWCHI, Legal Services and Housing Communications. Five tenants from WRH were also recruited to participate on the committee in an advisory capacity. Tenants were recruited by WRH Community Relations Workers who connected face-to-face with tenants that they knew from other Housing activities and events and invited these tenants to participate on the committee. Of the five tenants recruited to participate on the committee, two

smoked, two had smoked in the past but did not currently smoke and one had never smoked. Tenants were provided with bus tickets or taxi chits to reimburse their travel to and from committee meetings.

The Committee's first steps involved defining the problem and learning more about the issue. The committee reviewed the scientific literature and consulted with other jurisdictions who had experience with this issue³, with resource centres such as the Non-Smokers' Rights Association (NSRA) and with academic experts. Committee members also attended the 2nd National Conference on Second-Hand Smoke in Multi-Unit Dwellings in Toronto and became members of the Smoke-Free Ontario Housing Listserv, an e-mail distribution list maintained by the NSRA for people working on smoke-free policies in MUDS to share information and resources.

These consultations and information gathering activities culminated in a report for the Region of Waterloo's Community Services Committee (CSC). The CSC acts as the Board of Health in the Region of Waterloo. The report was prepared by the Manager of Tobacco Programs and a Public Health Nurse from Tobacco Programs with input and review by members of the committee. The report, which was co-presented by both Public Health and Housing to the CSC in June 2008, included information that had been gathered on the issue and the proposed next steps, specifically the need for tenant consultations (Appendix B). The CSC agreed that staff should continue to investigate this issue by consulting with tenants and should report back to the committee at a future date with recommendations for action.

KEY SUCCESS FACTOR: THE PARTNERSHIP BETWEEN HOUSING AND PUBLIC HEALTH

The policy development process was a joint initiative of ROWPH and WRH, and the first step of the policy development process involved staff from both organizations forming a partnership to work together on this issue. This partnership was described as being critical to the success of the policy development process. The committee that was formed allowed for resources and knowledge to be shared between departments, and for the sharing of expertise. The partnership ensured that both the housing and health implications of drifting SHS and of a potential policy were considered and addressed. Had the departments worked in silos, and attempted to address this problem independently, it would have been difficult for staff to appreciate and navigate all angles of the problem which may have hindered the policy development process.

KEY SUCCESS FACTOR: TENANT INVOLVEMENT IN THE POLICY DEVELOPMENT PROCESS

The working committee that was formed to investigate the issue and propose a policy to Regional Council included not only Region of Waterloo staff members, but also WRH tenants. These tenants were selected to participate on the working committee as they were involved in the Housing community, and could act as representatives for WRH tenants. Including tenants in the process ensured their voice was heard, and that the issues that were important to tenants related to the development of a smoke-free policy were considered. This was critical as the policy would affect the tenants' lives directly, so understanding the issue from their perspective ensured the policy was relevant and would meet their needs.

³ These jurisdictions included: Smoke-Free Michigan, Smoke-Free Nova Scotia, Smoke-Free Housing Canada (British Columbia), Hamilton Public Health, Council for a Tobacco-free Toronto and the Alliance for the Control of Tobacco (St. John's, Newfoundland)

5.2 STEP 2 – ASSESS READINESS FOR POLICY DEVELOPMENT: TENANT CONSULTATIONS

The second stage of the policy development process involves assessing the readiness of the community and organization for policy development. This includes determining if community support is available to address the problem, and if the community would support policy as a solution, or if alternative solutions would be preferred (THCU, 2004). The Region of Waterloo staff focused their efforts in this regard on determining if the community, tenants of WRH and ROWCHI, believed drifting SHS was an issue in their buildings, and if so, whether they would support new smoking policies to address this issue. To this end, three opportunities for tenant consultations were organized including a mailed survey, community forums and an online survey.

5.2.1 MAILED TENANT SURVEY

WRH and ROWCHI tenants were first consulted about the issue of drifting SHS and potential smoke-free policy options through a paper survey that was mailed to all WRH and ROWCHI housing units in October 2008. The survey, which was developed by the committee in consultation with the ROWPH's Population Health Planning and Evaluation team, was designed to gain insight into tenants' smoking behaviours, their perceived levels of exposure to SHS and their interest in having smoke-free policies implemented (Appendix C). The survey was piloted with the five tenant members of the working committee and modified based on their feedback.

The survey packages mailed to ROWCHI and WRH units included a cover letter from the Manager of WRH describing the purpose of the survey and the importance of tenant input, a letter offering third party translation services if required, the survey and a postage-paid return envelope. Tenants were given three weeks to respond to the survey, and reminders to do so were posted in WRH and ROWCHI buildings. One survey was sent to each of the WRH and ROWCHI housing units (both MUDs and single-unit dwellings) with the request that one of the tenants living in the unit complete and return the survey. Surveys were received from tenants in 36% (n=967) of all WRH and ROWCHI units.

Among those individuals who responded to the survey, 78% were non-smokers. The majority of respondents indicated that no one ever smoked inside their home (75%). Respondents were more likely to indicate that individuals smoked on their balcony or patio with 32% indicating this occurred 'sometimes' and 9% indicating this occurred 'often'. Fifty-seven per cent of respondents indicated that they were exposed to SHS in their home at least 'sometimes' and 54% of respondents indicated they were bothered by SHS. Fifty-two per cent of respondents indicated that the Region of Waterloo should make a smoke-free policy for Regionally owned Community Housing units. A complete summary of the survey results can be found in Appendix D.

5.2.2 ONLINE SURVEY AND COMMUNITY FORUMS

The mailed survey results indicated that a large portion of WRH and ROWCHI tenants were exposed to SHS in their own home, and there was interest in smoke-free housing policies. To gain additional insights into tenants' interest in policy as a solution to this issue, and their perceptions of the various policy options that could be considered, the working committee planned and conducted community forums and an online survey.

