Université d'Ottawa · University of Ottawa

Université d'Ottawa • University of Ottawa

FACULTÉ DES ÉTUDES SUPÉRIEURES ET POSTDOCTORALES

FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES

Julie C. DYKE

AUTEUR DE LA THÈSE - AUTHOR OF THESIS

M. Sc. (Nursing)

GRADE - DEGREE

School of Nursing

FACULTÉ, ÉCOLE, DÉPARTEMENT - FACULTY, SCHOOL, DEPARTMENT

TITRE DE LA THÈSE - TITLE OF THE THESIS

Public Participation in the development of a tobacco control policy : The case of a municipal smoke-free bylaw

N. Edward

DIRECTEUR DE LA THÈSE - THESIS SUPERVISOR

CO-DIRECTEUR DE LA THÈSE - THESIS CO-SUPERVISOR

EXAMINATEURS DE LA THÈSE - THESIS EXAMINERS

C. Blanchard

B. Davies

J.-M. De Koninck, Ph.D

LE DOYEN DE LA FACULTÉ DES ÉTUDES SUPÉRIEURES ET POSTDOCTORALES

DEAN OF THE FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES

Public Participation in the development of a tobacco control policy: The case of a municipal smoke-free bylaw

By

Julie C. Dyke

Thesis submitted to the
Faculty of Graduate Studies and Research
In partial fulfillment of the requirements for the degree of
Masters of Science in Nursing

University of Ottawa

December 2004

© Julie C. Dyke, 2004

Library and Archives Canada

Published Heritage Branch

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque et Archives Canada

Direction du Patrimoine de l'édition

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence
ISBN: 0-494-01466-0
Our file Notre référence
ISBN: 0-494-01466-0

NOTICE:
The author has granted a non-exclusive license allowing Library and Archives Canada to reproduce, publish, archive, preserve, conserve, communicate to the public by telecommunication or on the Internet, loan, distribute and sell theses worldwide, for commercial or non-commercial purposes, in microform, paper, electronic and/or any other formats.

The author retains copyright ownership and moral rights in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

AVIS:
L'auteur a accordé une licence non exclusive permettant à la Bibliothèque et Archives Canada de reproduire, publier, archiver, sauvegarder, conserver, transmettre au public par télécommunication ou par l'Internet, prêter, distribuer et vendre des thèses partout dans le monde, à des fins commerciales ou autres, sur support microforme, papier, électronique et/ou autres formats.

L'auteur conserve la propriété du droit d'auteur et des droits moraux qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

In compliance with the Canadian Privacy Act some supporting forms may have been removed from this thesis.

While these forms may be included in the document page count, their removal does not represent any loss of content from the thesis.

Conformément à la loi canadienne sur la protection de la vie privée, quelques formulaires secondaires ont été enlevés de cette thèse.

Bien que ces formulaires aient inclus dans la pagination, il n'y aura aucun contenu manquant.

Acknowledgements

Although completing the work on this thesis has been a rewarding and challenging experience for me, I would like to give special thanks that are due to a number of individuals who supported me throughout my journey.

I would first like to thank my husband Pierre Jean for his unlimited patience during this period. He was the true supporter I needed, at every step of the way. I would also like to thank him for putting up with the clutter of paper in our home office and living room where I moved my material "to be close to the fireplace".

Many thanks go to my family and friends who also encouraged me to complete this project.

I would especially like to thank Nancy Edwards, RN, PhD, my thesis supervisor for her vision, her persistence and her encouragement with this project. I would have been unable to complete this thesis without her dedicated attention to the direction of my efforts.

A big thank you also goes to Janice Ahola-Sidaway, PhD and Judith Lapierre, RN, PhD, the thesis committee members who have provided me with their un-failing support. Thank you for your encouragement and your enthusiasm for sharing your knowledge of qualitative research.

I would like to acknowledge the helpful contribution of Lisa Sullivan, and Debbie McCulloch from the City of Ottawa public health department as well as Carolyn Hill from the Ottawa Council on Smoking and Health who have assisted me with this project.

I am also indebted to all participants of this study who generously provided their time to complete the interviews with me. This study would have been impossible to complete without their serious dedication to the subject. Their insights and comments were greatly appreciated.

Finally, I acknowledge the generous funding from the Ontario Tobacco Research Unit. Their studentship grant provided important financial support that assisted me to complete this project. The Ministry of Health and Long-Term Care Nursing Education Initiative managed by the Registered Nurses' Association of Ontario has also supported this study with financial assistance for tuition fees.

Abstract

Background: In Ontario, the 1994 Tobacco Control Act allowed municipalities to legislate on second-hand smoke in public places. Public health departments were then mandated to promote the passage of smoke-free bylaws in various municipalities. Their efforts have met with varying degrees of success. However, in 2001, the city of Ottawa public health department successfully promoted the adoption of one the cornerstone 100% smoke-free bylaw in Canada.

Objective: The purpose of this study was to examine the factors that influenced the process of municipal councillors' adoption of the Ottawa smoke-free bylaw.

Methods: This mixed-methods case study focused on the public participation aspect of the case through the analysis of interviews, public opinion surveys and newspaper articles using qualitative, quantitative and triangulation methods.

Findings: The study identified four critical elements in the passage of the smoke-free bylaw: 1) Initiation of the bylaw development process, 2) Municipal councillors' position before the final vote, 3) Municipal councillor's final vote and 4) Municipal councillors' position after the final vote. Five lever factors 1) Perceptions of public opinion, 2) Public participation, 3) Dynamics of the democratic process, 4) Context of the smoke-free bylaw development and 5) Context of newness were found to have influenced the critical elements, each in a particular way. Lever factors are presented as characteristics of the context of the bylaw adoption that increased the effect of the strategies and interventions conducted by the groups supporting the passage of the bylaw.

Discussion: This case study identifies conditions that enhance the leverage of tobacco control strategies and highlights how the convergence of factors is key to successful tobacco control policy change at the municipal level.

Table of contents

Acknowledgements 2
Abstract 4
Table of contents 5
Table of Appendices 8
List of Tables 9
List of Figures 10
Personal vignette 11
Quote 13

Chapter I: Introduction 14
Background 14
Historical Context of Smoke-free Bylaws in Ontario. 14
Advocacy for Tobacco Control as a New Role for Public Health. 15
Challenges with the First 100% Smoke-free Bylaws in Ontario. 16
Rationale for Studying the Case of the City of Ottawa 17
Purpose 18
Summary 19
Thesis Outline 19

Chapter II: Literature Review 20
Literature Review Methodology 20
Challenges Faced by the Passage of Tobacco Control Policies 21
Key Elements for the Passage of Tobacco Control Policy 21
Planning. 22
Constructing denormalization messages. 26
Engaging the public. 28
The Tobacco Industry's Tactics as Barriers to the Passage of Tobacco Control Policy. 29
Strategies to Fight the Tobacco Industry's Tactics 34
Diffusion of Innovation in Tobacco Control 35
Limitations of the Literature on the Challenges of the Passage of Tobacco Control Policy 36
Summary of Challenges in the Passage of Tobacco Control Policies 38
Overview of Elements in the Policy Process 38
Kingdon's Successively Narrowing Boundaries Model 39
Implications for Elements in the Policy Process 41
Overview of Elements for Public Participation 42
Description of Four Models for Public Participation 43
Comparison of Public Participation Models 44
Three Principles for Public Participation 45
Limitations to Models of Public Participation 46
Summary of Models of Public Participation 48
Conceptual Framework 48
Description of the Framework 48
Summary of the Literature Review 52
Research questions 52

Chapter III: Methods 53
Rationale and Assumptions for a Case Study 53
Participant Recruitment and Informed Consent 55
Recruitment. 55
Informed consent and ethical reviews. 58
Setting 58
Data Collection 58
Data Collection for Interviews 60
Interview schedules. 60
Interview transcription and editing. 60
Data Collection for Public Opinion Surveys 61
Data Collection for Newspaper Articles 63
Data Analysis 63
General Approach to Qualitative Data Analysis 63
Coding Procedures for the Analysis of Interviews 64
Document Analysis Procedures 65
Public opinion surveys analysis. 65
Newspaper articles analysis. 66
Summary of data analysis. 69
Methods for Verification and Standards of Quality 70
Summary 76

Chapter IV: Presentation of Findings 77
Description of Interviewees 77
Public opinion 78
Stakeholders' Perspective on Public Opinion 78
Level of public support. 78
Measuring public opinion. 81
Factors influencing public opinion. 82
Analysis of survey results 84
Public participation 88
Actions taken in public participation. 88
Arguments used during the public participation process. 89
Influence of public participation on municipal councillor. 95
Motivation for public participation. 99
Role of different stakeholders' groups. 103
The role of the public health department vs. the role of the community coalition. 106
Quantitative Analysis of Newspaper Articles 110
Factors Influencing the Passage of the Smoke-free Bylaw 118
Four Critical Elements in the Process of Bylaw Adoption 118
Five Influencing Factors for the Passage of the Smoke-free Bylaw 119
Perceptions of Public opinion. 119
Public participation. 122
Dynamics of the democratic process. 126
Context of smoke-free bylaw development. 129
Context of newness. 131

Revision of the Framework 133
Summary 137

Chapter V: Discussion, Implications and Recommendations 138
Study purpose and rationale 138
Discussion 138
Research question #1 138
Factors influencing public opinion. 138
Factors influencing public participation. 139
Research question #2 141
Factors influencing municipal councillors' position and final vote 141
Research question #3 145
Contextual factors influencing the passage of the smoke-free bylaw 145
Organizational factors influencing the passage of the smoke-free bylaw. 147
Human factors influencing the passage of the smoke-free bylaw. 148
Research question #4 149
Methods 150
Strengths 150
Assurance of rigour 151
Limitations 152
Implications and Recommendations 154
Implications for the Advanced Nursing Practice and Public Health Nursing 154
Implication for the clinical practice of the APN and the public health nurse. 154
Implications for the researcher role of the APN, the public health nurse and tobacco control. 157
Implications for the leadership role of the APN and the public health nurse. 161
Implications for the collaborative role of the APN 163
Implications for the role of the APN as a change agent. 163
Reflections on the Role of the Public Health Nurse 164
Summary 165
Conclusion 165
Closing Vignette 167
References 169

Table of Appendices

Appendix 1: Recruitment Letter 179
Appendix 2: Research Ethics Board Certificates 182
Appendix 3: Consent Form and Information Letter 186
Appendix 4: Letter of Agreement with Public Health Department 190
Appendix 5: Sample of Interview Schedule 192

List of Tables

Table 1. Overview of types of public health strategies for tobacco control 26
Table 2. Models of public participation and characteristics for comparison 45
Table 3. Principles and mechanisms to promote public participation 46
Table 4. Key stakeholders and data collection methods. 59
Table 5. List of coded variables for the newspaper articles analysis. 68
Table 6. Initial and final lists of arguments according to the categories with which they were combined. 69
Table 7. Categories of public participation and actions taken 89
Table 8. Common and disparate arguments used by both opposing groups................................ 90
Table 9. Explanatory effect matrix: type of public participation and the salience of its influence on municipal decision-makers' adoption of the smoke-free bylaw. 96
Table 10. Motivational factors for public participation. 99
Table 11. Role-by-time matrix: Role of groups involved in public participation before and after the passage of the bylaw. 104
Table 12. Number of articles yielded by keyword used. 110
Table 13. Targeted groups mentioned in letters to the editor by month. 116
Table 14. Cross tabulation of arguments used in articles by type of article. 117
Table 15. Public participation influencing municipal councillors and the process of bylaw adoption by type of actions in public participation. 123
Table 16. Public participation influencing municipal councillors' position on the smoke-free bylaw by type of actions in public participation. 124

List of Figures

Figure 1. Model of tobacco industry interference (adapted) 34
Figure 2. Conceptual framework for municipal level tobacco control 51
Figure 3. Options for potential participants for responding to recruitment letter 57
Figure 4. Stages in article analysis 67
Figure 5. Steps in data collection and analysis and analysis strategies 70
Figure 6. Processes of triangulation 72
Figure 7. Factors influencing public opinion according to some of the interviewees 84
Figure 8. Support for the 100% smoke-free bylaw by type of establishment for surveys conducted in 1996, 1999, 2000 and 2001 85
Figure 9. Support for a limited smoking bylaw by type of establishment 86
Figure 10. Comparison of support for a limited bylaw and for a 100% smoke-free bylaw in restaurants and bingo halls 87
Figure 11. "Walking the thin advocacy line": shared and distinct roles of the public health department and the community coalition vis-à-vis advocacy 108
Figure 12. Cumulative number of articles (n=103) appearing in the Ottawa Citizen between November 1, 2000 and April 26, 2001 111
Figure 13. Number of articles (n=103) appearing in the Ottawa Citizen between November 1, 2000 and April 26, 2001 according to the type of articles by month 112
Figure 14. Number of articles (n=103) appearing in the Ottawa Citizen between November 1, 2000 and April 26, 2001 according to the slant of the articles 114
Figure 15. Arguments presented in articles (n=103) appearing in the Ottawa Citizen between November 1, 2000 and April 26, 2001 by month 115
Figure 16. Prominence of articles, by month 117
Figure 17. Four critical elements in the passage of the smoke-free bylaw 119
Figure 18. Influence of public opinion on elements in the passage of the smoke-free bylaw ... 122
Figure 19. The influence of public participation on elements in the passage of the smoke-free bylaw 126
Figure 20. Influences of the dynamics of the democratic process on elements of the passage of the smoke-free bylaw 129
Figure 21. Influence of the context of the smoke-free bylaw on the passage of the smoke-free bylaw 131
Figure 22. Influence of the context of newness on the passage of the smoke-free bylaw 133
Figure 23. Matrix of the critical elements of influence in the passage of the smoke-free bylaw and the factors influencing it 135
Figure 24. Revised conceptual framework for municipal level tobacco control: Five factors influencing three critical elements in the passage of the smoke-free bylaw 136

Personal vignette

I came in contact with the complex issue of tobacco control policy while working as a health educator and promoter for a public health department in 1999. A smoke-free bylaw was proposed to the local municipality and I thought that with the level of evidence on the harmful effects of second-hand smoke, the local politicians would support this bylaw and approve it the night of the presentation by the local medical officer of health.

To my surprise, many municipal councillors opposed the bylaw, claiming lack of information about the possible economic consequences on the local restaurant industry. The decision to adopt a new bylaw or make amendments to the old 1986 bylaw took months of deliberation and desperate efforts from us (staff at the public health department) to convince councillors that a smoke-free bylaw was essential for the health of the community.

Only then did I realize that decision-making on tobacco control policy takes more than scientific evidence of well-designed studies. There were a number of factors involved in the process. Yet, it was difficult to pinpoint these factors, let alone sort out how to influence them.

This study idea emerged from my reflections about this difficulty. How can scientific evidence, accumulated over years, not convince local politicians to adopt a bylaw that could improve the community's health and even boost the economy and the restaurant industry? My interrogations led me to question our work around public support for this bylaw. We knew the public's opinion was in favour of more restrictions on smoking in public places, but how could we have used this as leverage for our campaign? For myself, I thought public support was an essential element in the process of legislation as elected officials consider public sentiment in making a decision about a proposed policy. As health professionals and public health nurses, I believe we should better equip ourselves with knowledge about the policy-making process and

learn how the public participates in the process of tobacco control policy and how, in turn, public participation can influence the decision-making processes of our local politicians.

Quote

The Environmental Tobacco Smoke (ETS) issue is:

> The single most important challenge we currently face…ETS is the driving force behind smoking restrictions in the workplace, on airlines and other forms of public transportation, and in virtually all areas offering public access. If present trends continue, smokers will have fewer and fewer opportunities to enjoy a cigarette. This will have a very direct and major impact on consumption.

Remarks from William Murray, Vice Chairman of the Board, Philip Morris Companies Inc. 1989
as cited in Muggli, Forster, Hurt, and Repace (2001).

Chapter I: Introduction

This chapter introduces the topic of the thesis by providing a historical context of the development of smoke-free bylaws in Ontario, followed by a discussion on the challenges of the advocacy role for public health practitioners and the challenges faced by the first smoke-free bylaws in Ontario. Then, the rationale and purpose for the study are stated followed by highlights of the content of other chapters of this thesis.

Public health practitioners unfamiliar with the complexity of tobacco control may underestimate the amount of effort needed for the successful passage of a smoke-free policy. After all, the evidence supporting smoke-free air in public places is abundant and dates back to the 1970s (Dearlove, Bialous, & Glantz, 2002). Yet, when practitioners are faced with the intricate nature of policy-making, notably for tobacco control, they may feel quite powerless against the many factors that can influence this seemingly unpredictable process. Public participation is one of the key elements that can provide leverage for influencing decision-makers in their position regarding policy.

This thesis project came about following my reflection surrounding the factors influencing the passage of a municipal bylaw and the identification of the need for a framework to describe these factors. The aim of this study is to provide some answers to this reflection through the study of a particular case, that of the smoke-free bylaw of the City of Ottawa.

Background

Historical Context of Smoke-free Bylaws in Ontario.

In Ontario, the last decade has seen tremendous changes in tobacco control policy. In 1994, the Ontario government adopted the Tobacco Control Act to support the Ontario Tobacco Strategy proposed by the New Democratic Party health reform agenda (O'Conner & Cohen,

2002). The goals of the Ontario Tobacco Strategy were to prevent smoking initiation, to support smoking cessation, and to protect the public from second-hand smoke. This was consistent with the general aims of tobacco control (Warner, 2000). The approach was multifaceted and was based in part on the American Stop Smoking Intervention Study (ASSIST) (O'Conner & Cohen, 2002). The Tobacco Control Act also allowed municipalities to pass bylaws that were more restrictive than other legislation (O'Conner & Cohen, 2002). Consequently, the passage of the Tobacco Control Act gave municipalities the power to legislate on the issue of second-hand smoke in public places. This led public health departments to develop strategies to promote the passage of smoke-free bylaws across the province with varying levels of success (Ontario Campaign for Action on Tobacco, 2003c).

Advocacy for Tobacco Control as a New Role for Public Health.

As a consequence of the Tobacco Control Act, the Ontario Ministry of Health and Long Term Care integrated the passage of municipal smoke-free bylaws within the mandate of local public health departments. The new role of public health in promoting smoke-free bylaws in Ontario challenged public health practitioners to adopt different strategies in order to fulfill this mandate.

According to Chapman (2001), advocacy in public health aims at influencing "upstream" processes such as laws, policies, product standards, product prices or institutional practices. The challenges involved in public health advocacy lie in three areas: 1) the goal of advocacy is to focus on benefits to the whole population; these population-level benefits may therefore yield positive consequences for some individuals but negative consequences for others, 2) public health advocacy involves using the power of persuasion for a motivated intent which can generate controversy among those favouring approaches that are limited to informing the public

(such as education campaigns) and 3) because there are many competing factors that cannot be controlled, the effects of advocacy are difficult to measure, thus not well researched. Advocacy work is therefore a challenge for public health workers because it lacks supporting health promotion findings (Paluck, Williamson, Milligan, & Frankish, 2001; Mowat & Hockin, 2002; Frank & Di Ruggiero, 2003). Chapman also argues that the epidemiological stance of public health is counter to the advocacy role that public health needs to undertake in order to successfully promote the adoption of smoke-free policies.

Challenges with the First 100% Smoke-free Bylaws in Ontario.

Following adoption of the Tobacco Control Act in 1994, there was a first wave of strong, 100% smoke-free bylaws passed in Waterloo, Peterborough, Guelph, Windsor, London, Brantford and Toronto (Ontario Campaign for Action on Tobacco, 2003c). These initial 100% smoke-free bylaws met a number of challenges which led to some of the bylaws not being fully applied due to difficulties with enforcement and loopholes in the bylaws. For instance, Toronto's 1996 bylaw did not put the onus on business owners to enforce the bylaw. Enforcement became a problem since inspectors from the city could not require patrons found smoking in non-smoking public places to provide identification. This led to well-publicized non-compliance in the media (Ontario Campaign for Action on Tobacco, 2003c). The bylaw was then weakened in 1997 to allow smoking in certain areas. Additionally, in Waterloo, the initial bylaw did not require proprietors to enforce the bylaw either. However, the city eventually implemented a very strong enforcement system by having inspectors visit venues at night with the help of policemen hired for this purpose. The city also met with a damage lawsuit and aggressive protests. In addition to the enforcement problems, debates around smoke-free bylaws arose regarding permitting designated smoking rooms, requiring signage and creating different classes of venues

to allow for "phased-in" implementation. This created confusion in many municipalities (Ontario Campaign for Action on Tobacco, 2003c). Furthermore, the idea of "accommodating" all types of clients (including smoking and non-smoking patrons) by allowing smoking in a designated seating areas was another debate, that may have been fuelled by the tobacco industry via hospitality associations (Dearlove et al., 2002). Despite these challenges, the Waterloo municipal council maintained the bylaw and even reinforced it in 2000 by putting the onus on proprietors to enforce the bylaw. With the new amendments to its smoke-free bylaw, Waterloo became the first city to implement a bylaw that promoted another wave of even stronger bylaws such as the one passed in Ottawa in 2001. By 2003, 63.3% of the population in Ontario was protected by 100% smoke-free bylaws (Ontario Campaign for Action on Tobacco, 2003b) covering 42 municipalities (Ontario Campaign for Action on Tobacco, 2003a).

Rationale for Studying the Case of the City of Ottawa

Over the past ten years, smoke-free bylaws in municipalities of the former region of Ottawa-Carleton have been amended several times with the work of the Ottawa-Carleton Council on Smoking and Health (2002). The City of Ottawa, previously known as the Region of Ottawa-Carleton, underwent a municipal amalgamation in January 2001 when 11 municipalities were joined together as one city during the Ontario Government Municipal Reform. It was following this amalgamation that Ottawa became the second municipality in Ontario to successfully undertake the task of passing a total ban on smoking in public places.

During the fall of 2000, just prior to the amalgamation, the City of Ottawa Public Health Services and Long-Term Care Department received funding from the Ontario Tobacco Strategy to conduct a campaign on the adverse effects of second-hand smoke. The goal was to reduce second-hand smoke exposure for the citizens of the soon-to-be-amalgamated City of Ottawa

(Ontario Tobacco Research Unit, 2002). The campaign, referred to as Smoke-Free Ottawa, was successful in the adoption of the third most comprehensive municipal smoke-free bylaw in Canada with a total ban on smoking in public places and workplaces, with no allowances for designated smoking rooms. The bylaw was passed unanimously on April 25, 2001. An important component of the campaign was the element of public participation whereby citizens, groups and organizations voiced their concerns and acted to support or oppose the bylaw. Since the passage of the bylaw, a number of reports have highlighted positive outcomes for the municipality including attraction of high profile conventions by offering smoke-free venues (Fekete, 2003) and no evidence that restaurants and bars were adversely affected by the smoke-free bylaw (Ferrence, Luk, & Gmel, 2003). The Smoke-free Ottawa campaign, which had been instrumental in the successful adoption of a cornerstone smoke-free bylaw in Ontario, therefore constituted an interesting case study that can provide insight into the importance and role of public participation in the development of tobacco control policy.

Purpose

The goal of this thesis project is to elucidate some of the factors, including public opinion and public participation, that have an impact on how municipal councillors position themselves in regards to a proposed bylaw and how they make their decision. A framework with this information would be useful for public health practitioners to plan for some of the issues that can help or hinder the development of a tobacco control policy at the municipal level. A conceptual framework is developed, informed by the literature. This framework is then revisited with the findings of a case study on the 2000-2001 Smoke-free Ottawa campaign which supported the passage of a comprehensive smoke-free bylaw in the newly amalgamated City of Ottawa.

Summary

This chapter has highlighted the complexity of policy-making by presenting the issue of tobacco control at the municipal level. The Smoke-free Ottawa campaign is identified as a key step within the development of smoke-free bylaws across the province of Ontario and as an appropriate case for understanding public participation.

Thesis Outline

Chapter II reviews literature related to strategies used by supporting and opposing groups in the development of tobacco control policy. The chapter also examines the policy process and reviews a series of models of public participation. A conceptual framework follows, summarizing the literature reviewed. Chapter III discusses the methods used for this case study. Chapter IV reports the findings of the study and presents a revised framework informed by the findings. Finally, a discussion of the findings, recommendations and conclusions is presented in Chapter V.

Chapter II: Literature Review

This chapter reviews current literature related to the topic of tobacco control, the policy process and public participation. The chapter opens with a summary of the methods used to identify the literature retrieved. It then presents the literature review in three main sections. The first section identifies strategies used by public health practitioners to promote the passage of tobacco control policies, describes tactics used by the tobacco control industry to resist tobacco control policies and offers suggestions for public health practitioners on how to counter this opposition. The second section examines the policy process through a political science lens and highlights factors influencing politicians' decisions regarding policy adoption. In a third section, four frameworks pertaining to public participation are reviewed. A fourth section identifies key ways to involve the public in the promotion of health policy. The chapter concludes with the presentation of a conceptual framework emerging from the literature review. The conceptual framework integrates the information presented on 1) the challenges of the tobacco control policy process, 2) the factors influencing the policy process and 3) the principles of public participation. The framework provides the basis for the development of the research questions for this study.

Literature Review Methodology

The documents presented in this literature review were retrieved by conducting a search using the CURRENT CONTENTS database from 1993 to 2003. Keywords used for this search included "smoke-free bylaws", "smoke-free policy", "tobacco control" both as individual keywords and in combination with "case study", "model" and "framework". Other searches included looking at special issues on tobacco control and manually looking through relevant journals and books for the same time period. Information was also retrieved from reference lists

of key publications. In addition, to provide a context to the case study, various tobacco control advocacy websites were searched for relevant material such as articles, media information and historical information on the passage of important tobacco control legislation. Only articles pertaining to the passage of tobacco control policies, the policy process and public participation were selected and reviewed for this chapter.

The literature review describes what is known about tobacco control policy, the passage of policy and the process of public participation. The literature therefore includes theoretical and empirical documents pertaining to the fields of health and political sciences.

Challenges Faced by the Passage of Tobacco Control Policies

The passage of a municipal smoke-free bylaw usually confronts a group that promotes the passage of a strong comprehensive bylaw with a group that will try to delay, amend or overturn it. Thus, it is imperative for tobacco control advocates to understand and use the best available knowledge to promote the successful adoption of the smoke-free bylaw. Tobacco control advocates also need to consider what strategies the opposing group might use to defeat an upcoming bylaw and therefore, act accordingly. The first section of this literature review will examine strategies used by the public health community to promote the passage of a tobacco control policy. It will also look at the tactics used by the tobacco industry to oppose further restrictions on smoking and presents ways to counter that opposition.

Key Elements for the Passage of Tobacco Control Policy

This section reviews different strategies used by tobacco control advocates to promote the passage of tobacco control policy. Three key elements for the passage of tobacco control policy were identified: 1) planning for the promotion of tobacco control policy, 2) constructing

denormalization messages and 3) engaging the public in tobacco control policy development. Table 1 summarizes these elements.

Planning.

The planning element refers to what tobacco control advocates should be looking at while planning for the promotion of a tobacco control policy. The following section discusses how planning in tobacco control requires knowledge and attention to a) patterns of tobacco use (e.g., smoking-rates), b) level of legislation already in place, c) the availability of sufficient and appropriate program and organizational resources, d) staff capacity to promote tobacco control policies and e) research regarding potential negative economic consequences. Some articles in this review used survey designs (Flynn et al., 1998; Laforge et al., 1998; de Guia et al., 2003), others were historical reviews (Robbins & Krakow, 2000; Ferrence et al., 2003; Ontario Campaign for Action on Tobacco, 2003b) and one described the development of a mathematical model to predict smoking rates (Newburn, Remington & Peppard, 2003).

Newburn et al. (2003) conducted an analysis of vital statistics to predict future prevalence of smoking rates during pregnancy in order to tailor tobacco control objectives specific to communities' smoking rates. The authors described the source of data (Wisconsin Vital Statistic Records, from 1990 to 2000) and analysis procedures (regression analysis). The American data used to develop the prediction model covered a ten year period, a relatively short time frame to examine smoking rates. The authors discussed the limitations of the estimates used in the model, pointing out that one needs to take into consideration the smoking rates in the affected population where a policy is targeted, in order to set appropriate tobacco control policies objectives. For example, strategies used would need to differ for a municipality with higher smoking rates compared to a municipality with lower smoking rates. This article highlights the

importance of using context-relevant prevalence estimates of smoking in assessing the potential impact of a policy on smoking rates.

Another author identified the importance of working on the adoption of smoke-free policies at upper levels of government (Ontario Campaign for Action on Tobacco, 2003b), thus providing better protection for larger populations. This article was a historical review of the development of smoke-free bylaws in Ontario. The article does not refer to sources of data or analysis strategies, nor does it mention methods used. However, it stresses an important planning element - promoting smoke-free legislation at the provincial level when a sufficient number of smoke-free bylaws are passed at the municipal level.

The third planning element concerns the types of program and organizational resources available for the promotion of tobacco control policies. This is illustrated by the findings from a case study on the evolution of the Massachusetts tobacco control program from 1993 through 2000 (Robbins & Krakow, 2000). This study aimed to track the "development of management structures, programmatic infrastructure communication and partnerships networks and advisory structure" (p. 123). The authors presented little information about their methods. For example, the procedures for selecting documents included in their review and the document analysis approach were not described and they did not clearly indicate whether or not interviews were completed to supplement or corroborate information contained in documents. The authors concluded that the use of already existing resources such as public health departments and non-governmental organizations should be promoted to reduce the costs of resource development and to maximize the reach of tobacco control efforts. Robbins & Krakow (2000) also suggested a fourth planning element - ensuring that public health workers update their skills to acquire the capacity to deal with the reality of promoting tobacco control policy.

A fifth planning element recommends generating evidence showing that smoke-free policies do not affect the hospitality industry (Ferrence et al., 2003). This finding emerged from a study measuring the economic impact of the Ottawa smoke-free bylaw on restaurants and bars. Authors used taxable sales from March 1998 to June 2002 to examine sales trends in the hospitality industry. Their analysis statistically controlled for population growth, economic conditions and seasonal variation. The study's methods were well described and appropriate for the research question. However, it would have been interesting to have included other municipalities in the analysis as the case of Ottawa may not be representative of other municipalities where smoke-free bylaws have been adopted.

Lastly, a number of authors (Flynn et al., 1998;de Guia et al., 2003) have shown how political decision-makers' knowledge of problems caused by tobacco use and personal beliefs about tobacco use influence their positions on tobacco control policy. Public health practitioners can better choose strategies to influence decision-makers if they are aware of these decision-makers' characteristics. For example, in a cross sectional telephone survey (de Guia et al., 2003) with Canadian legislators from both the provincial and federal levels of government found that politicians who were non-smokers, who believed that health promotion is part of the role of government and knew that smoking causes more death than alcohol use, were more likely to vote in favour of tobacco control policies than politicians who were smokers, thought government did not have a role in health promotion and did not know that smoking causes more deaths than alcohol. The authors used multivariate analysis and confirmatory factor analysis. The data analysis strategies were appropriate, however, the study had a low response rate (54%). Although politicians may be a difficult group to survey, other authors such as Flynn et al. (1998) have

achieved substantially higher response rates (84%) for similar studies with legislators from three American states.

Laforge et al., (1998) also conducted a survey with 1786 university students across six countries to test the validity, reliability and applicability of a standardized survey questionnaire measuring support for tobacco control policies. Although this study had a large sample and a standardized questionnaire, it is questionable whether students are the most appropriate populations for this study since they may not represent the general population in terms of variation in age, education levels and voting participation. The study found that one of the factors influencing the students' support for tobacco control was the strength and extent of tobacco control policies where they lived.

Table 1. Key elements for the promotion of tobacco control

Key elements for the promotion of tobacco control	Reference
Planning	
Plan according to smoking rates in population	(Newburn et al., 2003)
Propose the adoption of tobacco control to upper level governing bodies	(Ontario Campaign for Action on Tobacco, 2003b)
Use already existing resources, by geographic areas	(Robbins & Krakow, 2000)
Ensure capacity building among public health workers	(Robbins & Krakow, 2000)
Define characteristics of political decision-makers that influence their support for tobacco control	(Flynn et al., 1998;Laforge et al., 1998;de Guia et al., 2003)
Generate evidence showing that smoke-free bylaws do not affect hospitality business	(Ferrence et al., 2003)
Constructing denormalization messages	
Use "denormalization" of tobacco	(Bal et al., 2001)
Use the media to convey health message	(Stead, Hastings & Eadie, 2002)
Frame the message around the innocent non-smoking bystander	(Bayer & Colgrove, 2002)
Promote pro-smoke-free attitudes	(John, 2002)
Engaging the public	
Public participation	(Robbins & Krakow, 2000; Blaine et al., 1997)
Advocacy	(Chapman, 2001; Stead, Hastings & Eadie, 2002)

Constructing denormalization messages.

The denormalization messages relayed by tobacco control advocates are another critical element for the passage of tobacco control policy. This section of the literature review was informed by two case studies (Bal et al., 2001; Bayer & Colgrove, 2002) and two articles describing frameworks based on literature reviews (Stead, Hastings & Eadie, 2002; John, 2002).

"Denormalization" is explained in a case study of a state-wide initiative in California (Bal et al., 2001). This case study reviewed the evolution of the "denormalization" approach to tobacco control and presented statistical evidence supporting the success of the Californian initiative. There was no discussion of the methods used to conduct the case study. It would have been useful to learn how the authors selected and analysed the documents used. Another

limitation is the fact that the case study reviewed an initiative conducted in the United States. This case study emphasized three strategies to "denormalize" tobacco use: 1) counter the influence of the tobacco industry through the exposure of its deceptive practices; 2) reduce exposure of second-hand smoke through both education of the public about the risks of second-hand smoke and promotion of smoke-free bylaws, and 3) reduce access to tobacco products through regulation of social and commercial sources. The authors suggested that since its implementation in 1989, California's Tobacco Control Program has proven to be one the best examples of the application of the principle of "denormalization" and is responsible for an unprecedented decrease in smoking rates in both adults and youth (Bal et al., 2001).

Stead, Hastings, & Eadie (2002) identified the media as a cornerstone for the diffusion of health messages. This article presented a media advocacy evaluation framework based on the literature. These authors presented no detail regarding their methods other than stating they reviewed existing evidence "revealing the efficacy of comprehensive tobacco control" (p. 439). Limitations to this study are similar to the case study from Bal et al., (2001), as methods around document sampling and analysis were not presented.

The message relayed for the promotion of smoke-free ordinances should be focussed on the health consequences suffered by the "innocent bystander" exposed to second-hand smoke (Bayer & Colgrove, 2002). Bayer and Colgrove (2002) presented another case study similar to Bal et al., (2001) but used the entire United States to track the development of tobacco control policies since the 1970s. As with the other studies, little information is presented on the methods used to review the evidence discussed in this article.

Lastly, John, (2002) suggested that media messages should also promote pro-smoke-free attitudes. This conclusion arose from a review of the empirical evidence from Australia, New Zealand and the United States supporting comprehensive tobacco control.

Engaging the public.

A third key element in the promotion of tobacco control policies involves public participation and advocacy. The approaches are inclusive and aim at engaging the public to enhance the reach of the strategies. Authors highlighting this principle used terms such as “direct action organizing approach”. Blaine et al. (1997) used a pretest-posttest experimental design measuring student’s smoking and access to tobacco before and after a “direct action organizing approach” intervention aimed at reducing youth smoking and access to tobacco products. The intervention was extensively described in the article with reference to the number of interventions in the community to reduce youth access to tobacco (e.g., approaching city council to adopt an ordinance aimed at reducing youth access to tobacco, raising media awareness around youth access to tobacco etc). The study reports on the number of tobacco control policies established and the number and type of activities that occurred (including media) in each of the intervention communities. Unfortunately the study does not report on student smoking rates and compliance of tobacco vendors to the municipal ordinances. However, the study’s strengths lie in the findings around community mobilizing which was based on the premises that 1) large numbers of people can tip the balance of power; 2) people can mobilize and act around conflict and 3) leaders will be held accountable if people are informed. Success in a direct action organizing approach is measured with change that has been brought about by overwhelming and broad community support (Blaine et al., 1997).

Advocacy was identified as a second approach to engage the public. Chapman (2001) claims that advocacy in public health aims at influencing upstream factors through prevention and is often confronted by opposition from powerful industries, government or interest groups. In a comparative historical review, Chapman compares the development of gun control, road safety legislation and tobacco control and reminds us that advocacy is more than generating epidemiological reports. Although the study does not refer to the methodology used (e.g., documents sampled, analysis procedures and author biases) the article concludes that advocacy spells out solutions to problems identified by epidemiological studies. Therefore, in advocacy work, the presentation of information is crucial, and public health practitioners need to be able to draw the line between information, which presents facts in a neutral way and persuasion, which presents evidence that supports a position in particular.

The Tobacco Industry's Tactics as Barriers to the Passage of Tobacco Control Policy.

One of the challenges faced by tobacco control advocates is organized opposition from the tobacco industry. For health advocates, this opposition might seem difficult to pinpoint and to counter. In order to better understand the breadth of this opposition, the following section deals with a number of articles that specifically highlight how the tobacco industry works to resist tobacco control policy and how tobacco control advocates can address this opposition.

As a result of litigations in the late 1990s, a large number of formerly secret tobacco industry documents were made available to the public (Mackay, 2000) through depositories and websites. A review of these secret documents has exposed the industry's tactics to derail tobacco control policies. The articles discussed hereafter are based on these documents.

Methodologically, some of the articles offered little or no description of document sampling procedures or of document coding and analysis procedures (Dearlove et al., 2002;

Bialous & Glantz, 2002; Saloojee & Dagli, 2000; Muggli et al., 2001; Carter, 2002). However, other articles presented more extensive description of methods used such as Malone (2002) and Smith and Malone (2003) who used chronological case studies to track tobacco industry's activities. The following presents the findings from the aforementioned articles.

First, Saloojee & Dagli (2000) offered a historical analysis of tobacco industry documents to identify strategies used by the industry to resist tobacco control policy. They found that as early as the 1950s, when scientific evidence linking tobacco to cancer first emerged, the tobacco industry joined efforts and resources to fight off litigation, to improve public opinion about the industry, and to spread doubt about research linking tobacco and cancer. The industry did this by investing in public relations campaigns, in political parties, and in lobbyists who would influence policy. Also, according to Saloojee and Dagli (2000), the tobacco industry funded scientific research to denigrate new evidence, created front groups to oppose tobacco control, and corrupted public officials.

Second, using documents from the Minnesota Tobacco Settlement and other legal cases involving tobacco companies, Malone (2002) described how the tobacco industry was conducting surveillance on two health interest groups. Malone reviewed documents from the Tobacco Institute, R.J. Reynolds, and Philip Morris for the period dating 1985 to 2001. The review showed that the industry participated in the gathering of intelligence, obtained material illegally, and taped sessions of organization meetings without permission. The tobacco industry was also found to have painted health advocates as extremists (Malone, 2002).

Third, Bialous & Glantz, (2002) reviewed documents related to ventilation standard legislation in the United States (ASHREA Standard 62) using documents for the 1981 to 2001 period from the Legacy Tobacco Documents Library website, interviews with experts and

observation of ventilation experts' meetings. The review presents evidence showing that the tobacco industry has benefited a great deal from its influence on the development of United States standards on ventilation (Bialous & Glantz, 2002). In the 1980s, the influence of the tobacco industry was successful in blocking the adoption of standards based on health issues, by pushing the option of an "accommodation" standard with the acceptance of low levels of second-hand smoke in public places and by presenting ventilation as an answer to the problem of second-hand smoke.

Fourth, Dearlove et al. (2002) highlighted how the tobacco industry manipulated the hospitality industry into supporting the tobacco position on smoke-free ordinances. They reviewed documents from the Philip Morris website from the 1970s to the late 1990s and found that the tobacco industry was strategizing to gain support from the hospitality sector and even created hospitality associations in areas where there was a lack of support or in areas where there was just an absence of hospitality associations. Dearlove et al. also highlighted that the tobacco industry was convincing the hospitality industry to promote ventilation options (such as designated smoking rooms) that would cost large amounts of money on the basis that they would lose business over 100% smoke-free ordinances. The authors noted that, ironically, there was no evidence supporting the argument that businesses would suffer economic losses from the smoke-free policies.

Fifth, Carter (2002) alerted tobacco control advocates of more recent tactics by the tobacco industry to derail the now established World Health Organization Framework Convention on Tobacco Control through a review of activities of tobacco industry consulting firms from the 1970s to the late 1990s, using publicly available documents. Carter found evidence demonstrating that public relations companies such as Mongoven, Biscoe and Duchin

worked for Philip Morris and RJ Reynolds to damage international tobacco control efforts. Strategies used to do so included delaying the Framework Convention on Tobacco Control, framing the issue around the choice of adults, collecting information about the content of the convention, and focussing on key meetings to intervene against the framework (Carter, 2002).

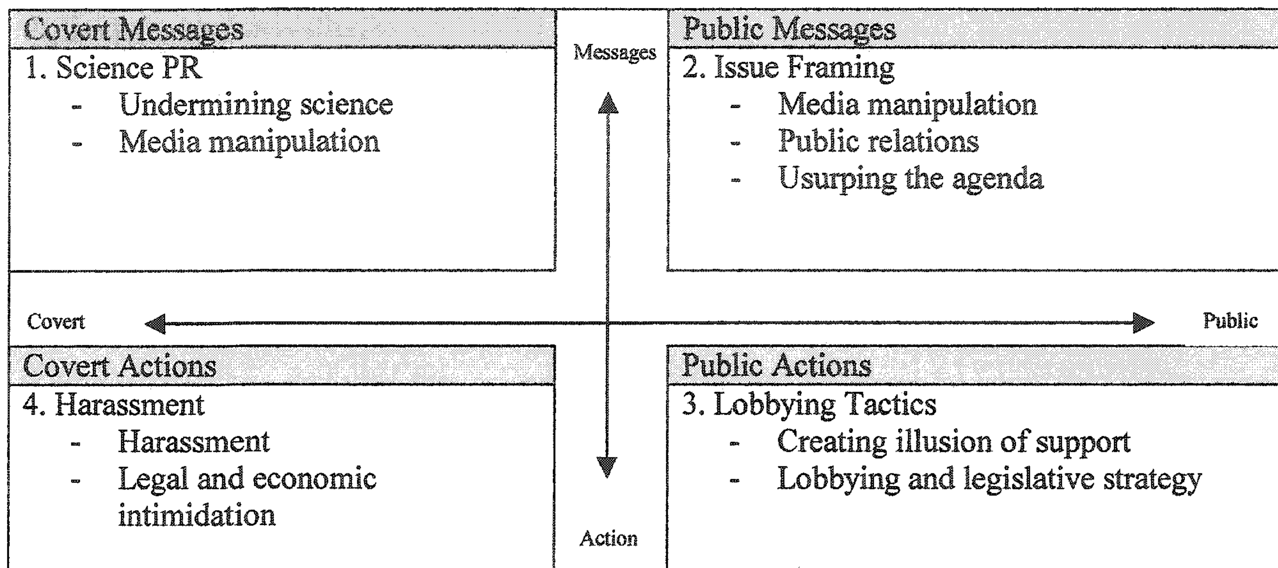
Sixth, a review of the Philip Morris tobacco industry documents from the 1980s and 1990s from the Legacy Tobacco Documents Library website illustrated how the industry considered "quitting" the business of tobacco due to mounting public relations difficulties and potential costly litigations (Smith & Malone, 2003). The industry preferred to consider the option of enhancing its image. This led the Philip Morris Company to consider changing its name to the Altria Group in 2001. This would have preserved all financial assets and prevented subsidiary companies in the food industry (e.g., Kraft General Foods) from suffering the public relations problems associated with tobacco manufacturing.