In March 2009, each WRH and ROWCHI household was mailed an invitation to participate in an online survey. The online survey was created using Survey Monkey. The survey was entitled *Have Your Say* and all WRH and ROWCHI households had the opportunity to respond. Tenants who did not have access to the internet could request a paper copy of the survey. The survey website included information about the results of the previous tenant paper survey and the various policy options that could be considered. Tenants were asked at the beginning of the survey to indicate the type of housing they lived in, either an apartment building or a townhouse. Two survey versions were created to address different policy options based on variations in the two property types.

Tenants who indicated that they lived in an apartment building were posed the following two questions:

1. How many buildings should be smoke-free?
 - No buildings
 - Some buildings
 - All buildings
 - Other (please list):
2. If smoking is not allowed indoors, how much outdoor space should be smoke-free?
 - Outdoor smoking allowed everywhere
 - Outdoor smoking allowed at a fixed distance (metres or feet) from doors, windows or air vents. No smoking on balconies.
 - Outdoor smoking only in designated smoking areas
 - Other (please list)

Tenants who indicated that they lived in a townhouse were posed the following two questions:

1. How many homes should be smoke-free?
 - No homes
 - Some rows of homes in a complex
 - Some full complexes
 - All homes
 - Other (please list)
2. If smoking is not allowed indoors, how much outdoor space should be smoke-free?
 - Outdoor smoking allowed everywhere
 - Outdoor smoking allowed at a fixed distance (metres or feet) from doors, windows or air vents
 - Outdoor smoking on the property for some blocks of homes (for example, a row in a complex)
 - Outdoor smoking only in designated smoking areas
 - Other (please list)

In addition to the online survey, community forums were held to gain information on tenant's views on the development of a new smoking policy. A sample of six WRH and ROWCHI properties were selected by the committee to participate in the forums. All tenants living in those properties were invited to participate through an invitation inserted into a mail-out of the results of the first tenant survey. Forum locations were chosen to represent all property types (town homes, high and low rise apartments), tenant groups (adult, senior and family) as well as geographic distribution across the Region. Four forums were held with tenants living in family units, and two forums were held with tenants living in adult and/or senior's units. The majority of the forums were dedicated to tenants living in family units as the response rate to the mailed survey was low for this group (18.6%), and thus the working committee wanted to ensure that tenants living in family units were heard.

The forums began with a PowerPoint presentation which provided an overview of the mailed survey results and the policy options that were under consideration (Appendix E). The information presented matched the information provided to tenants at the beginning of the online survey. Following the presentation, tenants were split into small groups and were asked to provide feedback on the issue and the policies that could be considered. Tenant feedback was captured using a qualitative data collection chart designed to capture key themes of the discussion (Appendix F). Following this discussion, tenants completed a short anonymous survey that was identical in content to the online survey (listed above).

One hundred and forty-four tenants submitted responses to the policy survey either online or at the forums. A total of 83 surveys were completed online (52 apartment, 31 non-apartment) and 61 surveys were completed at community forums (51 apartment, 10 non-apartment). A summary of the results can be found in Appendix G. Most tenants thought that at least some homes/buildings should be smoke-free (43.0%) and 28.9% felt all homes/buildings should be smoke-free. These results suggested there was interest in a new smoking policy. When

asked how much outdoor space should be smoke-free, there was not a clear policy preference among individuals living in apartment buildings as the proportion of individuals selecting all three options were quite similar (33.3% for designated smoking areas; 33.3% for no outdoor restrictions; 31.2% smoking allowed at a fixed distance away). Among those living in townhouses and single family units, the most popular outdoor policy options were for no outdoor restrictions (34.2%) and designated smoking areas (26.3%).

The tenant consultation process provided the working committee with information on the magnitude of the problem, and the interest in policy development. This in turn allowed them to determine if WRH and ROWCHI tenants, overall, were ready for a smoke-free policy. The results showed that over half of tenants who responded to the survey were exposed to SHS in their home, and many were bothered by this. In addition, there was a strong interest in indoor smoking policies, and some interest in outdoor policies. With this information, the staff members determined that they could move forward with the policy recommendation process.

KEY SUCCESS FACTOR: TENANT CONSULTATION DATA

Consulting with tenants regarding their preferences for policy options allowed the tenants to play a role in the policy development process, and ensured that their position as key stakeholders in the process was respected. Further, it allowed tenants to become informed about possible policy changes. This knowledge proved to be useful when staff members approached Regional Council to present the policy as they were able to demonstrate to Councillors that tenants had been consulted, and the recommendations reflected the views of many of the tenants.

LESSON LEARNED: LOW LEVEL OF TENANT PARTICIPATION IN COMMUNITY FORUMS

WRH and ROWCHI tenants had multiple opportunities to participate in the tenant consultation process to express their perceptions of the issue and their views on the various policy options that were proposed. The levels of participation however were low for the community forums and online survey. While thirty-six per cent (n=967) of tenants responded to the mailed tenant survey, only 144 tenants completed the survey at the community forums and the online survey. While the community forums and online survey did provide some insight into which of the policy options most tenants preferred, the low response rate meant that the overall results may not have been representative of the views of all WRH and ROWCHI tenants. Although response rates were low, the tenant consultation process provided invaluable information that assisted with the policy development process.

Future considerations: Public health professionals who are interested in investigating and implementing a smoke-free policy in their own jurisdiction are encouraged to consult the tenants to whom the policy will apply to determine if there is interest in policy. When doing so, considerations should be made to attempt to increase the number of tenants who participate in the consultations. Tenants should have multiple opportunities to provide feedback and there should be multiple ways to do so (i.e. online, paper and in-person consultations). If response rates are low for a particular consultation the results should be interpreted with caution.