Finally, a model of the industry's tactics was developed with concept mapping methodology, using the participation of 34 tobacco control experts and multivariate statistical analysis (Trochim, Stillman, Clark, & Schmitt, 2003). The tobacco control experts were from academia, advocacy and research organisations, government agencies and tobacco funding agencies. Experts were first involved in a brainstorm session to generate statements about tobacco control activities. Second, they sorted the statements into categories. Third, they rated 88 of the 226 statements on a scale from 1 to 5 "for its relative importance in undermining tobacco control efforts" (p. 141). The ratings were then used to create a similarity matrix between statements. The matrix was analysed using non-metric multidimensional scaling analysis which was graphed on two dimensional maps. The experts interpreted the maps at the end of the

analysis to label clusters of statements which led to the creation of the model of pro-tobacco tactics presented hereafter.

Each type of interference strategy was classified in one of four clusters reflecting two intercepting axes. The first axis describes the strategies used, ranging from 'action' to 'messages'. The second axis describes the transparency of the strategies, ranging from 'covert' to 'public' (see figure 1). Four clusters of interference strategies were identified: 1) Science Public Relations, 2) Issue Framing, 3) Harassment and 4) Lobbying Tactics. *Science public relations* tactics were covert messages and developed to undermine science and manipulate the media. *Issue framing* tactics involved public messages and included media manipulation, public relations and usurping the agenda. *Harassment* were covert actions including harassment as well as legal and economic intimidation. *Lobbying tactics* were public actions and involved creating the illusion of support and lobbying for legislative strategy.

Figure 1. Model of tobacco industry interference strategies (adapted) *(Trochim et al., 2003)*



Trochim et al. (2003) also highlighted the importance of health advocates considering the actions of the tobacco industry when developing tobacco control policy. They argued that this would prepare them for changes in tactics should the industry feel the pressure of a potentially efficient tobacco control program. For example, this model suggests that if the threat of a tobacco control policy increases, the industry would move from public messages such as public relations efforts to more covert actions such as legal and economic intimidation or harassment. Some of the findings of this document are consistent with the findings from Muggli et al. (2001), highlighting the tactics of the tobacco industry to discredit scientific evidence supporting bans of second-hand smoke.

Strategies to Fight the Tobacco Industry's Tactics

Some authors have offered strategies for the public health community to use in fighting against the industry's tactics. Some have suggested strategies to increase disclosure by the tobacco industry and have called for a phasing out of the industry (Saloojee et al., 2000) and contended that public disclosure of the industry's knowledge of the link between tobacco and

cancer and how it managed this information, can help expose the tobacco industry. Also, these authors recommended laying out a recognisance of international rights of tobacco consumers and promoting the disbandment of industry groups aimed at deceiving the public. Carter (2002) concluded that public health workers should ensure transparency of participants in tobacco control promotion, treat public relations companies with caution, and clearly define the steps of the tobacco control policy development process.

Bialous et al., (2002) described the need for strong representation of the health sector during the process of developing tobacco control policies or standards (e.g., ventilation standards). Trochim et al., (2003) called for tobacco control advocates to account for the industry's anti-tobacco control efforts when evaluating tobacco control programs because the industry's activities could limit the effectiveness of the tobacco control advocates' work.

Smith et al. (2003), called for a more drastic set of strategies to phase out the tobacco industry. Amongst the strategies proposed were the creation of a situation where the tobacco business would not be profitable through public pressure, media attention, and government action such as litigation, regulation and taxation.

Diffusion of Innovation in Tobacco Control

In public health, the promotion of tobacco control policies such as 100% smoke-free bylaws is relatively new, dating back about ten years. The passage of smoke-free bylaws is also new to municipalities. Therefore, the adoption of a 100% smoke-free bylaw can be considered innovative and ahead of its time. It represents advancement towards better health for one's community. The following presents a discussion on how the Diffusion of Innovation theory (Rogers, 1995a) may be useful when applied to the situation of tobacco control policy such as municipal smoke-free bylaws.

Ferrence (1996) presented an analysis of the Diffusion of Innovation theory as it relates to the problem of smoking and suggested that the Diffusion of Innovation theory could be applied to the diffusion of strategies to reduce smoking, such as smoke-free bylaws. The Diffusion of Innovation theory attempts to explain the diffusion of new ideas among populations. This diffusion is believed to work through communication channels and within a social structure. Once a critical mass of people has adopted the new idea, it is believed that this idea will be adopted by a majority of the population at increasing rates. Individuals adopting the innovation are categorized depending on their rate of adoption as follows: 1) Innovators, 2) Early Adopters, 3) Early Majority, 4) Late Majority and 5) Laggards (Rogers, 1995b). The Diffusion of Innovation theory therefore helps explain how an increasing number of municipalities in Ontario are adopting 100% smoke-free bylaws. In the present study, the individuals and groups adopting the new innovation (i.e. the passage of smoke-free bylaws) are identified as municipal councillors, the general public and business owners.

Limitations of the Literature on the Challenges of the Passage of Tobacco Control Policy

In this literature review, the tobacco industry was identified as the main opposing group. It was discussed how the tobacco industry can manipulate the hospitality industry to reach its goal for profits by working at state/provincial and national levels. No articles addressed the realities of working towards tobacco control policies with the tobacco industry involved at the municipal level. This limitation makes it difficult to foresee if the tobacco industry would use similar or different strategies to create opposition to smoke-free bylaw passage at the municipal level.

It is also important to note that strategies in favour of or against tobacco control are both reported from the same perspective, that of the public health community. It is therefore important

to keep in mind that the documents have been presented through the public health lens. We should therefore not be surprised to find descriptions of the tobacco industry as the "villain". When considering the description of the tobacco industry's tactics, the possible public health bias towards the industry must be taken into consideration.

None of the articles reviewed consolidated the strategies used by both sides into a framework for tobacco control at the municipal level. It would therefore be important for health practitioners to develop frameworks that will help them understand how the strategies presented in this section of the literature review link up together.

Methodologically, many of the articles reviewed relied on historical and publicly available documents from the tobacco industry. This data was useful in revealing what those in the industry are doing. However, there is a need for more extensive documentation of how the health sector and more particularly the public health sector are working as advocates for tobacco control. There was also data on federal and provincial or state policy-makers but less on the process of adopting policy for tobacco control at the municipal level. Thus, there was a lack of studies looking at the process of tobacco control policy adoption at the municipal level. The literature chosen for this review provided a general understanding of what is known about the essence of the passage of tobacco control policies and the inherent challenges faced by public health practitioners who advocate for health policy change.

Evidence supporting the promotion of tobacco control is limited. But as Bayer and Colgrove (2002) observe, this is not new in tobacco control since the practice in this area often precedes scientific evidence. An example of this effect was the rising number of smoke-free policies in the United States in the 1970s prior to the publication of widespread scientific research linking tobacco use and exposure to a number of diseases.

Summary of Challenges in the Passage of Tobacco Control Policies

This first section of the literature review discussed how a variety of factors can influence the complex process of passing tobacco control policy. First, three types of strategies used by public health advocates were discussed. The three types of strategies included 1) planning the passage of tobacco control policy, 2) constructing denormalization messages and 3) engaging the public. Second, tactics used by the tobacco industry to derail tobacco control policies were reviewed. A model by Trochim et al. (2003) classified the different types of tactics used by the industry. This was followed by suggestions on how public health advocates can counteract this opposition. The application of the Diffusion of Innovation theory to the development of tobacco control policy was also discussed. Finally, limitations of the articles presented in this section of the literature review were discussed.

Overview of Elements in the Policy Process

To better understand the policy process, health practitioners must clarify how decisions are made, identify the characteristics of the process, name the key players in the process, and determine how these players are influenced by different factors. For the purpose of this study, the policy process is understood as the entire process of adopting legislation while decision-making relates to the vote of people in power to make a decision about the passage of legislation.

In his assessment of the contribution of research to the policy-making process, Rist (2000) suggested that previous models had portrayed decision-making as an event rather than as a process. It is now understood that such decision making is an iterative, cyclical process, with decisions being reviewed time and time again. Rist (2000) also identified three groups of key players in the political decision-making process: politicians, special interest groups, and people in the media. Kingdon (1995a) also identified a comprehensive list of influential key players for

the same process: interest groups; academics, researchers, and consultants; the media; election-related participants; and the public. In addition to what these authors suggested, Health Canada (2000), considered the industry as having an interest in shaping healthy public policy. The tobacco control literature identifies a similar list of key players (de Guia et al., 2003; Alexander et al., 1997).

Additionally, the literature related to tobacco control offered some information around the decision-making processes of state, provincial and federal legislators regarding tobacco control issues. The literature reviewed shows that pressure exerted by voters has a strong influence on decision-makers' positions on tobacco control policy (Flynn et al., 1998; de Guia et al., 2003). Furthermore, efforts to develop measures to evaluate support for tobacco control policies (Laforge et al., 1998) have led to the early categorization of different levels and strengths of policies and how they are supported by decision-makers (de Guia et al., 1998; Cohen, 1999; Flynn et al., 1998; Goldstein et al., 1997; Cohen et al., 1997; Flynn et al., 1997). An article by de Guia et al., (2003) described the development of measures for predicting support by decision-makers for tobacco control policy. This article suggested that decision-makers who 1) were non-smokers, 2) believed that health promotion is a role of government and 3) knew that there are more deaths related to tobacco than alcohol, would be more inclined to vote in favor of tobacco control policies than decision-makers who did not. Politicians would also consider the extent to which voters, the tobacco industry and other interest groups could be affected by tobacco control policies in order to determine their position on a proposed policy.

Kingdon's Successively Narrowing Boundaries Model

A discussion of the attempts by key players to influence the policy-making process is offered in Kingdon's (1997) Successively Narrowing Boundaries model of the political decision-

making process. This model was developed through extensive cross-sectional interviews with sixty American politicians using qualitative methods. A total of 222 of congressman's votes were analysed on a variety of issues over a period of one year (1969). The sampling methods ensured representation of congressmen from different parties, from different areas of the United States and with varied length of service as congressmen. The strengths of Kingdon's methodology lie in the extent to which a large amount of data was gathered and the sample methods chosen (stratification). However, the study findings were based on the American federal legislative process, therefore not necessarily representative of the reality of the Canadian municipal level legislative process.

Kingdon posited that decision-makers must consider policy alternatives from a variety of influences, including the public. Each alternative is successively eliminated as the most suitable one is chosen. In addition, a policy that fits an already established political agenda and builds public support is more interesting to an elected decision-maker than a controversial policy that is not supported by the public.

Kingdon (1995b) also argued that the policy-making process works in an incremental fashion. Decision-makers opt for alternatives that bring gradual rather than sudden change. Politicians generally prefer small, manageable steps rather than radical, more drastic changes which require that politicians spend time redefining their goals and agendas. The process of policy change is a gradual, step-by-step progression. Kingdon referred to it as *incrementalism*, a process that has been reflected in the development of smoke-free bylaws across Ontario since the mid-1980s (Ontario Campaign for Action on Tobacco, 2003c). Municipalities where smoke-free bylaws were already established, were more successful at passing strong 100% bans on smoking

in public places during recent waves of change to smoking bylaws in Ontario than municipalities with no smoke-free bylaws in place.

Kingdon (1995c) further explained that there are different times when the possibility of passing legislation is increased. This is referred to as a policy window. The policy window can open or close depending on 1) a change in the political stream and 2) a new problem gaining governmental attention. A change in the political stream could include a change in administration, a redistribution of legislative seats, or a shift in constituency mood. Kingdon proposed that policy windows are short-lived and that advocates need to take the opportunity before they pass, as once policy windows are closed, there is no warranty that they will reopen.

Implications for Elements in the Policy Process

In summary, the policy process was presented as iterative. This creates challenges for public health practitioners promoting the passage of a smoke-free bylaw because the policy process is not defined by boundaries, such as time periods. Furthermore, the policy process involves a number of key players who all have some influence when politicians consider a new policy. Regarding tobacco control policy, it was determined that politicians, interest groups, people from the media, academics, researchers and consultants, constituents and the tobacco industry, all have a role in the passage of policy such as municipal smoke-free bylaws. The concepts of successive alternatives and *incrementalism* presented by Kingdon, are in accordance with the development of smoke-free bylaws in Ontario. The debates around the different alternatives for smoke-free bylaws (e.g., allowing for designated smoking rooms or not, passing a bylaw with staged implementation or not) highlight how decision-makers will debate a number of alternate options before selecting one. In terms of *incrementalism* (Kingdon, 1995b), it was discussed that municipal councils who have passed strong bylaws, such as in Waterloo and

Victoria, had previously adopted weaker bylaws by making the new bylaw just one step stronger than the previous one.

Overview of Elements for Public Participation

The previous section of the literature review identified the public as an important stakeholder in the passage of policy. However, there is a need to develop models for a better understanding of effective community involvement (Smedley & Syme, 2000). From the community nursing literature, public participation was listed as a principle of primary health care. Within this perspective, public participation involved consumer control, support by volunteers, mutual aid, self-care, partnership with lay helpers, professional-client interactions, consumer perceptions, client participation, and empowerment (Stewart, 2000). A wide range of terms was used to describe the involvement of citizens in decisions regarding health policy. Examples of terms used include community health action, community empowerment, collective health action, and public involvement. For the purpose of this study, these terms are considered to represent the approach of public participation. In terms of defining the public, the present study accepts the stance of Maloff, Bilan, & Thurston (2000), who considered the terms community, consumers, stakeholders and citizens as interchangeable, and highlighted the range of subgroups included in the definition.

Because public participation is highlighted as an important leverage element for the development of a tobacco control policy, this literature review examines four models[1] that involve the public and different community sectors in the development of health promotion initiatives. These models were chosen for two reasons. First, public participation was discussed from the public health and population health perspective. Second, concepts related to public

[1] "model" is the generic term used in this document to describe what is an assortment of frameworks and models.

participation were developed in each of the models. They are compared on the basis of the strategies they offer to promote public participation.

Description of Four Models for Public Participation

The first model, "building and sustaining collective health action", emphasized the relationships among self-care, collective capacity, and a supportive environment (Edwards, Murphy, Moyer, & Wright, 1995). To foster public participation, the model proposed three overarching strategies: 1) promoting individual and family action, 2) influencing the environment, and 3) building partnerships. In addition, the model focused on the need for multiple strategies to address health behaviour and to enhance synergies among the program components. It also prompted the practitioner to use appropriate midrange theory for the design of the program.

The second model, "building collective capacity", emphasized the process by which a practitioner can engage partners to establish health promotion programs (Moyer et al., 1997); (Moyer, Coristine, MacLean, & Meyer, 1999). The model demonstrated the need to use a staged approach with partners in order to build successful coalitions. Strategies to increase public participation included: 1) identifying common ground; 2) establishing self as a community player; 3) working on a common project and 4) working on a multiagency, multisectoral project. This model underlined the importance of building partnerships over time and among different groups and sectors as a means of promoting public participation.

The third model described is the "intersectoral action kit" (Health Canada, 1999). It emphasized the concept of partnership. This model stressed the importance of collaborating with different sectors for health gains, but it did not present it as a staged process. Rather, the model highlighted different elements that interact in a circuitous fashion so that practitioners can work

with the different elements at different points in time. Strategies to promote public participation included picturing the results, empowering the team, ensuring success, and building continuity.

The fourth model, the "framework for public involvement", focused on the principles of involving the public on an equal level with health practitioners and valuing the partnership between health professional and the public (Health Canada, 2000). Concepts such as trust, integrity, mutual respect, and inclusiveness between public health practitioners and the public provided a basis for better collaboration. The framework also included a continuum of public participation, guiding practitioners in choosing the level of involvement appropriate for the health issue at hand.

Comparison of Public Participation Models

Following from the review of these models, it is apparent that building public participation is a process that moves along with time and effort. The models highlighted the importance of building partnerships with different sectors to promote public participation and to share in the decision-making process. Table 2 represents the different strategies to promote public participation as presented by these models.

Table 2. Models of public participation and strategies used to promote public participation

	Models			
	Building and sustaining collective health action (Edwards et al., 1995)	Building collective capacity programs (Moyer et al., 1997); (Moyer et al., 1999)	Intersectoral action kit (Health Canada, 1999)	Framework for public involvement (Health Canada, 2000)
Strategies to promote public participation	Promote individual and family action, influence the environment, and build partnerships	Identify common grounds; establish self as a community player; work on a common project; and workon a multiagency, multisectoral project	Picture the results, empower the team, ensuring success, and build continuity Partner with different sectors	Build collaboration using trust, integrity, mutual respect and inclusiveness

Three Principles for Public Participation

Three principles for public participation emerged from this review of public participation models (see table 3). Each principle is accompanied by a mechanism that also emerged from the review of the models. The first principle, include a variety of groups of individuals as key players in the policy-making process, is related to the identification of stakeholders presented by previous authors (Kingdon 1995a, 1995b, 1997; Rist, 2000; Health Canada; 1999, 2000; Alexander et al., 1997; de Guia et al., 2003; Flynn et al., 1998). This principle works through the mechanism when voices from a variety of community stakeholders are heard to represent broad community support. It can be represented by the example of a teenager sharing her story through the media by telling how second-hand smoke in public places triggers her asthma. The second principle, allow time for partnerships to build, calls for public health nurses working in the field of health promotion to connect with the community and its different representatives. This would foster support for an eventual health policy, should it be debated in the future. The mechanism

through which this principle works is building connections and relationships over time with smaller endeavours. Thus, as groups work together, they are able to identify common ground and work toward the same goal. This can potentially provide important leverage once a critical health policy is on the political agenda. The example offered for this principle is the case of coalition members working on smaller scale projects before moving on to bigger ones. The third principle is consistent with the need to keep connected with the community. By using the principle of building partnerships with different sectors of the community, public health nurses can ensure a wide range of support from the community and promote the leverage needed for important policy changes. An example of how this can be done is when a public health department partners with the restaurant industry and the local council on smoking and health for the promotion of a smoke-free bylaw.

Table 3. Principles and mechanisms to promote public participation

Principles	Mechanisms	Examples
Include a variety of individuals, organizations, and interest groups.	Voices from the whole community are heard.	A teenager shares her story with the media about how second-hand smoke in restaurants triggers her asthma.
Allow time to build partnerships.	Allows groups to identify common ground and work toward same goal.	A coalition starts by working on a smaller scale campaign before moving to a larger scale endeavour.
Build partnerships with different sectors.	Provides leverage by showing support from all sectors.	The health department partners with the restaurant industry and the local council on smoking and health to conduct a campaign for the adoption of a smoke-free bylaw.

Limitations to Models of Public Participation

The models reviewed helped identify gaps in knowledge about public participation. First, there is also a lack direction about what strategies to use in which situation. For example, strategies promoting public participation for health reform may be different than strategies

supporting the adoption of a municipal smoke-free bylaw. The models also do not address the process of policy-making.

Moreover, these conceptualizations of public participation tend to be used in a variety of situations without necessarily being relevant to tobacco control. Tobacco control is particular because it involves an industry that has a history of strong and successful opposition to increased restrictions on tobacco use. This characteristic may be relevant to other issues in public health such as pesticide use and ground water contamination, where health advocates are confronted with people who are making a profit from an industry whose product can pose a threat to the health of populations. The tension can occur from the potential loss of profits that may occur when an industry is controlled to varying degrees by legislation.

In addition, it is likely that a campaign supporting public participation to promote the passage of a smoke-free bylaw raises the participation of opposition groups as well as groups supporting the bylaw. It would therefore be important for tobacco control advocates to be able to recognize the influence they may have on the activities of the opposition group. In the models reviewed, there is neither discussion of such groups, nor articulation of strategies to manage the influence they might have.

Another aspect that is missing in the models is the role that contextual factors can have in influencing public participation. It would be important to understand what factors influenced public participation positively or negatively to the successful passage of tobacco control policies. Another important omission from the models is what motivates the public to take action on tobacco control.

Summary of Models of Public Participation

This section of the literature review has presented four different models of public participation from which three principles for fostering public participation emerged. The principles were accompanied by mechanisms and clarified by examples related to tobacco control. Although the models provided useful information about public participation, it is important for health practitioners to have a framework that would include public participation as it relates to the passage of health policy such as tobacco control at the municipal level. It would also be important for the model to include the potential influence of opposing groups.

Conceptual Framework

To guide this study, a framework of influential factors has been developed that integrated key insights derived from the literature review. The framework, which places the policy process as its focus, captures certain elements considered critical for the development of tobacco control at the municipal level. Another important element included in the framework is the role of the public as an important leverage point for the passage of a smoke-free bylaw. As discussed earlier, the public, as well as health interest and industry groups are predominant influencing factors considered by politicians. Since the process of policy development is dynamic and iterative, the framework also needed to reflect the existence of feedback mechanisms that have an impact on the passage of future smoke-free policies.

Description of the Framework

The central element of the framework (see figure 2) is the decision-making process for the passage of municipal smoke-free bylaws and is represented by *municipal decision-makers' adoption of the smoke-free bylaw*. *Public participation* is directly linked to the central element through the step in the process called *change in public opinion regarding the smoke-free bylaw.*

In developing the new framework, key stakeholders in the development of policy were identified from the literature reviewed earlier. These key stakeholders include: the general public, health interest groups, the service industry, academics, and consultants. In addition to these groups, staff at the public health department and municipal decision-makers have been included because they were considered key players in the policy-making process for this particular case. For the purpose of this framework, public participation is considered to be an action of individual citizens or groups who become involved in a process to support or oppose an upcoming decision on a health policy with the intent to influence the voting choice of decision-makers.

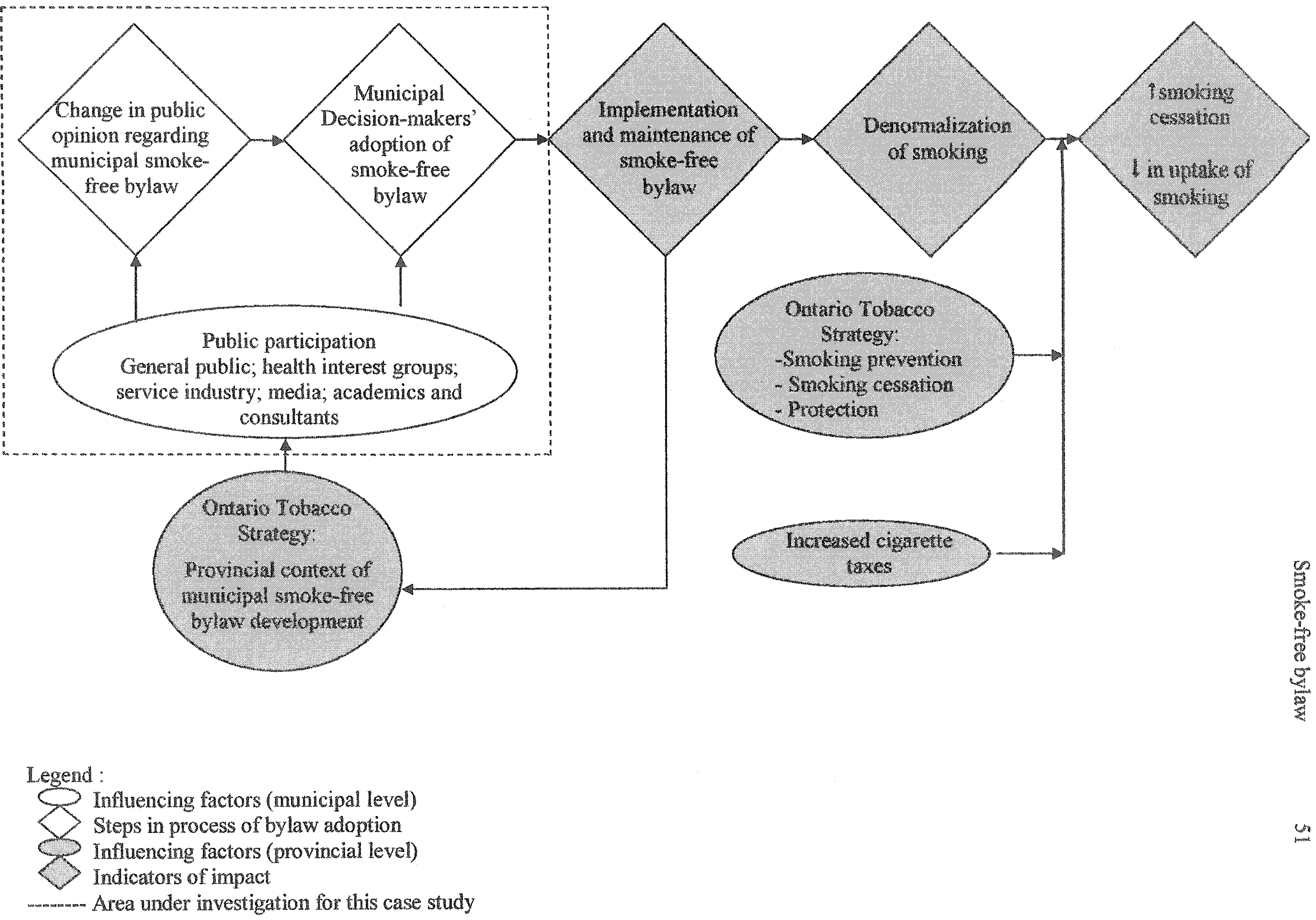
The steps in the process identified as *implementation and maintenance of the smoke-free bylaw, denormalization of smoking and the increase in smoking cessation and decrease in smoking uptake* follow as indicators of the impact of the passage of the bylaw. The latter indicator of impact (*increase in smoking cessation and decrease in smoking uptake*), is represented as the ultimate goal of tobacco control. Additional influencing factors include the *Ontario Tobacco Strategy* and *Increased cigarette taxes* and are represented to show their link with the ultimate indicator of impact (increased smoking cessation and decreased uptake of smoking).

In the framework, the influence of the pressure to adopt 100% smoke-free bylaws is represented by the *Ontario tobacco strategy: Provincial context of municipal smoke-free bylaw development* and creates a feedback loop between the *Implementation and maintenance of the smoke-free bylaw* and the *Contextual component of the Ontario Tobacco Strategy.* It is also suggested that the increasing number of smoke-free bylaws across Ontario prior to the adoption of the smoke-free bylaw in Ottawa has had a positive effect on public opinion. Thus, social

norms about smoking in indoor public places are affected by increasing public support for stronger restrictions on such areas.

Advantages of developing a framework on policy-making at the municipal level include the possibility of bringing together different concepts in an orderly fashion to increase accessibility of information and knowledge for practitioners and researchers working in the field of tobacco control. The case study in this thesis provides an opportunity to examine the utility of the framework. These key concepts could be used for future theory advancement. Current concepts presented in this fashion can then be applied to other situations, therefore generalizing current best practices of tobacco control to other fields requiring policy-making.

Figure 2 *Conceptual framework for municipal level tobacco control*



Summary of the Literature Review

It is important for public health workers to be cognizant of the different strategies that can be used for the promotion of tobacco control policies and to be aware of opposing groups' tactics to derail public health workers' efforts to pass such policies. To be successful in the development of tobacco control policies, members of the public health community need to be informed about how the policy process works and to identify key factors and players that can influence it. Furthermore, principles of public participation should be integrated into the development of tobacco control policies to increase the leverage of strategies used. Finally, a conceptual framework was proposed that synthesized the literature reviewed. This framework, in turn, provides a basis for the research questions guiding the present study.

Research questions

This study explores the role of public participation in the development of tobacco control policy, using the example of a municipal smoke-free bylaw. It also examines other factors that may influence municipal decision-makers' positions on and decisions about smoke-free bylaws. The research questions for this study were:

- From the perspective of the key stakeholders, what factors influenced public opinion and public participation during the Smoke-free Ottawa campaign?
- What factors, including public opinion and public participation, influenced municipal councillors' position and final vote on the smoke-free bylaw?
- What other contextual, organizational, and human factors influenced the process?
- What factors created important leverage in the process of adopting the bylaw?

Chapter III: Methods

This chapter discusses the methods used in this instrumental case study. First, the rationale and assumptions underlying the chosen research design and a synopsis of the qualitative and quantitative methods are presented. Second, the chapter presents how participants were recruited and how consent was obtained. Third, the setting within which the study took place is described followed by the rationale for and assumptions of the chosen methods. Fourth, data collection and analysis procedures are described. Finally, methods for verification and standards of quality are highlighted.

Rationale and Assumptions for a Case Study

This study used a mixed-methods case study approach. Advantages of a mixed-methods approach are highlighted by Polit and Hungler (1999b) and include 1) complementarity, 2) enhanced theoretical insights, 3) incrementality, 4) enhanced validity and 5) the creation of new frontiers. First, it is suggested that the use of both qualitative and quantitative methods complement each other. The gaps in one method are filled by the strengths of the other method. For example, quantitative methods may be superficial in conveying the nature of complex human experience, but may be useful in capturing the essence of large amounts of quantitative data. Second, the convergence of methods can highlight different aspects of an evolving theory. By looking at the same phenomena through different lenses, one can further the development of a theory. Third, comparing findings from both methods can augment the overall understanding of a phenomenon. Fourth, enhanced validity is believed to be achieved when findings are supported by both methods. Fifth, inconsistencies between findings from both methods can help researchers to explore concepts further and therefore push the level of inquiry beyond what could have been expected in a single method approach.

The analysis of the qualitative data used methods of a qualitative instrumental case study, as described by Stake (1995c), and involved triangulation procedures between methods, member checks and expert panel review. Compared to intrinsic case studies that focus on a particular case based on its uniqueness, instrumental case studies look at a particular case with specific research questions that will help gain insight regarding an issue (Stake, 1995c). An instrumental case study is thus organized around the issue (Stake, 1995b). It is an exploration of a system bounded by place and time (Creswell, 1998), such as the Smoke-Free Ottawa campaign, which is bounded geographically (i.e., the municipality in question) and by time (i.e., public participation activities between November 1, 2000 and April 26, 2001). The features of this campaign lent themselves to an instrumental case study approach.

The aim of a case study is to understand rather than to explain. As noted by Stake (1995c), case studies are used to particularize, not to generalize. They emphasize the uniqueness of the case with information from other cases but without extensively comparing it to other cases. Therefore, this project does not compare this example of public participation with that of other municipalities but emphasizes its uniqueness to understand the process while providing enough contextual information to understand the case.

For this case study, a constructivist approach has been taken, whereby participants in the study are understood to interpret reality and construct their own perspectives of the case. It is understood in this study that I cannot distance myself completely from the subject of public participation and that the findings are created by my personal interpretation of the participants' perspectives. This recognition also acknowledges that my biases may influence the sample, the choice of informants, and the interpretation of data. For example, my previous work with a similar campaign in Eastern Ontario may have influenced my personal views of the topic. On the

other hand, my experience with the topic is bringing an additional perspective to the study that will enhance the depth of analysis.

Participant Recruitment and Informed Consent

Participants for this study were stakeholders who played key roles in the process of adopting the smoke-free bylaw in Ottawa. The participants were purposely chosen with the help of a key informant. They were selected on the basis of their involvement in the Smoke-Free Ottawa campaign and their capacity to elaborate on their perspectives of the policy adoption process. Politicians with different levels of support for the bylaw were to be recruited. The aim was to obtain interviews with three politicians who were involved in the process, with a member of a health interest group, with two members of the service industry and with three staff at the public health department (from a total of eight core team members). The only inclusion criterion was that interviewees were able to complete the interview in French or in English. Participants were to be excluded if they were involved in court proceedings against the bylaw during the time of data collection.

Recruitment.

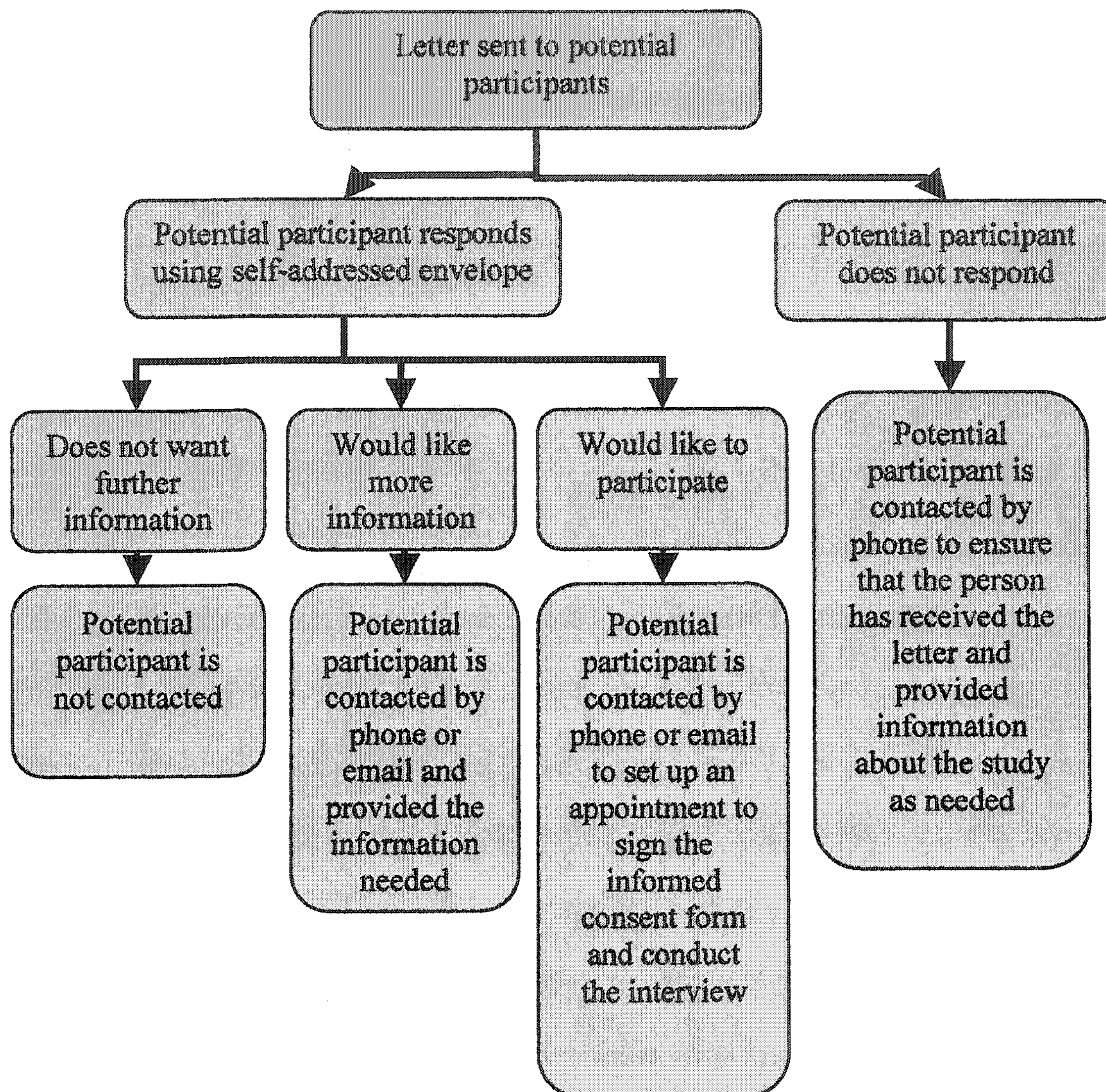
A key informant suggested names of people who met the recruitment goals. This key informant provided a list of names for potential interviewees including municipal decision-makers, public health department staff, members of health interest groups and members of the service industry. The list of names was ordered in priority according to the level with which they filled the recruitment goals for each group and included twice as many names as needed for the case study to allow for refusals. With the exception of municipal councillors, the full list was not used because quotas were met for the number of participants.

Participation in the study was voluntary. All potential participants received a recruitment letter with information about the study (Appendix 1). The informants were all well-known in the community and contact information was obtained using public records such as phone books and websites.

A letter of recruitment with a self-addressed return envelope was mailed to potential participants (see Appendix 1 for a sample of a recruitment letter and return form). The participants had the option of mailing or faxing the consent form, of calling or not responding. A few weeks later, a phone call was made if no answer had been received. The phone call was to inform the individuals about the study and determine their interest in participating.

If the potential participants responded that they preferred not to receive any more information, there was no further attempt to contact them. Participants who responded that they wanted more information, were called or emailed and provided with the necessary information. When individuals indicated they were interested in participating, they were called or emailed to set up an appointment to sign the informed consent form and conduct the interview. Figure 3 identifies the different options for potential participants and actions that were taken.

Figure 3. Options for potential participants for responding to recruitment letter



Potential participants from the municipal council who refused to participate mentioned that they did not have the time to participate due to the upcoming municipal elections. Further recruitment efforts were conducted with one other municipal councillor with no success. At this point, no more municipal councillors were approached as municipal elections were taking place and the list of potential councillors was exhausted.

Informed consent and ethical reviews.

This study received ethical review certificates from two Research Ethics Boards; the research ethics boards of the public health department and the University of Ottawa. Certificates can be found in Appendix 2.

A consent form was prepared with a participant information letter (see Appendix 3 for the consent form and information letter) and presented to each of the participants prior to the interview. Very few participants had questions about the consent form and all participants signed the consent form.

Setting

The study was conducted in the city of Ottawa, Canada. The interviews were conducted at interviewees' offices and homes, according to their availability. A letter of permission to access documentation pertaining to the Smoke-free Ottawa campaign from the public health department was obtained and is attached in Appendix 4.

Data Collection

Three types of information sources were used in this single-case study: interviews, public opinion surveys and newspaper articles. Table 4 highlights the different stakeholders' groups considered important in this case study, the data collection methods to capture their perspective and the rationale for including each specific group of stakeholders.

Table 4. Key stakeholders and data collection methods

Stakeholders	Data collection methods and data sources	Rationale for inclusion
Municipal councillors	Interviews	Under the provincial Tobacco Control Act of 1994, municipal councils have the authority to pass tobacco control policy to restrict smoking in public places. Municipal councilors were called upon to make a decision regarding smoking in public places in Ottawa.
Community coalition	Interviews	Community coalitions were called upon to rally public participation and were active participants during the process. Ottawa was host to a number of local and national anti-tobacco groups that had a role in the campaign.
Media	Document analysis: letters to the editor, news articles and editorials available in the Canadian Newsstand database	Local newspapers reported extensively on the campaign and the upcoming decision. Letters to the editor, news articles and editorials were available in the Canadian Newsstand database for analysis.
Service industry	Interviews	The service industry became closely involved in the campaign. Some members of this industry supported the bylaw while others were strongly opposed and organized to voice their opposition to the bylaw.
General public	Document analysis: Public opinion surveys available through the public health department	The general public participated in different ways in this campaign one of which was by writing letters to the editor in the local newspapers.
Public Health Department	Interviews	The public health department was initiator/coordinator of the campaign. The health department received funding through the Ontario Tobacco Strategy to support their efforts towards a smoke-free bylaw in Ottawa.

Data Collection for Interviews

Interview schedules.

Interview schedules were prepared for each group of participants (see Appendix 5 for an example of an interview schedule). Questions were similar for each group of interviewees but the order of questions differed depending on the group. Interview schedules were shortened for municipal councillors who had less time for the interview. For example, the interview schedule for municipal councillors included priority questions at the beginning of the interview with other questions being left to the end in case there was not enough time left for all interview questions. Also, some questions were added to the interview schedule as the interviews proceeded. For example, at the end of the interview, municipal councillors were asked "in the event that you had to face another health related bylaw that was as controversial as the smoke-free bylaw, what would you do differently?". In addition, some interviewees from the four stakeholders' groups were asked "did anything surprise you during this campaign?".

Interview transcription and editing.

The data collected during the interviews were audiotaped and transcribed word for word with the exception of some repetition of words. Audiotaping of the end of the interview with one of the municipal councillors ended before completion of the interview. For this section, a transcription was completed from recollection. The councillor involved was informed of this difficulty for his review of the transcript and accepted that section as part of his transcript. All participants received their transcripts for member checks except for one who did not want to complete the member check. The purpose of the members' checks was to first verify that all identifying information was removed to ensure participants' anonymity and confidentiality. Secondly, the member checks allowed participants to remove any segments of the transcript they

wished not to appear in the data. Most participants had very few changes. One participant edited some of the text and removed several small segments of data. As per the directions provided to participants, the suggested edits have been made to the transcript wherever the editing did not change the meaning of the data. Edits to other transcripts were minimal and did not change the meaning of the text. Edits on transcripts were identified with square brackets. After member checks, the transcripts were imported in the NVivo software (QSR International, 2002) for coding and analysis.

Data Collection for Public Opinion Surveys

In the falls of 1996, 1999 and 2000, and in April 2001, the health department mandated polls to measure the level of public support for a 100% smoke-free bylaw and a limited smoking bylaw that would allow for designated smoking rooms. The results of the surveys were made available through the public health department and a letter of agreement for the exchange of this information was signed (see Appendix 4 for the letter of agreement with the public health department).

The survey completed in the fall of 2000 marked the beginning of the timeframe for this study while the April 2001 survey was completed right at the end of the Smoke-free Ottawa campaign, a few weeks prior to the final vote on the bylaw. Therefore, the surveys conducted in 2000 and 2001 fit into the timeframe of this study but all were included in the study to triangulate some of the findings and provide longitudinal comparisons. The polls measured people's support for the 100% smoke-free bylaw and for the limited smoking bylaw in different types of establishments. The confidence intervals estimated for the 1996 survey were 95%. It is assumed here that the other three surveys used the same confidence intervals although this could not be confirmed from the data provided.