5.3 STEP 3: DEVELOP GOALS, OBJECTIVES AND POLICY OPTIONS: DETERMINING THE APPROPRIATE INDOOR AND OUTDOOR POLICIES TO RECOMMEND

The tenant consultation process and internal knowledge work completed by the Region of Waterloo staff identified the need for a policy as well as the readiness of the community for such a policy. As such, the Region of Waterloo staff moved to the third step of policy development, determining the goals and objectives of the policy and defining the policy options that could be used to meet them (THCU, 2004). The information gathered in the

second step of policy development from tenant consultations provided initial information on the policy options that could be considered. The goal of the policy development process in the Region of Waterloo was to develop a policy that would address tenant concerns regarding drifting SHS and that would improve tenants' health outcomes by reducing exposure to SHS.

The objectives of the policy development process were to select a policy that would:

- Take **tenant input** (obtained through the mailed survey, online survey and forums) into account
- Provide some level of **health protection** from second-hand smoke
- Ensure the Region of Waterloo's **legal risk** was minimized
- Be **feasible** to implement
- Ensure that **the benefits** of the policy **outweighed the costs**
- Be **enforceable**

Six policy options were identified for consideration to determine how well they fit the identified objectives. The six policy options were selected based on the results of the tenant consultations. The three most popular indoor and outdoor policy options, as identified by tenants through the forums and online survey, were considered by the working committee.

5.3.1 DETERMINING THE RECOMMENDED POLICY OPTIONS

A full-day, in-person facilitated meeting was held in May 2009 to discuss the potential policy options and determine which would most effectively meet the goals and objectives of the policy development process. This meeting included members of the working committee as well as Regional staff members who manage the Community Housing waiting list. The meeting was facilitated by a Public Health Planner from the Region of Waterloo who had not been involved in the policy development process until this stage.

The purpose of the meeting was to determine what indoor and outdoor policies would be recommended to the Community Services Committee and Regional Council based on which policy options best met the identified objectives (as noted above).

The indoor policy option that was recommended was a **"smoke-free policy for all new leases in all WRH and ROWCHI buildings and properties"** requiring the unit as well as any balcony or patio to be 100% smoke-free. It was determined by the working committee that this indoor policy option was best suited to meet the policy objectives. This policy was seen as the best option in regards to being able to protect tenants from exposure to SHS. Ensuring all buildings were smoke-free would assist with the feasibility of the policy as it would not lead to the need for complicated housing wait lists (there would be no need for a "smoking" and "non-smoking" wait list). To make certain that this policy was legal it was determined that a "grandfathered" clause needed to be included to indicate that current residents of WRH and ROWCHI would not be required to abide by the policy. Legally, in Ontario, landlords can include a no-smoking policy in new leases and require all tenants who sign the lease to abide by the policy; however, landlords cannot add new policies/restrictions, including no-smoking policies, to pre-existing leases.

The alternative indoor policy options that were considered by the committee but not recommended included:

Continue to permit smoking in private units – This policy option was not recommended as not implementing a smoke-free policy would ignore the health effects of drifting SHS and would not respond to the complaints from tenants and the data from the tenant consultations indicating that a large proportion of tenants support policy on this issue.

Smoke-free policy for new leases in a designated percentage of buildings and properties – This policy option was not recommended, although during the tenant consultation process many tenants indicated this was their first choice. There were many reasons why this option was not recommended including: a potential to increase

exposure and health risks for those tenants in buildings without policies as these buildings may attract smokers who want to smoke in their unit thereby increasing tenants' exposure to drifting SHS; complications of this policy option for the administration of Community Housing waiting lists; and the potential for increases in internal transfers, as tenants living in buildings that are designated as smoke-free may want to transfer to smoking buildings and vice-versa.

Two additional indoor policy options were identified, but were not considered by the committee as it was determined that they would not address tenant complaints, and they would not reduce the health or legal risks of drifting SHS. These policy options were, "**implementing measures such as new ventilation systems, door sweeps, caulking and weather stripping to prevent smoke from traveling between units**" and "**designated smoking and non-smoking floors within existing apartment buildings**". The former was not considered as the research suggests the effectiveness of these measures in reducing air transfer and SHS exposure is limited and the latter was not considered an effective way to prevent smoke from traveling between floors within a building has been found to date, and therefore this policy would not prevent exposure to SHS or improve tenant health.

The outdoor policy option that was recommended was to **prohibit smoking within a fixed distance (5 metres) of building windows, entrances and exits**. The majority of the complaints received by ROWPH and WRH regarding drifting SHS stemmed from smoking that occurred outdoors (i.e. individuals smoking near windows/on patios and this smoke drifting indoors). During the tenant consultation process, there were mixed opinions regarding what restrictions, if any, should be placed on smoking outdoors. As a result, this policy option was selected as it provides protection from SHS and addresses the original complaints from tenants, but also maintains significant freedom for smokers. Ensuring smoking occurs at a reasonable distance away from buildings reduces the amount of SHS that can drift into the building, thus reducing tenant exposure. By not restricting smoking to one designated area on the property, however, smokers are given greater choice in where they can smoke.

The alternative outdoor policy options that were considered by the committee but were not recommended included:

Continue to permit smoking in all outdoor areas – During the tenant consultations, many tenants indicated they would prefer that no restrictions be placed on smoking outdoors, however, the Region of Waterloo staff found that the majority of complaints received regarding drifting SHS related to concerns about outdoor smoking and smoke entering units through windows, doors and vents and exposure when on patios, balconies and in other outdoor spaces. Had this policy option been selected, these complaints would not have been addressed.

Restrict smoking to designated outdoor smoking areas – Designated smoking areas (DSAs) was identified by some tenants as their preferred policy option. This policy option would have ensured that tenants were not smoking close to residential buildings, playgrounds, patios and other areas where other non-smoking tenants could have been exposed to SHS. It was determined, however, that DSAs would require a significant amount of staff time to implement, maintain and enforce. There was also concern that the DSAs could make it difficult for tenants with mobility issues to comply with the policy and that DSAs might stigmatize smokers, or alternatively might create a "hang out" area that could entice youth.

5.4 STEP 4: IDENTIFY DECISION MAKERS AND INFLUENCERS

The fourth step in the policy development model is to determine who the key decision makers are for the specific policy, how these individuals make their decisions, and who could influence the decision making process (THCU, 2004).