To measure the level of support for the 100% smoke-free bylaw in each of the four surveys, survey participants were asked whether they strongly supported, somewhat supported, somewhat opposed or strongly opposed the establishment of a 100% smoke-free bylaw in the following types of establishments:

- restaurant or café
- food courts in shopping malls
- donut shop
- pub that also serves simple meals
- bar or lounge that primarily serves drinks
- bowling alley
- bingo hall
- casino
- racetrack
- pool hall
- arena or recreation centre
- lobbies and other common areas of apartments building, hotels and motels
- unlicensed private day care
- reception areas and waiting rooms of establishments open to the public
- office environment or workplace not open to the public taxi (2000 and 2001 surveys only)

To measure the level of support for a limited bylaw, survey participants were asked whether they strongly supported, somewhat supported, somewhat opposed or strongly opposed the establishment of a limited bylaw in the following types of establishments:

- restaurant
- bar and pub
- bowling alley
- bingo hall
- pool hall
- casino
- workplace (2000 and 2001 only)
- legion hall (2001 only)

Data Collection for Newspaper Articles

A major newspaper of the Ottawa region, the Ottawa Citizen, was searched using the Canadian Newsstand electronic database. Search keywords were initially chosen using terms used in the research questions and framework for this study. As the search evolved, additional words were included, to better reflect the terms used in the newspaper. For example, the term "smoking ban" was added to the search after reviewing several articles of the Ottawa Citizen that contained this term. The final list of keywords used was as follows: tobacco, smoking, tobacco control, smoke-free bylaw, second-hand smoke, and smoking ban. The time period covering the Smoke-free Ottawa campaign leading up to the day after the final vote on the bylaw, November 1, 2000 to April 26, 2001 was used for the search.

For this study, only non-paid printed articles appearing in the Ottawa Citizen during the aforementioned period and those mentioning the smoke-free bylaw at least once were included in the analysis. Articles included editorials, letters to the editor and news articles. All articles covering topics related to tobacco but not directly related to the Ottawa smoke-free bylaw were excluded. Paid ads were also excluded.

Data Analysis

General Approach to Qualitative Data Analysis

The interviews, public opinion surveys and newspaper articles were explored for categorical aggregation of the meanings within the specific case study using NVivo software. For this case study, NVivo was used to create files containing information about the context of the case and to support emerging categorical themes. Categorical aggregation was used to organize the analysis and support the researcher in developing "propositional generalizations", or assertions. The process of producing assertions helps the reader to integrate the narratives

presented in the description of the case and compare them with familiar cases. Therefore the different categories presented support the overarching assertions about the case that will help the reader to challenge his or her understanding of the topic of the study. The propositional generalizations are used to modify these pre-established conceptualizations. The reader will learn about the case study through the narrative and will synthesize this information with the support of the propositional generalizations and compare it to pre-established knowledge about the issue (Stake, 1995a).

Coding Procedures for the Analysis of Interviews

The preparation of the coding scheme was influenced in two ways. First, the research questions were reviewed and an initial structure for coding was developed. Second, during the transcription of the interviews, notes were taken on important categorical meanings to be used with NVivo. The different categories were then merged with the initial structure and put into place in NVivo as a starting point for coding of the interviews. Further additions and modifications to the initial coding scheme were made during the actual coding of the interviews. The coding scheme was also reorganized during coding when new clusters of categorical meanings were identified. During analysis, the content of the coding scheme was verified to ensure that the wording for each categorical meaning was representative of the content. Only categorical meanings for which there was sufficient data remained in the main coding structure. Categorical meanings were only kept if 1) there were enough passages to support the label, 2) the segments represented a variety of stakeholders and 3) the quality of the segments provided material to explain the label. Labels with insufficient or poor quality data were clustered under a general label within the coding structure as a source for reference or for future explorations.

The study's conceptual framework is the basis for the categories under investigation in the analysis of the data. Although these categories were predetermined before beginning the analysis, they were only used as a guideline and were modified according to the categorical meanings emerging from the data.

Document Analysis Procedures

To best represent the information contained in the newspaper articles it was decided that a quantitative content analysis would be conducted. This method also showed trends over time during the Smoke-free Ottawa campaign. The public opinion surveys data were already in a quantitative format. The information was necessary to interpret stakeholders' perspective on public opinion.

Public opinion surveys analysis.

The public opinion surveys generated quantitative data. The following null hypotheses were tested:

$H_{01\ \text{type of establishments over the period}}$: The level of public support for all types of establishment remained unchanged from 1996, 1999, 2000 and 2001, and this for both options of the bylaw

$H_{02\ \text{between bylaw options}}$: The level of public support for the 100% smoke-free bylaw was the same for the limited bylaw from 1996, 1999, 2000 and 2001

First, survey results were compared from year-to-year to establish if there was an increase in public support for a 100% smoke-free bylaw by different types of establishments over the period of the surveys (fall 1996 to spring 2001). Second, the survey results were compared to establish if there was a difference in public support for a limited bylaw over the same period. A limited bylaw was defined in the survey as a bylaw that would allow establishments to have a designated smoking room while the 100% smoke-free bylaw would not allow that type of room for smokers to use indoors. Third, the level of public support for the two types of bylaws was

compared to determine if there was any difference between levels of support for the 100% smoke-free bylaw and the limited bylaw for two types of establishments during the same period of time. For this analysis, only restaurants/cafés and bingo halls were selected because they were the only selected options that were consistent across questions regarding the limited and the 100% smoke-free bylaw.

To compare results, the 95% confidence intervals were computed for each sample mean of public support for type of establishment, type of bylaw and for the period covered by the surveys. Confidence intervals for each mean were compared for overlap. It was concluded that if the 95% confidence intervals overlapped, there was no difference in level of support for the type of establishment, for type of bylaw or between surveys and that the null hypothesis (H_0) was true. If the 95% confidence intervals did not overlap, the conclusion was that there was a difference in support and the null hypothesis was rejected.

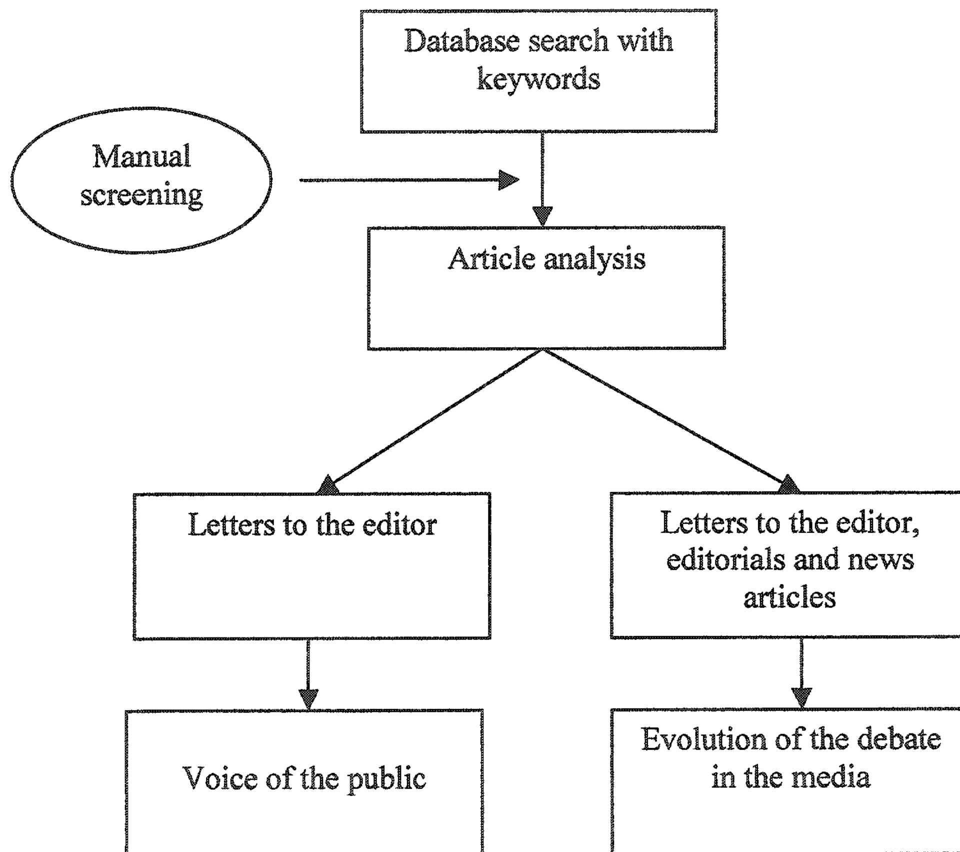
Newspaper articles analysis.

The analysis of newspaper articles was completed in two stages (see figure 4). The first analysis only included letters to the editor. The coding scheme for the interview analysis was used as the initial coding structure for these editorial letters. Additional categorical meanings were added during the coding process as they emerged in the document review. The findings of the analysis of the letters to the editor have been included with the stakeholders' interview analysis. These letters to the editor were considered to be part of the public's perspective, as one of the voices of the stakeholders.

The second stage of the article analysis included all eligible articles including letters to the editor, editorials and news articles that appeared during the smoke-free Ottawa campaign. They were triangulated with assertions from the interview analysis. More specifically, the

articles were used to see if the assertions emerging from the interviewees corresponded to the evolution of the debate during the course of the Smoke-free Ottawa campaign. The analysis aimed at understanding the evolution of the debate during the Smoke-free Ottawa campaign.

Figure 4. Stages in article analysis



The articles were categorized for the following variables: date of publication, whether the article was accompanied by a picture, the prominence of the article, the type of article, the slant of the discussion in the article, the prominent argument used in the article and the targeted audience of the article. The variables used were adapted from previous work of Durrant, Wakefield, McLeod, Clegg-Smith, and Chapman (2003) who conducted an analysis on the newspaper coverage of tobacco issues in Australia in 2001.

Table 5 represents the different variables that were coded for the newspaper article analysis. Each article could only receive one code under each of the variables.

Table 5. List of coded variables for the newspaper articles analysis

Variable	Definition
Date of publication	Day, month and year of the publication of the article
Type of article	The types of articles were divided into three discrete categories: 1) letters to the editor, which were written by members of the public and printed in the letters to the editor section of the newspaper; 2) editorials, which were written by the editorial board of the newspaper and printed in different sections of the newspaper such as the business section and; 3) news articles, which were written by reporters and printed in different sections of the newspaper.
Picture	Each article was coded on picture content, with the following options: 1) no picture; 2) black and white picture; or 3) colour picture
Prominence	The prominence of the article was assessed according to the placement of the article in the newspaper and whether the article was accompanied by a picture. Articles were coded as follows 1) high prominence if it was printed in the first 4 pages of the newspaper or first 2 pages of a section of the newspaper and had a picture; 2) medium prominence if it had a picture, but was printed on page 5 or more of the newspaper or on page 3 or more of a section of a newspaper or 3) low prominence if the article had no picture and was printed on page 5 or more of the newspaper or page 3 or more of a section of a newspaper
Slant	Articles were coded according to the level of support for the smoke-free bylaw that the discussion in each article proposed. The support was coded as: 1) pro-slant; 2) mixed-slant and; 3) negative slant
Arguments used in the article	Articles were coded according to the most prominent argument out of 4 options: 1) consequences of the bylaw; 2) rights issue; 3) position of stakeholders; or 4) other.
Targeted audience	The letters to the editor were coded for the most prominent audience targeted by the letter writer. The different groups targeted were coded using the following options: 1) general public; 2) municipal councillors; 3) public health officials; 4) newspaper editor; 5) letter writer; 6) smokers; 7) bar owners; or 8) bingo operators

The coding categories for arguments used in letters to the editor were based on an initial list from the interview coding scheme in NVivo. Some of the initial labels were combined together to make up broader categories. For example, the rights issue label included rights issues

around the right to smoke and the right to a healthy environment. Table 6 shows the initial list of arguments and the broader categories under which they were combined.

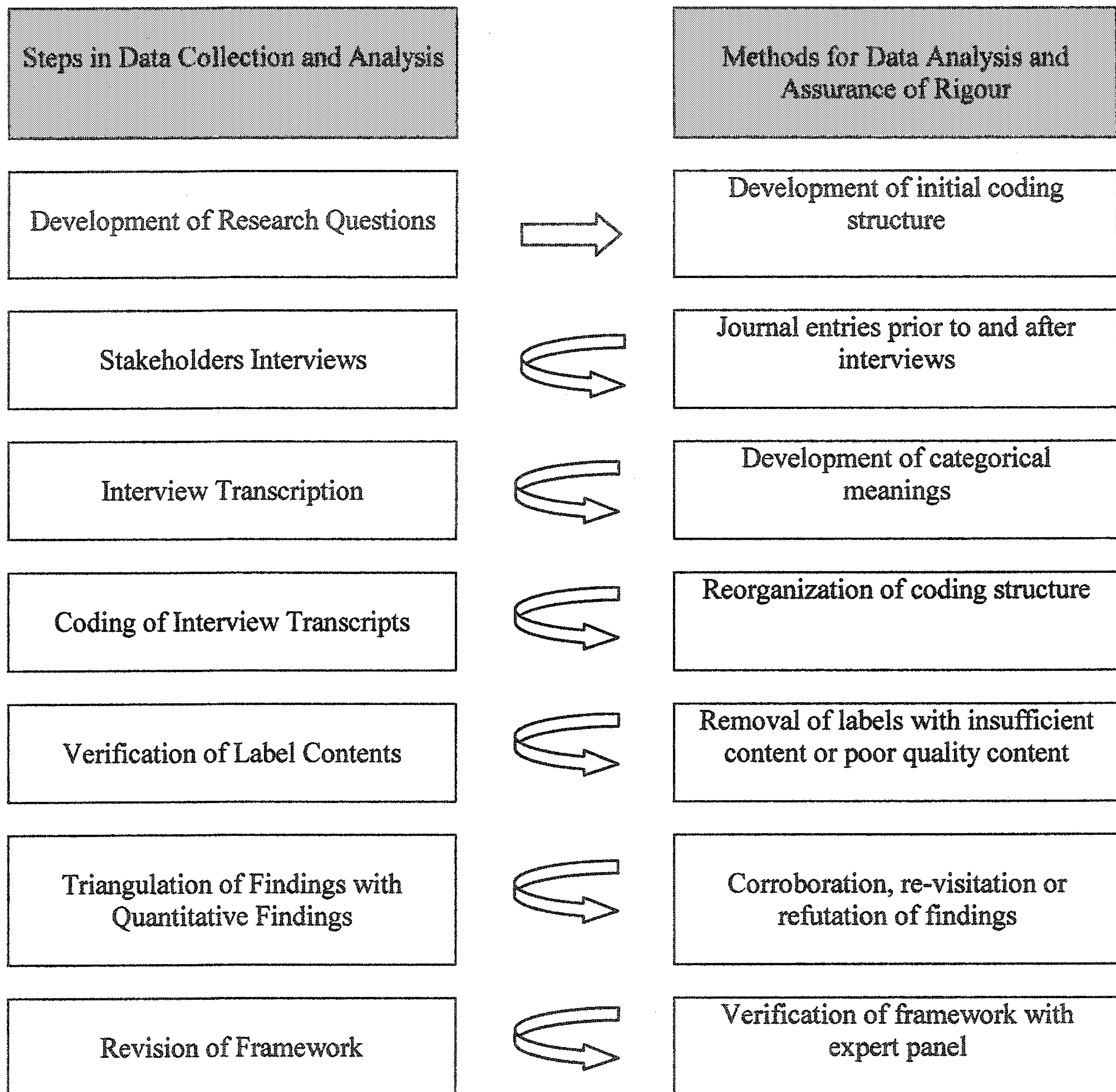
Table 6. Initial and final lists of arguments according to the categories with which they were combined

Initial argument list	Final argument list used for coding letters to the editor
Economic advantages of the bylaw Economic disadvantages of the bylaw Level-playing field Health Other advantages of the bylaw Enforcement	Consequences of the bylaw
Right to a healthy environment Right to smoke	Rights issue
Public support Health department's position Stakeholders' position	Position of the stakeholders
Heavy-handed state Offering alternatives to proposed bylaw Example of other cities Dismissing the science Need for a stronger bylaw than the one proposed	Other

Summary of data analysis.

The following figure summarizes the process of data analysis used for this study. The arrows show that an iterative process was used between the steps in data collection and analysis and the methods for data analysis and assurance of rigour. A matrix summarizing the findings of this study was presented to a group of experts in the field of tobacco control to receive feedback on its representiveness of the smoke-free bylaw adoption process in Ottawa and for its completeness.

Figure 5. Steps in data collection and analysis strategies

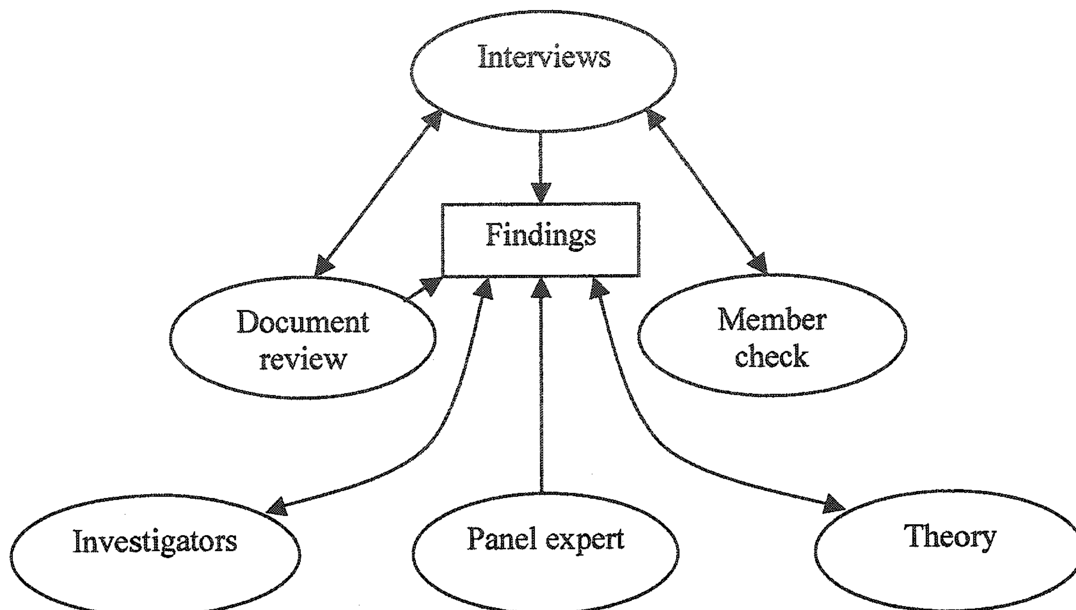


Methods for Verification and Standards of Quality

Techniques of verification included triangulation of methods with interviews, reviews of documents, and member checks (Stake, 1995d). Triangulation was conducted by searching for the convergence of information. Stake recommends using Denzin's triangulation protocol which includes corroboration of information with data source triangulation, investigator triangulation

and theory triangulation. Triangulation was done by exploring different sources of information to confirm or disconfirm assertions. Triangulation was completed across the different types of information sources, among the same types of sources and among methods of analysis. For example, information was verified by examining documents and interview transcripts. Miles and Huberman (1994) suggest that this type of triangulation enhances reliability of findings. These authors also point out that should triangulation yield contradictions among different data sources, this would call for further analysis and provide an opportunity to elaborate findings. Investigator triangulation was completed by consulting members of the thesis committee and by presenting them with observations and interpretations and by discussing alternative interpretations. Member checks were completed by having interviewees review their transcripts and by asking an expert panel to review the revised framework and provide feedback on the representation of their perspective and on its comprehensiveness. Figure 6 summarizes the processes used for triangulation in this study.

Figure 6: Processes of triangulation



Three levels of interpretation were used in the analysis of the data. The first level involved the analysis of the qualitative data in the interview transcripts. The interpretation of interviewees' perspectives was conducted with the research questions in mind as well as with an initial coding structure developed during the transcription of the interviews. A second level of interpretation was conducted when findings of the different data sources were compared for corroboration or refutation. The second level also included corroboration to look for findings suggested by the quantitative data in the qualitative data that could have been overlooked and vice versa. A third level of interpretation was presented in the discussion chapter where the overall meaning of the findings was discussed as it pertains to the practice of public health nursing.

In terms of standards of quality of the present study's conclusions, the study used the five standards of quality presented by Miles and Huberman (1994) which include: 1) confirmability, 2) auditability, 3) credibility, 4) transferability and 5) application.

Firstly, confirmability was obtained by keeping a record of all methods and procedures. Also, keep track of and minimize personal biases, an electronic journal was kept during the collection of data. The journal included observations, methodological, theoretical and personal notes as suggested by Richardson (2000). This helped ensure bracketing of personal biases and assumptions. Notes to the journal were completed prior to the data collection and analysis of the documents as well as before and after each interview. Details on the interviews such as atmosphere, level of distraction during the interview and tone of discussion were noted to keep a record of the data collection methods and to support the analysis. These notes supported decisions about data quality and the need for further data collection. The notes were also used as a way to collect information about the study's progress. The data will be retained for seven years for reanalysis by others. Finally, confirmability was ensured by supporting conclusions with explicit displays of data such as quotes from interviews.

Secondly, auditability was supported by establishing, a priori, clear research questions and concepts under study. The case study methods from Stake were used for consistency in methods, data collection and analysis. Also, the data were collected from different sources (interviews and documents analysis) and thesis committee members reviewed interpretations and conclusions to limit the possibility of alternative interpretations. The criteria of auditability is related to the dependability criteria presented by Guba and Lincoln (1989), which ensures that the process used for this study is trackable, documented and that the documentation is confirmable.

The standard of credibility was approached by ensuring that conclusions were triangulated and converged in the same directions. If this was not the case, the report included potential explanations for the non-convergence. Also, the conclusions were tested against the integrated framework, the literature was reviewed and alternative interpretations were considered to explore if there were other explanations for the findings. According to Guba and Lincoln, (1989), credibility can also be enhanced through peer debriefing, progressive subjectivity and member checks. Peer debriefing is when the process of data collection and analysis is discussed with a disinterested person. In this case study, peer debriefing was conducted with my thesis supervisor during regular meetings where every step of the study was discussed. Progressive subjectivity was conducted with the elaboration of an initial framework and progressively testing the findings against this initial framework to ensure that it was not privileged over the emerging findings. Member checks also ensured that interpretations of the interviewees' transcripts were accurate.

Fourthly, the standard of transferability was obtained by providing an extensive description of the case itself with provincial and municipal contexts. This description of the case provided enough information for appropriate transferability to other cases. The report provided examples of settings or situations for further testing of the conclusions.

The application of the findings of the study was discussed as it pertains to the nursing profession and the need for public health nurses to become involved in health policy. The conclusions were reframed within the role of the Advanced Practice Nurse to increase their application within the nursing and health promotion community.

Finally, the criteria of authenticity were met through quality control measures embedded within the constructivism assumption. The authenticity criteria as described by Guba and

Lincoln, (1989) include 1) fairness, 2) ontological authenticity, 3) educative authenticity, 4) catalytic authenticity and 5) tactical authenticity.

Fairness as an authenticity criterion refers to the extent to which each of the participants' constructions are respected and honoured during the process of study. In this case study, participants' perspectives were clearly identified and differences in their constructs were reported to highlight tensions between the different perspectives.

The ontological authenticity represents the enhancement of participating stakeholders of their understanding of the case at hand. In this case study, participants on the expert panel testified that the findings expanded their way of thinking about the smoke-free bylaw by looking at it a different way, through a different lens.

The educative authenticity criterion is the extent to which different groups understand the perspective of other stakeholders. In this case study, the interview transcripts provided extensive testimonials on how each of the different groups were aware of other groups' perceptions of the issue of second-hand smoke in public places.

The catalytic authenticity criterion is defined as the actions that stakeholders will take following their awareness of new constructions through their participation in the case study. In this case study, some participants were involved in the expert panel review and were very interested in the study's findings and how they can be applied to either other cases of municipal level health policy or to other municipalities looking at passing a smoke-free bylaw.

Tactical authenticity refers to the degree of involvement of all stakeholders in the case study. This study solicited input from an extensive number of stakeholders in order to capture their perspective on the topic under investigation.

Summary

This chapter has described the methods chosen for the collection and analysis of the data. Procedures used for participant recruitment and procedures to obtain informed consent were presented. The choice to use a mixed-methods case study approach was explained followed by assumptions related to the case study. Data collection and analysis strategies were described. Finally, methods for verification and standards of quality were discussed.

Chapter IV: Presentation of Findings

This chapter presents findings from the analysis of interviews and document reviews. The chapter starts with a description of the interviewees for this study which is followed by a discussion of public opinion regarding the smoke-free bylaw. This discussion is presented in three parts. First, an analysis of the stakeholders' perspectives on public opinion and the findings from public support surveys conducted by the public health department are summarized. Second, interviewees' perspectives on public participation are summarized. Their perspectives on actions taken by stakeholders in the passage of the smoke-free bylaw, arguments used during public participation, how public participation influenced municipal councillors and what motivated the public to participate are described. Third, the analysis of newspaper articles is presented followed by a discussion of how the articles corroborate some of the findings from the interviews. The chapter concludes with a revised version of the initial framework developed for this study.

Description of Interviewees

All potential participants who were on the initial recruitment list for this study except for two (municipal councillors) accepted to participate for a total of eight interviewees. Three were public health department staff, two were from the service industry, two were municipal councillors and one was a member of a local community coalition that supported the bylaw. Three interviewees were women and five were men. All held higher rank positions in their respective organization. Interviewees had between four and thirty years of experience within the work they were involved in at the time of the smoke-free Ottawa campaign. The duration of the interviews ranged from 35 to 85 minutes, depending mostly on the interviewees' availability. All

of the interviews were conducted at the interviewees' office or home. All interviewees except one requested to see the transcript of their interview and four submitted feedback for editing.

Public opinion

Stakeholders' Perspective on Public Opinion

Level of public support.

When asked whether they thought public opinion changed over time during the period of the Smoke-free Ottawa campaign, stakeholders were not in agreement. Some stakeholders thought that if there was an increase in public support, it was very slight. They emphasized that changes in public opinion occur over longer periods of time, not over a six month period. The main reason used by stakeholders to explain the change in public opinion was that people had the chance to hear the debate publicly and that this influenced their opinion about the smoke-free bylaw. The following excerpt from an interview with a municipal councillor highlights the perceived slight change due to the increase in information:

I think there may have been a little [increase in public support], but I think that smoking has been [around] for a long time...there may, I mean, there's no doubt that there might have been a five percent increase in the people who supported [the bylaw] after they'd heard the discussions. (MC1, paragraphs 32-34).

Other stakeholders thought that public opinion decreased during the campaign. Those comments came from the staff of the public health department who had been aware of the results from the last survey conducted just prior to the final vote on the bylaw. Their main explanation offered for the decrease in public support was that as the debate evolved, and as the opposition to the bylaw became more organized, people started to have doubts about the bylaw and its

potential consequences. The following excerpt from an interview with a public health staff member is illustrative of this explanation:

In the last month, when the media heated up, and the negative media heated up, there was a slight wane in support. And we learned, and I think you can apply this to all communities, that whenever the media attention is the hottest, people, again, if you plant a seed of doubt, they might start questioning. It's not a good time to survey people actually. (PH1, paragraphs 88-90)

Another excerpt, also from a public health staff member describes the importance of the media in influencing the opinion of the public:

I think just the controversy, all the media attention it was getting, the negative and the positive being debated, I think that probably [the controversy] would cause people to kind of be unsure about it. Maybe, they thought, "you know, it's maybe not such a good idea". You know, I think that probably that would have influenced [them], yeah. (PH2, paragraph 118)

Most stakeholders thought that the public supported the option that they themselves supported during the by-law debates. For example, the public health staff and the community coalition who supported the bylaw stated that the majority of people wanted the 100% smoke-free bylaw. In contrast, the stakeholders in the service industry who opposed the bylaw stated that people wanted the designated smoking rooms. The following excerpt from one of the service industry stakeholders shows how he thought the public supported the designated smoking rooms option.

No, I think the opinion was always there [in favour of the designated smoking room]. The opinion that was defined in the polls that the city [of Ottawa] held, when they [found] that, 72%, 73% of the population said they were prepared to reach a compromise. [...] I don't think that [has] changed and then the Gallop poll just [held] in one of the States [and asked the] same

question, same response, 70% of people are in favour of a compromise for bars. Belleville did one, same thing. Now the polls that the health units are carrying out, they don't ask that question any more. (SI1, paragraph 220)

One of the reasons stakeholders may have been unsure about how public opinion evolved over time was highlighted by one of the municipal councillors:

I think people or councillors look at, you know, the information that's coming back to them, and you're getting mixed messages out there too, depending on where you get your public opinion from. If you listen to Lowell Green (radio call-in show host in Ottawa), it's over here somewhere (showing extremely right), if you listen to others, let's say advocates of non-smoking, it was over here (showing extremely left). I mean there was some information provided, some surveys were done and everything else. Now [about] some of the information in those surveys, the problem is, sometimes questions can be asked a certain way and information can be generated a certain way, and it's not always clear exactly where public opinion stands. But I would think that overall, I mean, [since] the vast majority of residents are non-smokers, you would think that, for the vast majority, for a considerable majority, that they would favour not having smoking in public places. (MC2, paragraph 40)

Disagreement of stakeholders' measure of the level of public support for the different options of the bylaw was rooted in their belief that the public supported their own stance on the issue. Stakeholders were aware of the different sources of information about the level of public opinion, therefore basing their judgement of public support for the smoke-free bylaw on the sources they were trusting most.

Measuring public opinion.

One of the municipal councillors elaborated a bit more on the issue of getting a good measure of the public opinion. He concluded that public opinion could be measured three different ways:

1) Conduct surveys: the councillor mentioned that it is important to consider the following factors when interpreting surveys: a) the credibility of the organization presenting the information, b) the source of funding supporting the implementation of the surveys and c) the manner with which the information is presented.
2) Pay attention to the participation of the public through radio call-in shows, email, letters, phone calls and visits from constituents. The councillor stated that one had to determine who prompted people to take the time to voice their opinion.
3) Use intuition, a sense of where the public is on an issue and how other different groups may view the options.

The following excerpt shows how the councillor trusted his intuition to make up his position about the smoke-free bylaw:

I had the sense that as an internal measure [the designated smoking room option] was probably a reasonable approach. Like it made the whole bylaw somewhat less controversial, probably took some [of] the edge off, the reaction of the faction over here (showing to participant's right) let's say over the faction over here (showing to participant's left). Now obviously the faction over here (showing to participant's left) preferred 100% but I think for them it would still have been a major, major victory to have a non-smoking environment in any public place that any employee was engaged [in] or whatever. So, my sense was that that was

saleable to the public, that that was acceptable to the public, that that would have been less controversial, less generating of all this debate. (MC2, paragraph 80)

For this municipal councillor, his experience as a politician played an important role in judging the level of public support for the smoke-free bylaw as he relied on his own perception of what would be acceptable to the public and what the public health department would consider a success.

Factors influencing public opinion.

One of the aims of this study was to define factors that had an influence on public opinion for a tobacco control policy.

Stakeholders mentioned several factors that they thought may have influenced public opinion. However, the interview data was sparse in terms of what stakeholders thought influenced public opinion during the smoke-free Ottawa campaign. The first factor involved stories from other cities, or precedents in tobacco control policies at the municipal level. Stakeholders mentioned that the bylaw processes that happened in Toronto, Waterloo and Victoria had an impact on the public's support for the Ottawa bylaw. Strengths in the way the smoke-free bylaws were developed and implemented in the municipalities of Waterloo and Victoria were believed to have increased the public's support. The difficulties faced in the development and implementation of the smoke-free bylaw in Toronto could have discouraged people from supporting the bylaw in Ottawa. On the other hand, stakeholders who were opposed to the bylaw in Ottawa mentioned weaknesses of the Waterloo, Victoria and Toronto bylaws as factors that could have discouraged the public from supporting the Ottawa bylaw.

A second factor mentioned by stakeholders involved messages portraying the tobacco industry as the villain or smoking as dirty (e.g., vilification of tobacco). Stakeholders thought

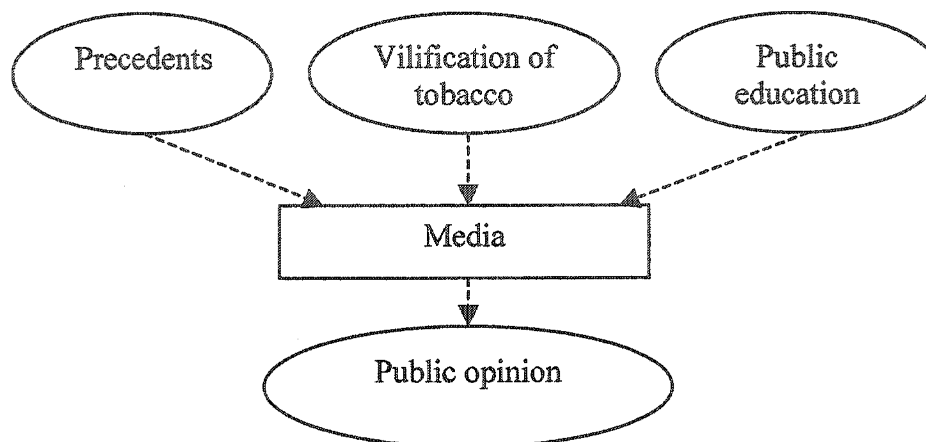
that those repulsive images may have had an impact on public opinion, and that this would have favoured support for the bylaw.

Another factor, previous public education, was highlighted as having an influence on public opinion. It seemed that for some of the stakeholders, public opinion may have been influenced by decades of public education on the dangers of tobacco, creating more awareness around smoking and second-hand smoke. Stakeholders mentioned that this education had influenced public opinion over time and that most people are familiar with the negative consequence of smoking and second-hand smoke and therefore, were more likely to support the Ottawa smoke-free bylaw.

The media was described as playing an important role as a channel for each of the three factors highlighted above: 1) precedents, 2) vilification of tobacco and 3) public education. It seemed that the media had an important influence on public opinion while having a limited impact on the other groups involved including municipal councillors.

The following figure summarizes the factors that influenced public opinion according to those stakeholders who commented on this issue. Lines are dashed to suggest the limited data on the factors influencing public opinion in this case study.

Figure 7. Factors influencing public opinion according to some of the interviewees



In conclusion, although most stakeholders identified public opinion as evolving over time, there was disagreement on the level of public support, whether that support changed over the period of the Smoke-free Ottawa campaign and if it changed, whether there was more public support for the option of the 100% smoke-free bylaw or the option of the designated smoking rooms. Three factors were identified to have influenced public opinion through the media; 1) precedents, 2) vilification of tobacco and 3) public education through the media.

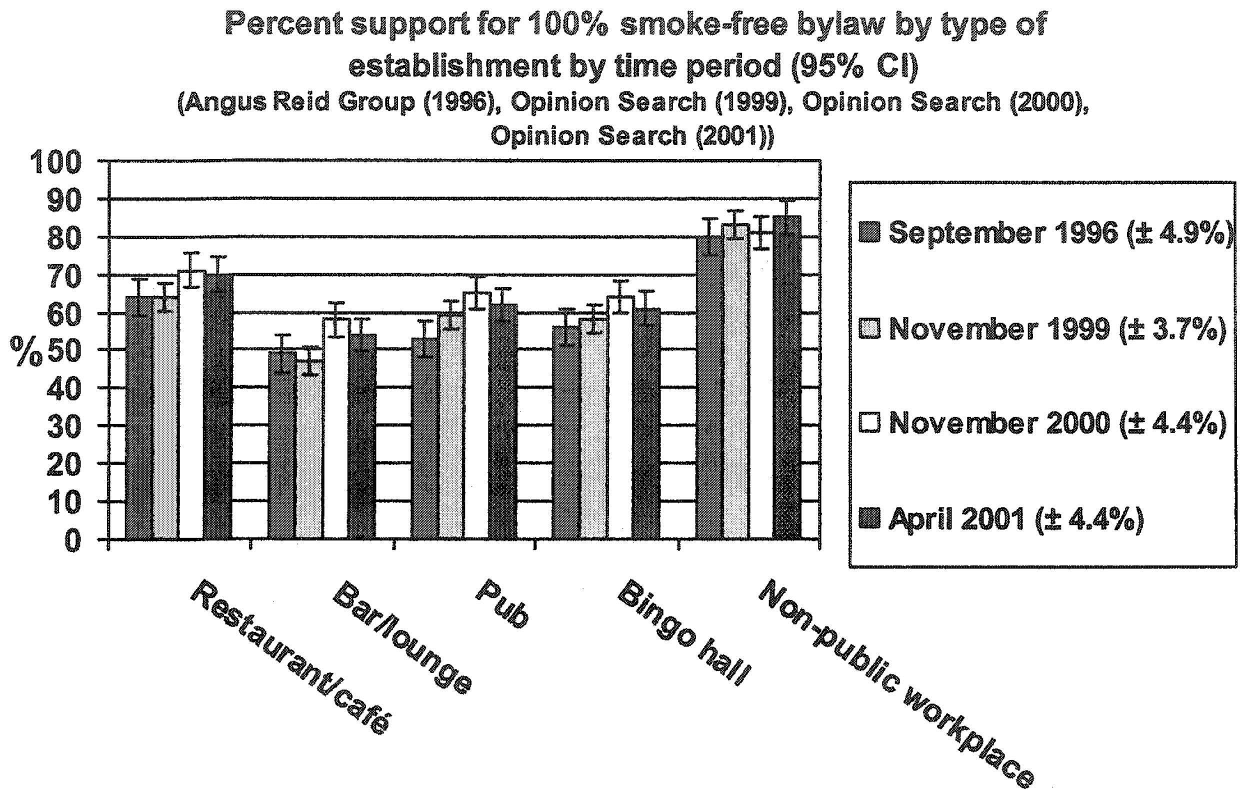
Analysis of survey results

The following section provides an analysis of the different public opinion surveys conducted by the public health department between 1996 and 2001. These surveys focussed on public opinions about smoking in different types of establishments, such as restaurants, bars and cafés. The survey findings are reviewed and results are compared from year to year.

Figure 8 shows the level of support for the 100% smoke-free bylaw conducted in 1996, 1999, 2000 and 2001, for five types of establishments. These establishments were chosen for their salience with data from the interviews. That is, they were the establishments most often

mentioned by the interviewed stakeholders. The 95% confidence intervals are indicated in brackets for each of the surveys and are indicated on each of the graph's bars.

Figure 8. Support for the 100% smoke-free bylaw by type of establishment for surveys conducted in 1996, 1999, 2000 and 2001.

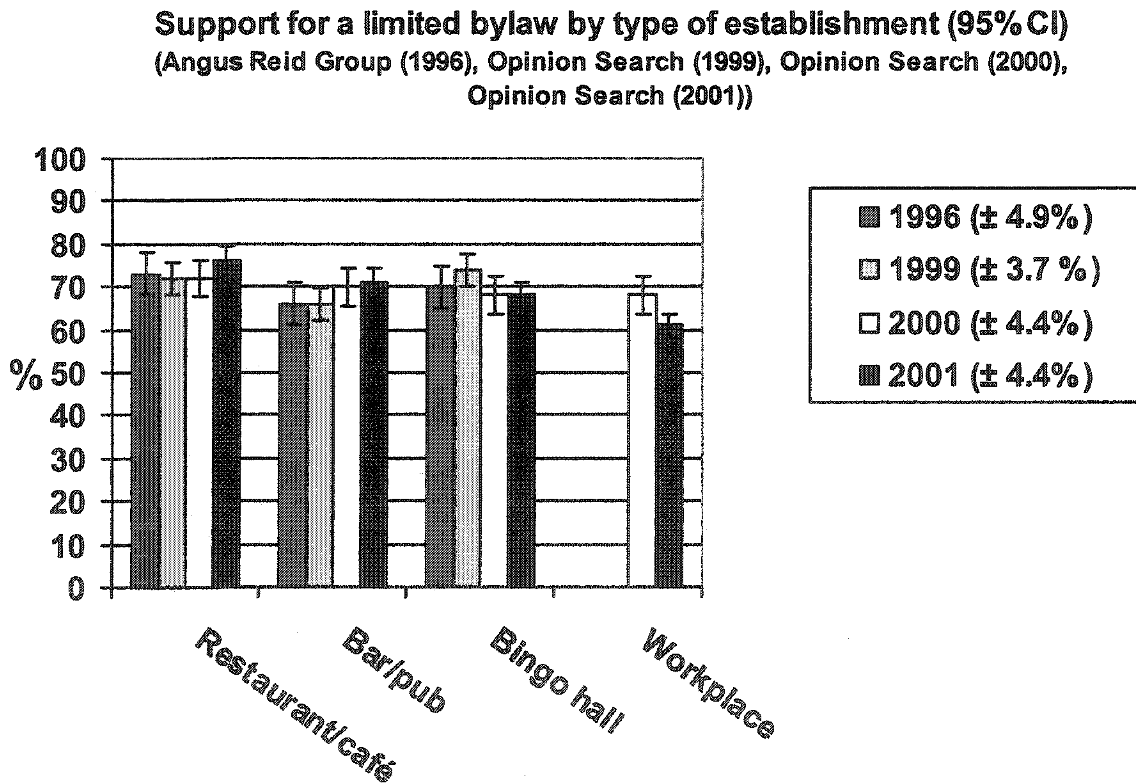


As shown in figure 8, there was overall support for the 100% smoke-free bylaw from 1996 to 2001. Support for this option of the bylaw ranged from 47% for bars and lounges in November 1999 to 85% for non-public workplaces in April 2001. There was a statistically significant increase in support for a 100% smoke-free bylaw for bars/ lounges between the1999 and the 2000 surveys but that increase did not remain in the 2001 survey results. Support for a 100% smoke-free bylaw in pubs also showed a statistically significant increase between the 1996 and 2000 surveys but that increase did not remain for the 2001 survey. There was no change in

support for a smoke-free bylaw in restaurants/cafés, bingo halls and non-public workplaces during the period of those surveys.