Various decision makers were identified for this policy within the Region of Waterloo. At the department level, the **Medical Officer of Health**, both **the Commissioner and the Director of Housing** and a **lawyer from Legal Services** were identified as decision makers. The Medical Officer of Health and the Commissioner and Director of Housing, as the heads of the two departments collaborating on the development of this policy (ROWPH and WRH), had to approve time spent on this policy development process by staff members and determine that this

work was a priority for the departments. Lawyers from Legal Services played a critical role ensuring that policy recommendations were in line with relevant legislation and minimized legal risks for the Region of Waterloo. The **Community Service Committee (CSC) Members** and **Regional Council Members** were the decision makers at the political level. These were the individuals with the final decision making power. If the CSC agreed to the policy recommendations, they would recommend them for approval by the Regional Council members who would then make the final decision on the policy recommendations.

Regional staff members, working in a political context, were unable to lobby for the policy but rather their role was to present the evidence supporting the policy and make recommendations based on that evidence. A limited number of community organizations were invited to the CSC and Regional Council meetings to show their support for the policy, as these individuals are able to lobby the CSC and Regional Council.

To further inform the decision making process, regional staff members identified influencers (i.e. individuals who can provide support, information and expertise to decision makers to assist them in their decision making process) and arranged for these individuals to speak to the merits of the proposed policy at meetings of the CSC and of Regional Council. The field of smoke-free MUDs was relatively new at this time, and therefore few examples of similar policies in other Canadian jurisdictions were available. While delegates who could speak to the experience of implementing a similar policy in a similar environment would have been ideal, they were not available. Thus, influencers from the United States and academia were used. These included an academic from Roswell Park Cancer Institute in New York State who is an expert in the scientific evidence related to SHS and MUDs; an expert from Michigan with experience developing, implementing and enforcing smoke-free MUDs policies in community housing; and WRH tenants who had been exposed to SHS in their apartment and found it had a negative impact on their health and wellbeing.

5.5 STEP 5 – BUILD SUPPORT FOR THE POLICY

The fifth step in the policy development process is to gain support from the stakeholders who will be affected by the policy and the decision makers who will implement the policy. Support building actions can be classified as low, medium and high profile. The focus of the activities is on showing stakeholders and decision makers how the policy will address a specific issue, what the potential solutions are, and why a policy is needed (THCU, 2004).

In this case, the process for building support for a policy began with a WRH tenant who sent a formal letter of complaint to the Regional Council Chair and members of Regional Council. This action drew attention to the problem, and allowed for the policy exploration process to begin. As a result of this letter, management from WRH and ROWPH met to discuss this issue and in doing so determined that they had received similar complaints on this issue. This led to the development of a working group to address the issue. These two actions, the meetings among Regional staff members and the letter from the tenant regarding drifting SHS, formed the **low profile** actions of the support building process for this policy.

The **medium profile** actions that were taken included preparing a report for the Community Services Committee (CSC) to make them aware of the issue and to recommend the tenant survey; the development of the working committee to address the issue; the completion of the tenant consultation process; and the organization of the delegations to attend the CSC and Regional Council meetings to provide support for the proposed policies.

The **high profile** actions taken focused on the possibility of opposition to the policy. This preparation was based on Regional staff members' previous experiences with opposition to smoke-free policies and by-laws. Reports presented to the CSC are automatically released to local media therefore the recommendation that the CSC support the adoption of the proposed smoke-free policy could have received attention in the media. In preparation for this, a media Q & A and key messages sheet was developed. While staff members were prepared to deal with questions and opposition from the media, no strong opposition was received.

The combination of these low, medium and high profile actions were used to ensure both the public, stakeholders, and decision makers were informed of the issue, understood the need for the policy and had a clear picture of the support for the policy that existed within the community and among experts.

5.6 STEP 6: WRITE AND REVISE THE POLICY: FINALIZING THE POLICY RECOMMENDATIONS

The sixth step in the policy development process is to define the policy, specifically determining the policy wording as well as the logistical and legal details of the policy to ensure it will meet the goals and objectives set out in earlier stages (THCU, 2004). For the proposed policy to be implemented in the Region of Waterloo, it had to first be approved by the Community Services Committee (CSC) and by Regional Council. The policy was drafted as a recommendation in a report to the CSC (Appendix G). ROWPH staff presented the report and the recommendations to the committee in October 2009. The policy was recommended as follows:

THAT, effective April 1, 2010, all new leases signed with Waterloo Region Housing (WRH) in all buildings and properties be 100 percent smoke-free and restrict smoking outdoors to a distance of five meters or more away from any windows, entrances or exits to the building/unit, as described in PH-09-046/P-09-073 dated October 6, 2009.

AND THAT the Board of Region of Waterloo Community Housing Incorporated (ROWCHI) and other Community Housing Providers be asked to consider implementing similar restrictions regarding smoking.

AND THAT Public Health investigate, develop and implement cessation support for tenants and those on the waiting list.

AND THAT Public Health and Waterloo Region Housing staff work together to provide individualized support or other special arrangements to any tenants experiencing health conditions or other challenges that might complicate their ability to comply with the policy.

AND FURTHER THAT staff report back on the implementation process and results in October 2010.

The policy was approved by the Community Services Committee with an amendment which stated “*AND THAT this policy would not apply to existing tenants unless they move to a new unit and that staff be authorized to exercise flexibility with hardship cases in the event of a transfer*”. The amendment was added to allow WRH staff additional flexibility when transfers occurred.

For the policy to be implemented it needed to receive final approval from Regional Council. In October 2009, Regional Council members approved the policy as recommended by the CSC. This meant that the policy would be implemented in all WRH properties. The ROWCHI Board of Directors also approved the policy in November 2009 ensuring the policy would also be implemented in ROWCHI properties.