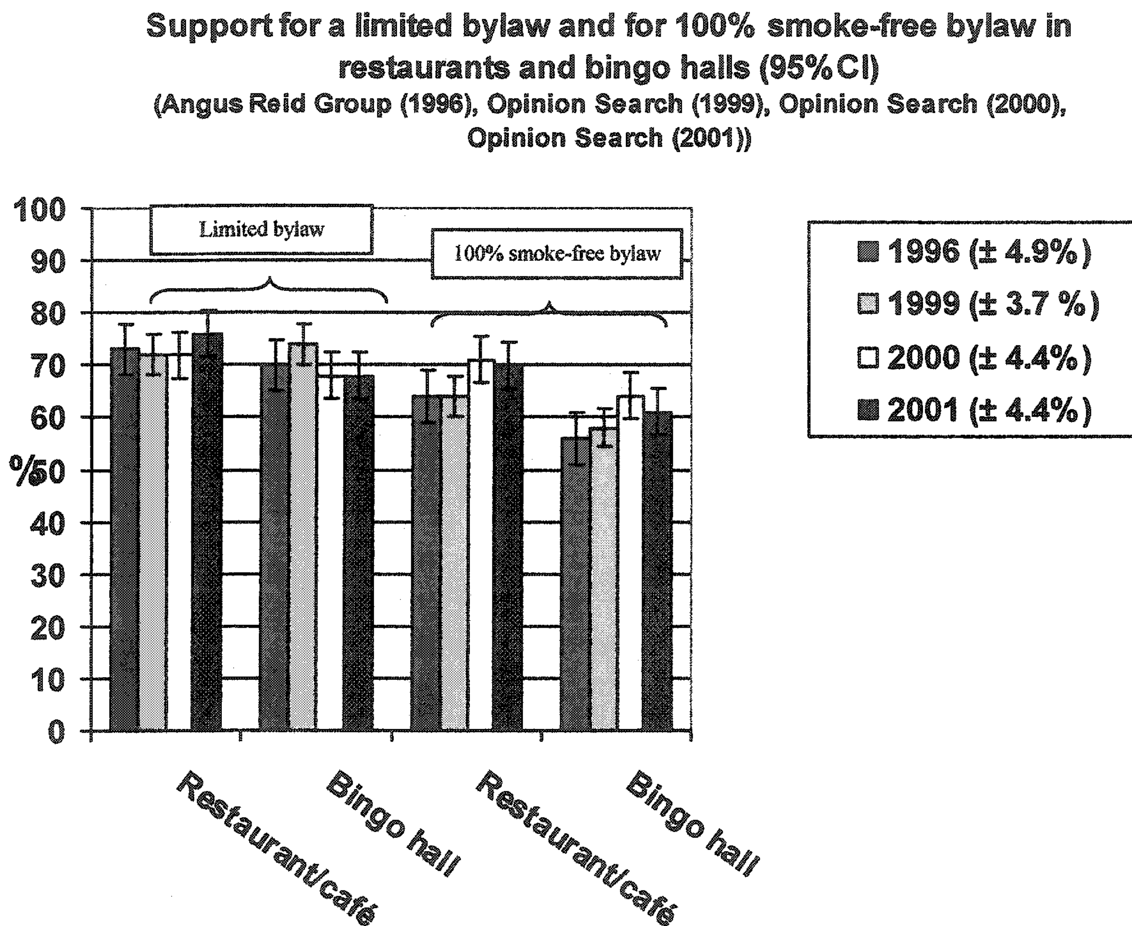
Figure 9 shows the level of public support for the limited smoking bylaw for selected types of establishments. Workplaces were only included in the last two surveys for the limited smoking bylaw. There was overall support for a limited bylaw but that there was no statistically significant change by type of establishment for the 1996-2000 period. Support for the limited bylaw ranged from a low of 61% for workplaces in 2001 to 76% for restaurants and cafés in 2001.

Figure 9. Support for a limited smoking bylaw by type of establishment



Responses in support of the limited bylaw and the 100% smoke-free bylaw are compared in figure 10. There was no significant change in support for either options between restaurants and cafés and bingo halls during the time period of survey administration.

Figure 10. Comparison of support for a limited bylaw and for a 100% smoke-free bylaw in restaurants and bingo halls



The findings from the public opinion surveys do not converge with what some of the stakeholders mentioned. For example, some thought public support increased, others thought it decreased while the surveys showed limited change. However, there was convergence on the aspect of support, i.e., there was overall support for both options of the bylaw, as indicated by the stakeholders.

In summary, the surveys conducted for the public health department show that there was overall support for both options of the bylaw although there was limited change in public support during the period of 1996 to 2001. For the surveys conducted in 2000 and 2001, corresponding with the study timeframe, there was no significant change in public support for either bylaw options or for type of establishments.

Public participation

The next section highlights what public participation looked liked during the Smoke-free Ottawa campaign, what motivated people to support or oppose the bylaw, what arguments were used in the public participation process and how public participation influenced municipal councillors.

Actions taken in public participation.

What did public participation look like during the Smoke-free Ottawa campaign? Stakeholders mentioned a number of actions that people used to try to influence the adoption of the smoke-free bylaw. As depicted in Table 7, actions taken during the Smoke-free Ottawa campaign can be divided in two categories, actions taken by the general public or by organizations. Most actions described by stakeholders involved both groups. Actions by organizations, in general, were aimed at supporting actions of members of the general public.

Table 7. Categories of public participation and actions taken

Actions	Groups taking action	
	General public	Organizations
Letters to the editor	✓	✓
Phone calls and emails to municipal councillors	✓	
Visits to municipal councillors	✓	✓
Participation in public consultation meetings	✓	✓
13 hour long meeting[a]	✓	✓
Radio call-in shows	✓	
Prepare and promote a position on the bylaw		✓
Support members of the public to voice their opinion		✓

[a] The 13 hours long meeting was a public hearing meeting of the city of Ottawa health committee that lasted 13 hours and where the committee heard a number of delegations arguing in favour or against the smoke-free bylaw. At the end of the meeting, a vote of the health committee recommended presenting the smoke-free bylaw at municipal council.

Arguments used during the public participation process.

The following section discusses arguments used by people who took part in the public participation process. The analysis includes interviews with stakeholders and letters to the editor that appeared in the Ottawa Citizen during the Smoke-free Ottawa campaign. Arguments used by both opposing sides are first presented followed by the arguments that were disparate between the two groups.

Table 8. Common and disparate arguments used by both opposing groups

Arguments used	Groups	
	Group favouring the bylaw	Group opposing the bylaw
Rights issue	✓	✓
Economics	✓	✓
Health	✓	
Level-playing field	✓	
Alternatives to the bylaw		✓
The science is flawed		✓

As Table 8 shows, the group favouring the bylaw and the group opposing the bylaw both used arguments related to the rights issue and the economic consequences of the bylaw.

The rights issue arguments were quite salient in the interviews and in letters to the editor. These arguments reflected the tensions between people who believed they had the right to smoke in public places versus those who believed they had the right to a smoke-free environment. The following quotes show both sides of the arguments around the rights issue, starting with a letter-writer who was against the smoke-free bylaw:

If I am spending a couple of hundred dollars for an evening of fine dining with my wife and the establishment is going to eject me if I seek my post-meal cigar, then I, for one, would take my business elsewhere. (Letters to the editor, paragraph 47-49)

Another letter-writer expressed his feelings about his right to a smoke-free environment:

Is the editor suggesting that I'm supposed to accept or reject a job offer on the basis of an employer's smoking policy? Am I to be forced to accept a health risk or accept the risk of not working (feeding my family, paying rent and so on) simply because smokers don't want to smoke outside? That's not much of a choice, is it? No law has ever suggested that smokers stop smoking; the point is simply that exposing others to second-hand smoke poses an unacceptable health risk to the others, and public areas have been targeted for obvious reasons. If a serious

health issue can be resolved by putting on boots, a coat and a pair of gloves, then why not?. (Letters to the editor, paragraph 530-536)

Arguments around the rights issue also included some discussion around the belief that business owners should be able to run their own business without having government regulating what they perceived to be private:

The city owns properties and can control the smoking there. That's its right. This is my establishment, my property -- what right does anyone have to hurt my ability to support my family." (Letters to the editor, paragraph 3676-3678)

The economic argument was also very salient in the interviews and letters to the editor. The economic arguments against the bylaw were the strongest arguments:

Well for the owners it certainly was. I mean, the owners obviously know their business and if you've got 60, 70% of your clientele [that] are smokers well you know damn well that the smoking ban isn't going to be good for you, it doesn't matter what anybody says. I mean when you've got burned in hay fields, I mean you've been in a bar for fourteen years, all of those customers are there and smoking and you're going to say, "well you can't smoke any more", and you think that you're [then] going to double your [clientele base], I mean that was the argument that was given by the Cushman's force and it was absolutely bolderdash. (SI1, paragraphs 185-188)

The group supporting the bylaw was trying to present economic arguments in favour of the bylaw:

Smoke-free bylaws are good for business. Either the Citizen editorialists haven't done their homework, or else they support the tobacco industry and not local business. Other newspapers have reported that restaurant revenue in smoke-free cities has remained the same

or is greater than before. Most smokers are willing to refrain from smoking while dining. Those few smokers who stop going to restaurants have their places taken by new customers -- non-smokers who didn't eat at restaurants before. (Letters to the editor, paragraph 645-650)

But as a member of the public health staff indicated, the economic debate was a difficult one for those supporting the bylaw because there was little information on the potential economic consequences of the bylaw to support their position:

There were always stories of doom and gloom and the tobacco industry had seeded those stories for years. [The opposing group] had their own junk scientists. There was no research really in Canada that we could rely on, so that was really a debate. And that was problematic. I think that what we managed to do, is we managed to convince council that there'd be no adverse effects on the hospitality industry. And then, because of the health issues, it trumped the neutral economical issues. Granted, you know, they are, I'm sure that 15, 20 restaurants and bars were adversely affected by this. But it's a big market out there and you have to change with the times." (PH3, paragraph 26)

Health was the strongest argument used by the group supporting the bylaw. The arguments around the health issue highlighted the short-term effects of second-hand smoke as depicted in this first quote and the long-term effects as described in the second quote:

I typically work a 10-hour shift on Friday night. In that time, I believe I inhale smoke equivalent to smoking about two packs of cigarettes. I typically use my inhaler three times. My eyes are always so bloodshot from their reaction to the smoke in the air that everyone keeps asking why I look so tired. I have just recovered from one of my biannual bouts with bronchitis. Anytime I see a new doctor for [bronchitis], he listens to my lungs and informs me I have to quit smoking. This is typical for me and typical after working a shift not just in a bar, but in a

restaurant as well. When I get home, all I can smell and taste is smoke. My hair and clothes reek of it. My co-workers and I have discussed how our work uniforms now smell of it all the time, no matter how often we wash them. (Letters to the editor, paragraphs 2923-2931)

The evidence is irrefutable. Second-hand smoke causes cancer, heart disease, and ear and lung infections. It triggers asthma attacks and is linked to sudden infant death syndrome. A 100-per-cent no-smoking policy for all workplaces and public places in Ottawa would not restrict the public's freedom. In fact, it would grant greater freedom and improved health to thousands of Ottawa's citizens by allowing them to work and socialize in environments with safer, cleaner air. (Letters to the editor, paragraphs 793-797)

The group in support of the bylaw also promoted the idea of "fairness" by promoting the bylaw as a level-playing field for all establishments affected:

Restaurants and bars generally want a level playing field, not what Mr. Denley craftily suggests and not what is being seen in Edmonton, where restaurants are now being asked to choose between smoke and children. As Mr. Denley so smartly points out, people should have the right to choose: the right to clean air, the right to a clean and safe place of employment, the right to follow the major American states who have pulled this off successfully and with no loss of income to their entertainment industry. (Letters to the editor, paragraphs 1668-1672)

The group opposing the bylaw used arguments that were offering alternatives to the bylaw. Alternatives included 1) allow for designated smoking rooms, 2) delay the bylaw, 3) ban cigarettes outright rather than ban second-hand smoke and 4) let businesses decide if they want to go smoke-free.

Another argument used specifically by the group opposing the bylaw was to dismiss the science supporting the ban on second-hand smoke in public places. Arguments used to dismiss

scientific evidence were very common with interviewees and letter-writers. The following quote provides a good example of the logic used in this argumentation:

The "health professionals" insist this is a health issue, period. Smoking causes cancer, they say. Well, not exactly "causes." There are just too many heavy smokers kicking around who have outlived their non-smoking contemporary "betters," to make this absolute claim, that is, unless one wished to argue they'd have died of lung cancer at age 120, had something else not got them first. And before someone jumps in and says "like smoking-induced heart disease at 90," let us remember that we all, in fact, die of something. So smoking is about probabilities, and the probabilities, as they relate to second-hand smoke, fail to impress. But even if we fully accept the sanctity of statistical science, the contemplation of restrictions on the behaviour of a sizable minority makes this a political issue, and one, therefore, where one might hope for some modest balancing of interests. (Letters to the editor, paragraphs 4530-4539)

The arguments used in this debate were very powerful during the Smoke-free Ottawa campaign and spoke to the level of involvement of the different stakeholders. People spoke about issues that were affecting them personally such as health, rights and economics. The level of emotion this debate raised is another sign that people took this debate very personally. For example, interviewees and letter-writers used words illustrating the semantics of war. During the analysis, the following words were noted: "battle", "winning and losing", "keeping the ear to the ground", "the antis" (referring to those supporting the bylaw), "united we stand, divided we fall", "crushing the resistance", "suspects", "bush-whacking", "confrontation", "entrenched opinions" and "the sides had dug in".

In summary, some of the arguments used within the public participation process were common between the groups supporting and opposing the bylaw while others were dissimilar.

Arguments in general reflected a high level of personal involvement. This level of personal involvement was also reflected in the semantics used by the stakeholders. More specifically, the semantics of war description were most prominent and highlight the level of suspicion and competition between both groups (i.e. those in favour and those opposed to the bylaw).

Influence of public participation on municipal councillor.

The next section of this analysis discusses the different types of public participation mentioned by stakeholders when asked what actions individuals, groups or organizations took to support or oppose the bylaw. Table 9 highlights different types of public participation in an explanatory effect matrix. The first column presents the different types of public participation. The second column presents quotes from participants that help define or illustrate each type of public participation. The third column provides quotes describing how each type of public participation directly influenced municipal councillors.

Table 9. Explanatory effect matrix: type of public participation and the salience of its influence on municipal decision-makers' adoption of the smoke-free bylaw

Type of public participation	Description of public participation as per participants' perspective	Salience of influence on municipal councillors as per participants' perspective
Public participation directly targeting municipal councillors		
Phone calls and emails	*I think to a certain extent there were individuals who are affected by exposure to second hand smoke who strongly spoke out via telephone calls to their councillors, to the mayor, emails, that sort of thing.* (PH2, paragraph 84)	*I think my perception is in terms of a councillor, that getting a call from a business owner would have ten times more impact than an individual resident saying "when I go out to eat I'd like to have smoke-free environment" so my sense is that for every one owner that called, that that had a lot of weight versus just the general public.* (PH2, paragraph 92)
Individual meetings with municipal councillors	*The team that went to visit a councillor was specifically chosen because they lived in the ward and because they could speak to the issue that the councillor was concerned about.* (CC1, paragraph 40)	*I give some of the groups credits, some were well organized in the sense that right up front they'd identified a number of doctors in my area who would then write me or call me. And I deal with some of them in the community on certain things. [The doctors would] say "look I see everyday the adverse impact of smoking, and if there's one thing that you could ever do, if there's one giant step you could take, this is the step". So, that's a pretty strong message and it's coming from people that you deal with. (MC2, paragraph 58)*
Public participation targeting the general public		
Presentations at public consultation meetings	*Well, they all showed up at the council meeting of course [...] to show moral support. But I think that the major thing was that they all showed up, in force at the public meetings.* (SI1, paragraph 142)	- Not mentioned by any other stakeholder as an influential factor on councillors
Letters to the editor	*The actions, certainly people wrote letters to the editor and sometimes it would be a bar or a restaurant owner that was fundamentally opposed on a number of different fronts.* (PH2, paragraph 92)	*Well, writing, phoning, complaining, letters to the editor, same thing [from the opposition group]. [...] Enough to make the councillors notice. You know, I think all you need is a little bit of doubt, and that's what they were very good at. You know, trying to refute the facts, refute, you know.* (PH1, paragraph 72-76)
Rallies	*We got out at a rally once, we had a rally down at city hall. [In fact] there were a couple of rallies that were very successful and we got a lot of people out, a lot of public citizens came out, you know, people felt outraged that this [was] happening, a lot of owners.* (SI1, paragraph 144)	- Not mentioned by any other stakeholder as an influential factor on councillors
Media awareness	*There were press conferences, letters, you name it, it just went on and on and on, and the website, it just didn't stop.* (PH1, paragraph 56)	*Like if [the councillor is] sure of [the bylaw] and the media plays such an important role in [the councillor's decision], what [councillors] perceive is so often generated by what they read or see on TV.* (CC1, paragraph 104)
Radio call-in shows	*Lowell Green was whipping up a frenzy, and I guess with the kind of constituency he has and so he was telling them "call your councillor, call your councillors" so you know, like you get those phone calls, so.* (MC2, paragraph 56)	*There's a lot of things, the politics, people always have an opinion but sometimes if there's no issue about a topic, then they don't, a call in show like Lowell Green, he gets a topic and if it's a good one, he gets calls day and night. If it's one that's really of no interest then he gets very few calls. And I think that this issue, was a very high profile one and a lot of people had opinions and when it came out into the open then you started to get people saying "gee, I support that, you shouldn't be smoking".* (MC1, paragraph 42)

Two types of public participation directly targeting municipal councillors were identified; 1) phone calls and emails and 2) meetings between councillors and constituents. From the perspective of the participants, phone calls and emails were one of the most prominent influencing components of the public participation directed at the municipal councillors. Also, if a certain group of individuals were phoning or writing municipal councillors, this type of public participation could have a different impact on municipal councillors than another group. This was depicted by the example of a business person who would have more influence on a municipal councillor than a citizen.

Meetings of councillors with constituents were also often mentioned as one of the most important influencing components of public participation by stakeholders. The meetings with citizens, groups and organizations were described by both municipal councillors as critical moments.

Five types of public participation targeting the general public were identified: 1) presentations at public consultation meetings, 2) letters to the editor, 3) rallies, 4) media awareness and 5) radio call-in shows. Although an important part of the Smoke-free Ottawa campaign, public consultation meetings were not mentioned as an influential factor on municipal councillors by the participants. Also of less importance to the stakeholder were the letters to the editor. A total of 74 relevant letters to the editor had been printed in the Ottawa Citizen in the six months prior to the bylaw (see section on media analysis below). However, such an impressive amount of public input was seldom mentioned by stakeholders during the interviews as a factor influencing municipal councillors.

Rallies held by the group opposing the bylaw was the only type of "in the street" public participation. Only one stakeholder mentioned it as an action to oppose the bylaw and none indicated that it had an impact on municipal councillors.

Groups opposing and supporting the bylaw used the media to voice their concerns. Although the media was not directed at municipal councillors per se, its impact on how it portrayed the different public participation components seemed to have some influence on municipal councillors. Letters to the editor were an example of how the media was used as a channel for public participation.

Radio call-in shows were mentioned as a way to assess public opinion on the smoke-free bylaw, and stakeholders mentioned them as having influenced municipal councillors by giving them a way to measure public opinion about the topic.

Phone calls, emails and meetings with councillors involved direct interactions with the public. The fact that individuals actually connected directly with councillors may have created critical influence on municipal councillors. These types of public participations had an interpersonal connection that may have had a more powerful role in making these types of public participation important during the Smoke-free Ottawa campaign.

In summary, among types of public participation that were directed to municipal councillors, interviewees considered meetings with constituents, phone calls and emails to be most influential on municipal councillors. As for public participation directed at the general public, only media awareness seemed to have a certain impact on municipal councillors although not as strong as the direct meetings, phone calls and emails. Other prominent types of public participation such as letters to the editor were not mentioned by participants as being influential on municipal councillors.

Motivation for public participation.

This section describes what influenced people to act to support or oppose the smoke-free bylaw by describing the motivational factors that emerged from the interviews.

When asked what motivated people to take action to support or oppose the smoke-free bylaw, stakeholders mentioned two very different factors: 1) the rights issue and 2) the perceived consequences of the bylaw.

The following table highlights the different motivational factors for public participation.

Table 10: Motivational factors for public participation

	Rights issue	**Perceived consequences of the smoke-free bylaw**
Motivational factors for people who were in favour of the bylaw	Right to a smoke-free environment	Immediate health effects
Motivational factors for people who were opposed to the bylaw	Right to smoke Right of restaurant and bar owners to run their own business	Fear of business loss

The rights issue revolved around three major motivational factors for public participation: 1) the right to a smoke-free environment, 2) the right to smoke and 3) the right of restaurant and bar owners to run their own business. The right to a smoke-free environment was mentioned as the primary motivator for people who were in favour of the bylaw. Stakeholders mentioned that people were just sick of the smoke in public places and that it was time they reclaimed their space. The following excerpt underlines this sub-theme:

...and thirdly people don't, they were tired, they were sick and tired of going to a restaurant or a bar and having to put up with this stuff. (PH3, paragraph 76)

Secondly, the right to smoke was mentioned by stakeholders as a motivator to take action to oppose the bylaw. This motivational factor was mostly attributed to people who were smokers and who felt they had the right to smoke in public places.

Thirdly, the right of restaurant and bar owners to run their own businesses was mentioned as a strong motivator for people to oppose the bylaw. Stakeholders mentioned that those who opposed the bylaw on the basis of the right to run their own business had a fundamental ideological perception that the municipality had no business regulating what was going on in their establishment. The following comment was made by a public health department staff member after an encounter with a restaurant owner who opposed the bylaw.

He was very concerned, he looked at it more from an individual's rights business 'don't tell me what to do'. (PH3, paragraph 38)

Another public health staff's comment highlighted the perception of restaurant and bar owners that they should be able to run their business the way they saw fit:

The actions, certainly people wrote letters to the editor and sometimes it would be a bar or a restaurant owner that was fundamentally opposed on a number of different fronts, but most often it was more of a rights' type of issue that you know, as an owner they had the right to run their business the way they saw fit. (PH2, paragraph 92)

The second set of motivators for public participation was understood in terms of perceived consequences of the smoke-free bylaw. Two types of motivational factors emerged from this: 1) the health consequences of second-hand smoke in public places and 2) the economic consequences on business.