Following the approval of the policy by members of Regional Council, the policy was re-written in a format that could be included in WRH and ROWCHI tenants’ leases. The policy was informed by the recommendations as accepted by Council, and was written by the Manager of WRH in consultation with Legal Services and the MUDS committee. Policy examples from other jurisdictions were consulted for information. The final policy reads:

The tenant, all other occupants of the Leased Premises, the Tenant’s Guests and business invitees shall not smoke or hold lit tobacco or similar product in the Leased Premises, including the balcony, patio or other areas specifically included in this Lease. Smoking is only permitted outdoors at a distance of not less than five meters away from windows, entrances or exits to the Residential Complex

The policy applies to tenants who signed leases for housing terms that began on or after April 1, 2010. This does not include tenants who signed leases with WRH or ROWCHI prior to April 1, 2010 unless they voluntarily sign a new lease, or they transfer to a new unit. As such, ROWCHI and WRH properties will not be 100% smoke-free for a

number of years⁴. All tenants wanting to smoke outdoors must follow the outdoor smoking restrictions and move 5 metres or more away from any windows, entrances or exits to a building/unit.

LESSON LEARNED: THE NEED TO GRANDFATHER CURRENT TENANTS

Landlords in Ontario are not legally permitted to make changes to the terms of a current lease, unless a tenant agrees to sign a new lease (Hill, 2008). This legal clause had strong implications for the Region of Waterloo's policy as it meant that the policy could only apply to those tenants who signed a lease with a start date of April 1, 2010 or later and to existing tenants who voluntarily signed a new lease. Existing tenants legally had to be "grandfathered" meaning they were not required to abide by the new policy. Those tenants and their guests could therefore continue to smoke within their unit. Understanding the legal implications of the policy was critical to understand the need for grandfathering and how to deal with existing tenants. The grandfathering clause posed challenges for the Region of Waterloo staff in various areas, including enforcement of the policy, protecting the health of tenants and implementation of the policy. Due to the grandfathering clause, taking into account the historical turnover rates within ROWCHI and WRH properties, it is expected to take up to ten years for the properties to become 100% smoke-free.

Future considerations: Public health practitioners who are interested in developing a smoke-free policy must become familiar with the various laws and regulations that affect what can and cannot be done in regards to the implementation of a new policy. In addition, tenants who are grandfathered and are therefore not required to follow the new policy should still be informed about the policy and its benefits, and should be encouraged to follow the policy even if they are not legally required to do so.

5.7 STEP 7 - IMPLEMENT THE POLICY: WRH AND ROWCHI PROPERTIES BECOME SMOKE-FREE

The seventh step of the policy development process is the actual implementation of the policy (THCU, 2004). The Region of Waterloo's smoke-free MUDs policy officially came into effect on April 1, 2010. The implementation process, however, began as soon as the policy was approved by Regional Council. An implementation workgroup which included representatives from ROWPH and WRH was formed to support the implementation process and a workplan was developed. The following sections of this document provide an overview of the key activities that took place to implement the policy.

5.7.1 PROMOTION

Details of the approved policy were communicated to WRH and ROWCHI staff members as well as to current and prospective tenants via an e-mail from the WRH Manager. A policy and procedures document was developed by WRH (Appendix H) and approved by the Waterloo Region Housing Operations Advisory Committee (WRHOAC) and the ROWCHI Board of Directors. This document was provided to WRH and ROWCHI staff members to inform them of the policy and its implications for their work. In addition, WRH MUDs committee members trained WRH and ROWCHI Property Managers, Community Relations Workers and Key Holders on the policy and enforcement protocol. The training included information on the details of the policy, the procedures for ensuring compliance within the no-smoking areas, procedures for addressing tenant and contractor complaints, and information on exemptions to the policy.

⁴ Based on historical tenant data, it is estimated that due to the grandfathering clause it will take up to ten years for all ROWCHI and WRH properties to become 100% smoke-free

WRH staff members informed current and prospective tenants of the new policy well in advance of its implementation date. All WRH and ROWCHI tenants receive the Housing Tenant Newsletter, "WHAT'S UP", which is developed by WRH. The November 2009 edition included a column with information on the new policy. Policy notification announcements were posted by WRH and ROWCHI Property Managers in the main entrance of each building in February 2010 and information about the policy was posted on the WRH webpage in November 2009.

Staff members from the Community Housing Access Centre (CHAC), the organization responsible for maintaining the Region's Community Housing waitlist, mailed prospective tenants, individuals who were on the waiting list for Community Housing, a package with information on the policy. The package included an information letter introducing the package and the policy, a translation service letter, a form indicating the prospective tenant's current housing selections, a form to change their building selections, contact information, and a postage paid envelope to return the building selection change form.

When individuals apply for Community Housing they apply to a central waiting list that includes WRH and ROWCHI properties in addition to other Community Housing Providers' properties. At the time of application, prospective tenants indicate their preferred buildings. While ROWCHI and WRH properties became smoke-free with the implementation of this policy, other Community Housing providers in the Region have not implemented a similar policy. As a result, not all individuals on the waiting list would move into smoke-free buildings, but rather it would depend on which organization ran the buildings they selected as their preferred buildings at the time of their application (WRH or ROWCHI versus another Community Housing Provider). To address this issue, prospective tenants were given a one-time opportunity to change their building selections to a WRH or ROWCHI building, or alternatively to change their selection to a building run by another Community Housing Provider if they were not interested in living in a smoke-free unit. If prospective tenants wanted to change their building selections they were to return the building change form to the CHAC staff. As of March 4, 2010 less than five building selection changes from WRH (smoke-free buildings) to other housing providers (smoking permitted buildings) had been made by prospective tenants using these forms.

5.7.2 ENFORCEMENT

Prior to the implementation of the policy, WRH staff developed a comprehensive step-by-step enforcement protocol for the policy to be used by housing staff. The enforcement protocol was approved by the WRH and the ROWCHI Board of Directors. This protocol included information on how to respond to complaints, how to address the alleged offenders and follow-up procedures. Two exemptions to the policy were noted in the enforcement protocol: medical use of marijuana and traditional use of tobacco.

The enforcement plan addressed both indoor and outdoor enforcement. In order to enforce the indoor policy, ways of identifying non-smoking units were considered. As WRH and ROWCHI buildings will include a mix of both smoking and non-smoking units until all grandfathered tenants either move out or sign new leases, being able to identify which units are required to be smoke-free was necessary to allow for consistent enforcement of the regulation. Legal consultations took place with Region of Waterloo Legal Staff to ensure that identifying non-smoking units would not constitute a breach of privacy. It was determined that the Municipal Freedom of Information and Protection Act (MFIPPA), under which the Region of Waterloo operates, did not restrict WRH from identifying non-smoking units through a sticker or sign on the door of the unit as it would not provide information about the smoking status of the tenant, but rather the smoking status of the unit. WRH purchased stickers with the smoke-free symbol to be placed on each unit door once the unit has been designated as smoke-free by the signing of a new lease. Stickers were chosen versus signs so that they could easily be replaced and minimize costs and vandalism to the unit door.

Outdoor enforcement was also addressed through the enforcement policy. WRH staff developed metal signage to be attached to building entrances/exits and on posts around buildings to inform tenants and visitors of the outdoor smoking restrictions. To identify where individuals are able to smoke, dotted lines were painted on the ground five meters away from all ROWPH and WRH buildings. In addition, butt boxes were purchased by the

Region of Waterloo and placed at the five meter mark to encourage tenants to extinguish and throw out their cigarette before entering the area where smoking was not permitted. The estimated cost for the metal signage, butt bins, smoke-free stickers and paint was \$10,000.

KEY SUCCESS FACTOR: RECOMMENDATION TO EXERCISE FLEXIBILITY IN ENFORCEMENT

One of the policy recommendations accepted by the Community Services Committee and Regional Council when they approved the implementation of the smoke-free policy was, *“that Public Health and Waterloo Region Housing staff work together to provide individualized support or other arrangements to any tenants experiencing health conditions or other challenges that might complicate their ability to comply with the policy”*.

This aspect of the policy means that while an enforcement strategy is in place, WRH and ROWPH staff can work with tenants who have a difficult time complying with the policy due to health or mobility issues to find ways to ensure they are able to comply with the policy to the best of their ability. These strategies will differ for each individual case, but may include strategies such as encouraging tenants to use nicotine replacement therapy (NRT) instead of smoking when they are in areas where they are not permitted to smoke. This aspect of the policy provides staff with some flexibility in how they can deal with “hardship” cases. This was seen as a key to the success of the policy development process as it ensured that the policy would not cause undue hardship to those individuals who may want to comply, but who may find it difficult to do so.

5.7.3 CESSATION SUPPORTS

As part of the policy implementation process, ROWPH developed and implemented cessation supports for current tenants and those on the waiting list. This was seen as an important element of the policy, and was integrated into the policy recommendations presented by ROWPH and WRH to the Community Services Committee and Regional Council for approval (as described above in section 5.6).

ROWPH created a “menu of cessation services” for new and existing tenants including hardship cases (as described in section 5.7.2). ROWPH began promoting the cessation services to current and prospective tenants in January 2010, four months prior to the implementation of the smoke-free policy. They mailed information on the available cessation services as well as the effects of SHS to all current and prospective tenants (wait list), along with a letter on the policy and its effective date. This process ensured that current and prospective tenants were informed not only of the policy, but also of the cessation supports that would be available to them.

Cessation programs were also promoted to tenants through flyers posted in WRH and ROWCHI buildings; the WRH website; televisions in WRH waiting rooms; and informal conversations between tenants and WRH Property Managers and Community Relations Workers. Hard copies of the cessation menu of services were distributed by WRH and CHAC staff members to tenants with offers of housing, to tenants who transferred units, and at annual subsidy renewal meetings.

The cessation services that were offered were divided into three categories, (1) services for tenants holding new leases, (2) services for grandfathered tenants, and (3) services for tenants who are deemed to be hardship cases. Tenant uptake of cessation services has been very low. The services offered to each group are described below. Appendix I provides a full overview of the cessation services plan.

Cessation supports for tenants holding new leases. Tenants who signed a lease with WRH or ROWCHI that became effective on or after April 1, 2010, including new tenants and tenants who transferred to a new unit, are required to abide by the smoke-free policy and thus were the priority group for cessation services. Tenants in this category are provided with the most intensive cessation supports. Tenants in this group are offered six weeks of individual or group counselling; free NRT for up to five weeks if they met certain criteria; and, quit kits and self-

help materials. New lease holders are able to participate in one individual or group counselling program each year to a total of three times.

Cessation supports for grandfathered tenants. Tenants who signed a lease with WRH or ROWCHI that was effective before April 1, 2010 are not required to abide by the indoor smoke-free policy but are required to abide by the outdoor smoking policy. These tenants are offered the following supports, a six-week group cessation counselling program; free NRT for eligible tenants for up to five weeks; and quit kits and self-help materials. Grandfathered tenants are able to participate in one group counselling program each year up to a total of three times.

Cessation supports for hardship tenants. Tenants who have physical, mental, cognitive or other health conditions that make it difficult for them to comply with the policy are provided with separate cessation supports. A sub-committee of ROWPH and WRH staff members was formed to determine the protocol for working with these tenants. The protocol has WRH staff members identify tenants they feel may qualify as hardship cases. This information is then provided to ROWPH and a Public Health Nurse arranges a home visit with the tenant to assess the tenant's physical, mental and/or cognitive abilities using a tool adapted from the Ministry of Health Promotion and Sport's Smoke-Free Long-Term Care Homes project. If the assessment results determine that the tenant does require additional support the Public Health Nurse works with the tenant to determine what supports are needed. A compliance plan is then developed and signed by ROWPH and WRH staff and the tenant. This plan outlines the supports to be provided and how the tenant will move towards policy compliance. The supports available to these tenants include individual counselling at their home or in a mutually agreed upon setting depending on the individuals' needs and desires, free NRT for an extended period of time as determined by ROWPH Public Health Nurses and Management, and discussions and negotiations regarding harm reduction strategies (i.e. encouraging tenants to smoke a limited number of cigarettes per day by substituting with NRT).

Details of counselling and NRT supports. Individual counselling and NRT is provided to tenants holding new leases through quit smoking clinics. Clinics are held in Cambridge and Waterloo. Clinic appointments are scheduled by the Public Health Nurse and the tenant based on mutual availability and location preference. No standard clinic dates or times are in place. Staffing for the clinic includes a Public Health Nurse (0.3 FTE/week), an administrative support person (0.1 FTE/week) and a Public Health Planner to assist with the evaluation of the clinic (0.1 FTE/week). The location of the clinics and the flexible scheduling was determined by ROWPH staff in collaboration with WRH staff members. Six individual counselling sessions are provided to each tenant. The first session is an hour in length and the next five are each 45 minutes in length. The counselling sessions are based on PTCC's Brief Contact for Tobacco Cessation Workshop. Nicotine replacement therapy (NRT) is offered to clients through the group or individual counselling sessions if tenants meet guidelines set out in a medical directive which was developed and approved by the Medical Officer of Health. Tenants who are eligible to receive NRT are provided with a five week supply of either the patch or lozenge. If a tenant has health issues which make them ineligible for NRT the Public Health Nurse consults with the tenant's family physician to investigate alternative cessation supports.

Group cessation counselling is offered to new and current tenants by ROWPH staff members. Property Managers and Community Relations Workers from WRH promote the group counselling programs to their tenants through promotional flyers and property visits. The group cessation counselling program is offered in two locations each year, one in Cambridge and one in Kitchener-Waterloo. The program is six weeks in length with each session lasting an hour and a half and is based on PTCC's Skills for Future Facilitators⁵ program. The group program is run by two ROWPH Public Health Nurses with training from the Centre for Addiction and Mental Health's Training Enhancement in Applied Cessation Counselling and Health (TEACH) core course. Up to 20 tenants are permitted to participate in each group counselling program.

⁵ The PTCC Skills for Future Facilitators toolkit is available at: <http://www.ptcc-cfc.on.ca/english/Resources/Resource-Search/Resource/?rid=12263>

In addition, all current and prospective tenants receive a cessation menu of services which includes information on cessation self-help resources for tenants who are not interested in participating in the programs being offered. This included information on the Smokers' Helpline, as well as its online support program⁶. Information on the Quit4Life online program⁷ was provided to youth. Self-help booklets (On the Road to Quitting⁸) were also available upon request and were mailed to the individuals' homes by ROWPH staff members. In addition current and prospective tenants were also provided with the phone number for the ROWPH Tobacco Information Line if they wanted to speak to a Public Health Nurse about quitting.

KEY SUCCESS FACTOR: CESSATION SERVICES OFFERED TO CURRENT AND PROSPECTIVE TENANTS

The plan to provide cessation services to tenants and prospective tenants was key to the success of the policy development and implementation process. Ensuring tenants had the opportunity to access various cessation services showed that while the Region was limiting where individuals could smoke, they were also providing support to help those individuals who were interested in reducing their consumption or quitting tobacco use completely. Ensuring specific services were in place for those who may find it difficult to comply with the policy was important as it showed the Region was considering the needs of all tenants.

5.8 EVALUATE AND MONITOR THE POLICY

The final step of the policy development process is to develop a system to evaluate the effectiveness, feasibility and support for the policy that has been implemented (THCU, 2004). The Region of Waterloo has included evaluation as a key component of their implementation plan.

The evaluation process is being led by ROWPH. An evaluation sub-committee has been created and includes the Manager of Tobacco and Cancer Prevention and a Public Health Planner from ROWPH, the manager of WRH plus an additional WRH staff member and a researcher from the Propel Centre for Population Health Impact at the University of Waterloo (UW). The researcher from Propel, was employed as a Public Health Planner by ROWPH at the time of the policy recommendation stage of the project and was invited to participate in the policy recommendation process in May 2009. The Propel researcher is no longer employed by ROWPH but has remained involved in the evaluation as they have extensive experience in air quality research related to SHS. A three-year (2010 – 2013) evaluation plan including a detailed logic model (Appendix J) was developed to guide the evaluation process.

The overall purpose of the evaluation is to determine the effectiveness of the no-smoking policy, and to gather information about the implementation of the policy in order to allow other housing providers to learn from the Region's experience. These objectives were met through the following evaluation questions:

- What is the new smoke-free policy's impact on smoking behaviour, personal policies, social denormalization, exposure to SHS, health status and support for the policy?
- How does the new smoke-free policy impact ambient air quality in common spaces of the housing units, and how do those levels change over time?
- What is the impact of the policy on the Region of Waterloo Housing's workload and costs?

The evaluation plan addresses each of the research questions through three distinct evaluation activities: surveys; air quality monitoring; and a database tracking system.

⁶ Information on the Smokers Helpline is available at: www.smokershelpline.ca

⁷ Information on the Quit4Life program is available at: www.quit4life.com

⁸ On the Road to Quitting is available at: www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/orq-svr/index-eng.php

5.8.1 TENANT SURVEYS

The first evaluation question, *“what is the new smoke-free policy’s impact on smoking behaviour, personal policies, social denormalization, exposure to SHS, health status and support for the policy?”*, was addressed through a pre-post survey design. The survey, developed by the evaluation sub-committee, was designed to measure tenant’s behaviours and attitudes related to smoking, exposure to SHS and the smoke-free policy (Appendix K). The survey was reviewed by a group of WRH tenants and their comments were incorporated into the final draft of the survey. The first round of data collection occurred in March 2010, prior to the implementation of the policy, to allow for baseline data to be collected.

The surveys were printed in Teleform format to allow for the responses received to be scanned into the computer system. WRH staff members were responsible for the distribution of the surveys to each household in all ROWCHI and WRH buildings/complexes. The surveys were distributed to the individual household mailboxes via the housing courier system. One adult member of the household was asked to complete the survey on behalf of all tenants living in that unit. The survey package included an information letter, the survey itself and a postage paid return envelope. The survey was anonymous; no identifying information was collected from respondents. The respondent’s building type is identified through the survey however, as the surveys are colour-coded to allow for identification based on building type (family, adult, senior) for analysis purposes. ROWPH staff members in collaboration with UW staff are responsible for collecting and analyzing the data. The survey will be repeated on an annual basis for at least three years (March 2011, 2012 and 2013) to allow for changes to be measured over time.

5.8.2 AIR QUALITY MONITORING

The second evaluation question, *“how does the new policy impact ambient air quality in common spaces of the housing unit, and how do these levels change over time?”* will be addressed through air quality monitoring. This aspect of the evaluation is being led by researchers from the Propel Centre for Population Health Impact at the University of Waterloo. Air quality will be monitored using TSI SidePaks within the common areas and hallways of selected mid- and low-rise apartment buildings. Measurements will be taken over a three week period in the winter/spring annually for three years. The first sets of measurements were taken prior to the April 1, 2010 implementation date to allow for baseline measurements to be obtained. The annual measurements will evaluate if the new smoke-free policy has an impact on the air quality within the buildings, and how air quality changes over time as the buildings become progressively more smoke-free.

5.8.3 DATABASE TRACKING SYSTEM

The third evaluation question, *“what is the impact of the policy on Region of Waterloo Housing’s workload and costs?”* will be addressed by a database developed by WRH to track tenants comments regarding the policy, and the associated actions taken by WRH staff. One WRH staff member has been identified as the key contact for the database, and is responsible for database updates and maintenance. Housing staff members are to report all positive and negative comments made by tenants about the policy to this individual. The database also includes information on activities completed by WRH staff in response to complaints, and activities related to enforcement. The database serves not only as a mechanism for collecting evaluation data, but also for internal tracking of activities within WRH (e.g. number of smoke-free units, voluntary signing of new leases) and tracking of staff time and financial resources dedicated to policy enforcement. Before this data is provided to ROWPH staff for use in the evaluation, all identifying information about tenants will be stripped. The anonymous data will then be used by ROWPH staff members to determine the general perceptions of the policy, the amount of time WRH staff members spent addressing issues related to the policy, and the associated costs of the actions taken.

5.8.4 ADDITIONAL EVALUATION ACTIVITIES

In addition to responding to the three identified evaluation questions, the evaluation plan includes additional outputs and outcome indicators:

- Changes in the wait-list size for smoke-free housing units
- Number of Waterloo Region Community Housing providers outside of WRH and ROWCHI who adopt smoke-free policies
- Compliance with the policy
- Implementation costs and savings
- Changes in overall housing costs
- Tenant satisfaction with housing
- Tenants' self-reported health
- Changes related to the cessation supports offered. This includes the proportion of tenants who reduce or quit smoking; the proportion of 'hardship' tenants who comply with the policy, change their behaviour and progress in the stages of change; and the number of clients who use cessation services multiple times after being unsuccessful in their initial supported quit attempt

ROWPH and WRH will report back to Regional Council by April 1, 2011 on the implementation process and the evaluation results available to date.

6 KEY SUCCESS FACTORS AND LESSONS LEARNED

This document provides an overview of the process the Region of Waterloo took to develop, implement and evaluate a smoke-free housing policy for their regionally-owned and operated community housing properties. Throughout the resource key success factors from the process were identified including, the partnership between Housing and Public Health; tenant involvement in the policy development process; tenant consultation data; the recommendation to exercise flexibility in enforcement; and the cessation services offered to current and prospective tenants. An additional success factor is identified in this section.

KEY SUCCESS FACTOR: REGIONAL COUNCIL'S HISTORY OF PROGRESSIVE TOBACCO CONTROL POLICIES

The Region of Waterloo's Regional Council has a strong history of progressive tobacco control policies. For example, the Region of Waterloo was the first municipality in Ontario to implement a by-law that prohibited smoking in restaurants and bars (Region of Waterloo, 2009). This was identified as being a key factor for the success of the policy development process. The Region of Waterloo was the first Regional Municipality to approve a smoke-free policy for Community Housing properties, and as such they had to be willing to take on the leadership role of being the first to implement such a policy. The success of previous progressive tobacco control policies in the Region may have made the Counsellors more willing to consider another progressive policy.

Public health professionals in other Regions that may not have a history of progressive tobacco control policies should not view this as a limitation, but rather as a factor to be aware of. The Region of Waterloo has now set a precedent, which may make it easier to bring policy forward in other Regions.

In addition, the Region of Waterloo's experiences developing and implementing a smoke-free MUDs policy allowed them to identify various challenges and lessons learned from the development process. These lessons learned provide insights that other public health practitioners who are interested in developing similar policies should consider. Two lessons learned were highlighted in the resource. These included the low level of tenant

participation in the community forums and online survey and the need to grandfather current tenants. An additional lesson learned is identified below.

LESSON LEARNED: THE CHALLENGES OF WORKING WITHIN A POLITICAL PROCESS

This policy was developed in the context of Regional Government, and as such the development had to follow specific political processes. As municipal staff, the ROWPH and WRH staff members could make recommendations for policy, but the final policy decision had to be made at the political level. The role of ROWPH and WRH staff was to recommend to Regional Council the policy option that had the strongest support from tenants and the strongest evidence to suggest it would improve population health. Beyond that, staff had no control over the final policy decision. This was a challenge for staff as they could not advocate or lobby for the policy, which was difficult as many staff see themselves as health advocates. This was, however, also identified as a positive element of the process as it ensured that there would be public debate on the policy, and ensured that those affected by the policy change had the opportunity to voice their opinions. Learning how to navigate the political processes and finding the role that allowed the staff to balance their desire to advocate for healthy public policy and their responsibility as Regional staff members was a lesson learned from this experience for the staff involved.

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