Stakeholders mentioned that the health consequences of second-hand smoke and the potential benefits offered by the bylaw was a motivator to take action to support it. Stakeholders talked about the immediate health consequences of second-hand smoke such as asthma exacerbations or allergies rather than more long-term consequences such as lung cancer. Intermingled into the discussion on health was the irritation of smoke in restaurants and bars. As

one hospitality stakeholder said, in addition to the health issue, the immediate nuisance that they perceived cigarette smoke caused, pushed people to act on it. The following excerpt summarizes how the immediate health consequences of second-hand smoke encouraged people to take part in the public participation process.

I think it's a personal nuisance. I think they're not ignoring the health issue that was presented to them and people understand that it's a health issue. But, I mean, if it was a silent health issue, it might be more difficult to get people to go along with. You just sit there and you know, the smell on your clothes, difficulty breathing and everybody would just say "no" to so much trouble they're having in smoking places because it was just the way it was. I think it was just like people realizing [the nuisance of smoking] at this time. (SI2, paragraph 145)

Similar arguments were mentioned to have been used for hospitality workers, who like the public, were concerned about the consequences to their health of second-hand smoke in public places. The following excerpt shows how one letter-writer made an impression on a member of the health coalition:

And there were you know, some letters, one from a hospitality worker that was really quite powerful. She was a young woman, her picture, I mean, they put a huge picture of her [in the newspaper]. [She] was working her way through university by being a bartender and she was just, you know, having tremendous health problems because of it, so it was sort of "I need my job but it's hurting my health" and that was really important to the whole thing. (CC1, paragraph 86-88)

Another strong motivational factor, and this from business owners who were opposed to the bylaw, was the fear of losing business once the 100% smoke-free bylaw would be implemented. Stakeholders mentioned that this fear came primarily from the fact that for

business owners, the economic consequences of the bylaw were unknown. Although there was information circulating that the bylaw would not have negative impacts on their business, other information was pointing to a disaster for some business owners. The following excerpt shows how a member of the community health coalition was aware of and expressed that fear:

I think the fact that, for a restaurateur, they really were nervous and I understand that, it is their livelihood, they didn't like to believe that what happened in California was going to happen in Ottawa. [The bylaw] had to happen first, so they were obviously sceptical about the fact that [they wouldn't lose business] you know, [even] we were sceptical in a way, and the opposition who was waving the red flag saying "you'll go out of business". And so, obviously they had concerns about it. (CC1, paragraph 114)

In summary, stakeholders mentioned a number of motivational factors for people who were in favour of the bylaw as well as for people who opposed the bylaw. People who were in favour of the bylaw were motivated by having the right to a smoke-free environment and the immediate and direct health issues caused by second-hand smoke in public places. People who opposed the bylaw seemed to be motivated by their perceived right to smoke in public places, the perceived right of restaurant and bar owners to run their own business and the fear of business loss. Interestingly, the perceived consequences of the smoke-free bylaw highlighted by participants focused on short-term health effects and business loss. The longer term adverse consequences of exposure to second-hand smoke or longer term benefits to business were not identified as factors influencing actions to support or oppose the bylaw. The immediate consequences seemed to be far more important than the long-term consequences.

It is of interest to note that arguments used within public participation and motivational factors for public participation had similar bases; factors that had a personal connection with

individuals. This personal connection gave individuals an incentive to argue in favour of or in opposition to the bylaw and motivated them to take part in the public participation process.

Role of different stakeholders' groups

This section discusses the different roles that groups involved in the Smoke-free Ottawa campaign took during and after the passage of the smoke-free bylaw. Although the study focussed on the timeframe before the passage of the smoke-free bylaw, stakeholders also talked about the different roles taken after the passage of the smoke-free bylaw. The following table summarizes what stakeholders suggested about each of the groups' roles before and after the passage of the smoke-free bylaw.

Table 11. Role-by-time matrix: Role of groups involved in public participation before and after the passage of the bylaw

Group	Before passage of the bylaw	After passage of the bylaw
Public health	Maintain the focus on the health issue Support community coalition with advocacy work; Prepare infrastructure for implementation stage of the bylaw; Arm municipal councillors with facts Raise awareness about second-hand smoke.	Hand over the bylaw to the legal and bylaw enforcement departments; Support other public health departments who were promoting smoke-free bylaws.
Community coalition	Advocate for the smoke-free bylaw; Reach out to and coach individuals for advocacy; Raise support for the bylaw.	Ensure that the bylaw is respected; Push for patios if it is not included in the provincial legislation.
Municipal councillors	Gauge public opinion; Position themselves vis-à-vis the bylaw; Clarify their position with stakeholders and constituents; Listen to the different groups taking part in public participation; Weigh the political context of the bylaw.	Defend the position they took on the bylaw; Explain why they voted the way they did; Ensure the bylaw is enforced with fairness.
Hospitality sector supporting the bylaw	Negotiate a fair bylaw for everyone with a level-playing field; Show support for the gold standard (i.e., 100% smoke-free bylaw) option.	Ensure fair enforcement by the municipality; Support other municipalities involved in smoke-free bylaw development.
Hospitality sector against the bylaw	Organize pubs and bars against the bylaw; Increase awareness about the possible economic repercussions of the bylaw; Raise opposition to the bylaw.	Challenge the bylaw in court; Lobby to include designated smoking rooms in a provincial smoking ban; Support other pub and bar owners' associations in municipalities facing the passage of a smoke-free bylaw.

The role of the public health department before the passage of the bylaw was to work as fore-runners for the promotion of the bylaw and to support the community coalition in its advocacy work. After the passage of the bylaw, public health's work in promoting the bylaw was

completed and public health staff had to transfer the implementation role to the respective departments of the public health department.

Prior to the bylaw, the role of the community coalition focussed on advocacy and coaching. During that period of the smoke-free Ottawa campaign, the community coalition worked to ensure that municipal councillors would develop interpersonal connections with the citizens and groups supporting the bylaw, through meetings, phone calls and emails. After the passage of the bylaw, the coalition work took on the role of watch dog, ensuring proper implementation and further additions to the bylaw if needed, such as the inclusion of patios.

For municipal councillors, clarifying their position before and after the passage of the bylaw was something they were very involved with. In addition, stakeholders felt that prior to the bylaw, municipal councillors had a role in capturing the essence of all parties involved by gauging public opinion, listening to people who were taking part in public participation and by weighing the political context within which the bylaw was being debated. After the bylaw, municipal councillors worked at making sure the bylaw they voted for was enforced fairly with all parties. One municipal councillor described how he went to the media to uncover bars who were illegally selling membership cards to customers in order to have the designation of a "private club" where smoking would be allowed.

For the hospitality sector, roles differed depending on the position that individuals or groups took. For the group in favour of the bylaw, roles involved making sure that all businesses (e.g., restaurants, cafés, pubs and bars) would be treated fairly on a level-playing field. After the passage of the bylaw, ensuring proper enforcement of the bylaw was a role that this group took on to make sure every business would be treated equally. For the group opposing the bylaw, trying to organize the pubs and the bars was a very difficult task that was not completely

successful during the Smoke-free Ottawa campaign. The organization level of the opposition grew after the bylaw and, according to many stakeholders, had an important impact after the passage of the bylaw. The hospitality sector group opposing the bylaw also took on the role of raising the potential financial repercussions of the bylaw as a fear message. After the passage of the bylaw, this group's role took the form of challenging the bylaw in court.

In summary, many groups ensured that the bylaw was properly enforced after its implementation. Stakeholders mentioned that the enforcement part of the bylaw was probably the most difficult part of the process and also the most critical. Each group identified that once the bylaw was passed it was important to them that the bylaw be enforced properly to maintain the level-playing field and to avoid precedents that would weaken the bylaw's adoption. Councillors were mainly involved in clarifying their position and their final vote on the smoke-free bylaw.

Also, most of the parties supported their equivalent group(s) in other municipalities facing the passage of similar bylaws after the time-frame of this study. Both the community coalition and the group opposing the bylaw said they would advocate for their preferred bylaw option should provincial legislation be debated in the near future.

The role of the public health department vs. the role of the community coalition.

Interviewees from the public health department and the community coalition discussed how activities related to advocacy were difficult for public health staff to take on. Advocacy work was defined by a public health department staff as "direct political influence" such as encouraging people to call their municipal councillors, meeting with municipal councillors, recruiting volunteers to give a testimonial at the public meetings and running an advocacy website. The main problem for public health department staff and the advocacy part of the

campaign was that ultimately, municipal councillors were their supervisors in the organization of the public health department which put them in a difficult position. One of the public health department staff described the issue as "a very thin line" between the role as a municipal employee and an advocate. The following quote highlights the reasons for public health staff to stay away from advocacy work.

What I call it [advocacy] is direct political influence. Because you see, what happened with the change in the city, is that, the municipal councillors were now our bosses. Public health used to be, as you know, a separate unit, right. The board of health, in our day, was a regional health board. So when we became the new city, the health board [became] essentially the councillors, the committee of health and social services. So we don't have any distance from them anymore, you know, the question is, "is it ethical to have your own staff lobby your own [bosses], I mean, as public servants, you're supposed to be sort of neutral on issues, right. Present the facts but you're not supposed to play that advocacy role. Now, the flip side to that, [is that] the core programs in the province certainly give us permission to work with community partners to advocate for health issues. So it's a fine line, in most of what we do, it's a very fine line, but what happened with Smoke-free Ottawa was that line was getting really blurred, you know. I mean, having, you know, the public health department saying, "phone the councillor" wasn't necessarily appropriate because we were telling people what to say to their politicians which were essentially our boss, right. So there's sort of a conflict of interest there. (PH1, paragraph 134)

The following figure titled "walking the thin advocacy line" highlights the differences and commonalities between the roles of the public health department and the role of the community coalition.

Figure 11. "Walking the thin advocacy line": shared and distinct roles of the public health department and the community coalition vis-à-vis advocacy

Role of the public health department staff	Shared roles	Role of the community coalition
Health Education ←	- - - - - - - - - -	→ Advocacy
Arm municipal councillors with the best information; Support community coalition in logistical/administrative functions: - Tell community coalition of people who are passionate about the issue - Provide information as needed; Educate the public about the dangers of second-hand smoke; Obtain funding for promoting the bylaw; Provide recommendations to municipal councillors about the smoke-free bylaw.	Develop and maintain coalition partnerships; Strategize around: - Funding - Timing - Networking; Keep the focus on the health issue; Inform municipal councillors about public support.	Conduct direct lobbying activities: - Elicit and publicize councillors' position on the smoke-free bylaw - Organize meetings with councillors - Mobilize people in the community to generate more interpersonal contacts with municipal councillors (e.g., paid advertisement) - Coach people who were going to meet or present to municipal councillors - Meet with municipal councillors; Maintain advocacy website.

The roles of the public health department during the Smoke-free Ottawa campaign focussed on information, education and support to the community coalition, which can be considered as health education work. Because the health department staff had to stay away from direct political influence for the reasons mentioned above, its role had to remain closely linked to "factual" rather than political activities.

Common roles between the public health department and the community coalition revolved around activities that were mostly organizational such as building the coalition, and strategizing around issues of timing, funding and networking. Other common roles were to ensure that the focus of the Smoke-free Ottawa campaign remained around the health issue and

to inform municipal councillors about the support of the public for the smoke-free bylaw. This was done primarily through the dissemination of survey results.

Roles primarily held by the community coalition comprised of activities with political ramifications. The community coalition was instrumental in mobilizing the community to express its opinion through the various channels as described earlier.

In summary, this section on public participation explored participants' perspectives on the types of public participation that took place during the Smoke-free Ottawa campaign, the motivation behind public participation, the argument used during the debate and the influence public participation had on municipal councillors. Public participation took many different forms during the Smoke-free Ottawa campaign and included public participation that was initiated by the general public and by organizations. Actions initiated by the public had a direct influence on municipal councillors while actions initiated by organizations had more of an indirect influence and aimed at supporting a type of public participation. Actions aimed at municipal councillors and the general public were reviewed and their influence assessed through the perspective of the participants. It was found that the actions taken by the public to directly target municipal councillors such as phone calls, emails and meetings were more influential than the actions directed towards the general public. These findings are interesting since some important types of public participation that took great efforts to organize and implement such as the public consultation meetings and rallies have not emerged as critical factors in influencing municipal councillors.

Arguments used commonly by the two opposing groups were identified and discussed. Economics and rights issues predominated as arguments used by both sides. Offering alternatives and dismissing the science were arguments used by the group opposing the bylaw while the

health issue and the concept of the level-playing field were used as arguments by the group in favour of the bylaw.

Quantitative Analysis of Newspaper Articles

The following section will discuss the findings from the quantitative analysis of articles in the Ottawa Citizen. Compared to the previous section on the qualitative analysis of the newspaper articles which covered only letters to the editor, articles included in this section are comprised of letters to the editor, editorials and news articles. They were analysed using quantitative methods. First, the frequency of articles during the Smoke-free Ottawa campaign is presented. Second the different types of articles printed over times are reviewed followed by an analysis of the slant taken and main arguments used in the articles. Then the groups most often targeted by letters to the editor are summarized followed by the articles' evolution of prominence over time.

Using the keywords highlighted in the table below, a total of 710 newspaper articles were retrieved. Due to limitations of the database that only allowed submission of one keyword at a time, some of the articles are duplicates, showing up with more than one keyword. Only articles specifically mentioning the smoke-free bylaw were used for this study for a total of 103 articles comprising of 74 letters to the editor, 6 editorials and 23 news articles.

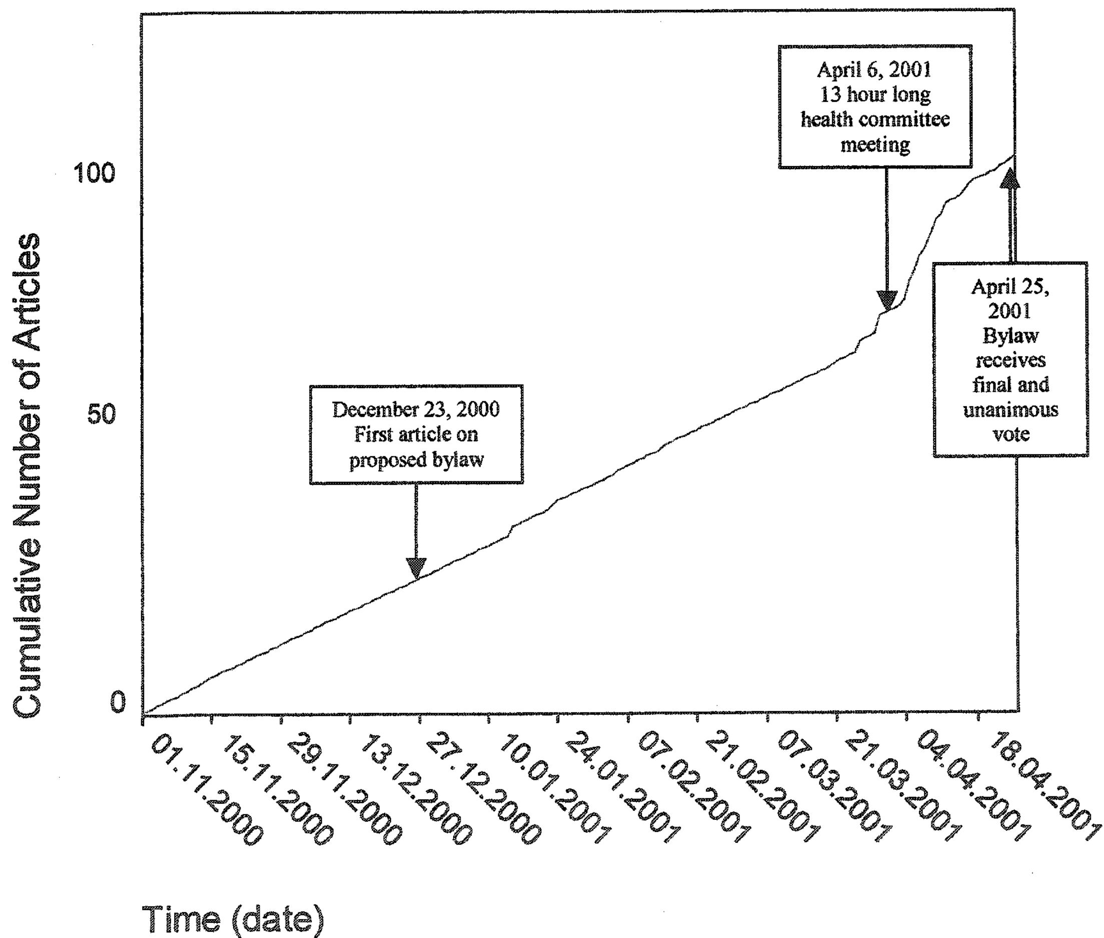
Table 12. Number of articles yielded by keyword used

Keyword	Number of articles yielded
Smoking	474
Tobacco	177
Smoking ban	37
Second-hand smoke	16
Smoke-free bylaw	4
Tobacco control	2

An analysis of the newspaper articles showed that the cumulative number of articles printed on the subject of the smoke-free bylaw increased steadily until one month prior to the

bylaw final voting day when the number of articles increased sharply (see Figure 12 for the cumulative number of articles appearing in the Ottawa Citizen from November 1, 2000 to April 26, 2001). As the date for the final vote by municipal councillors approached, an increased number of articles appeared in the Ottawa Citizen. This increase in media activity may be reflective of the increased actions of different groups in the few weeks prior to the final vote on the smoke-free bylaw.

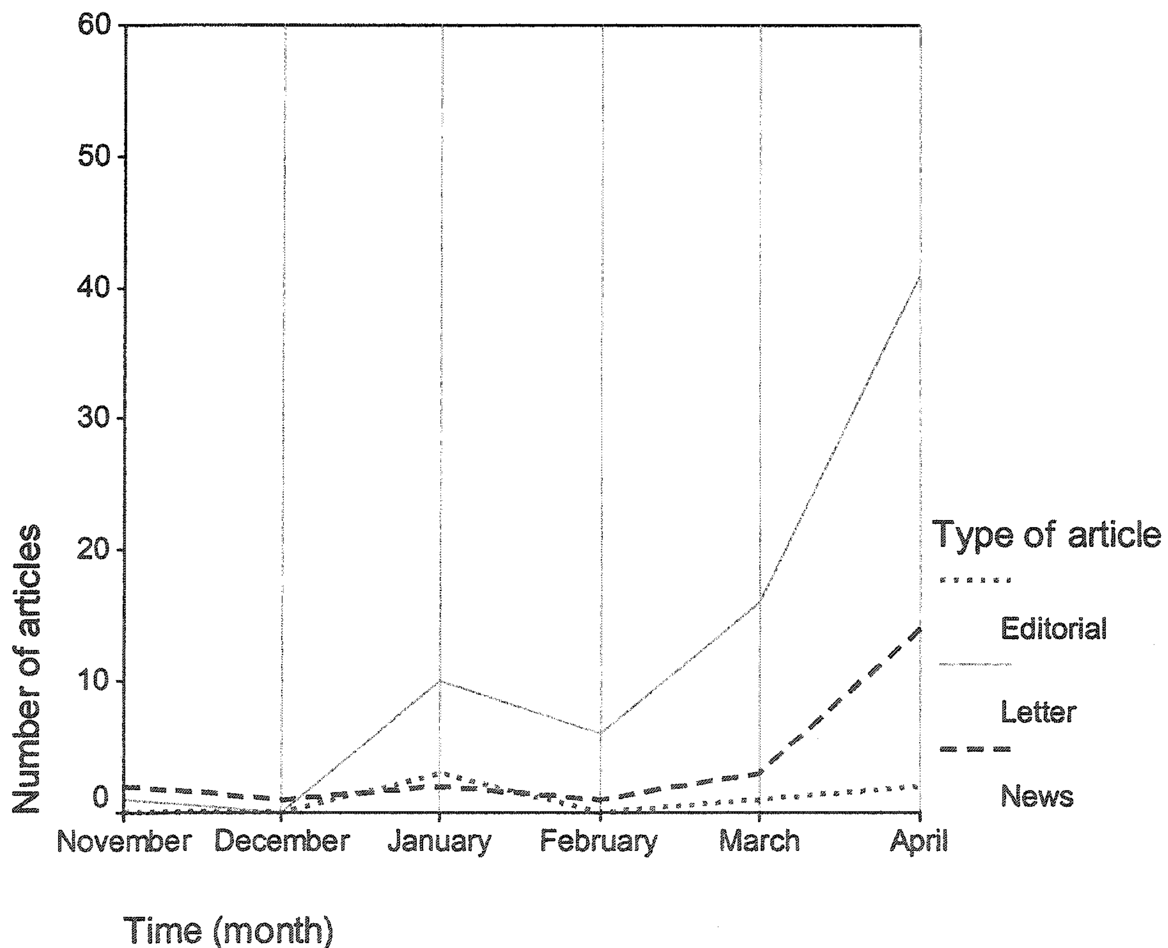
Figure 12. Cumulative number of articles (n=103) appearing in the Ottawa Citizen between November 1, 2000 and April 26, 2001



There was variation in the prominence of the three types of articles over time, especially in the number of news articles and letters to the editor (see figure 13). There was an initial peak

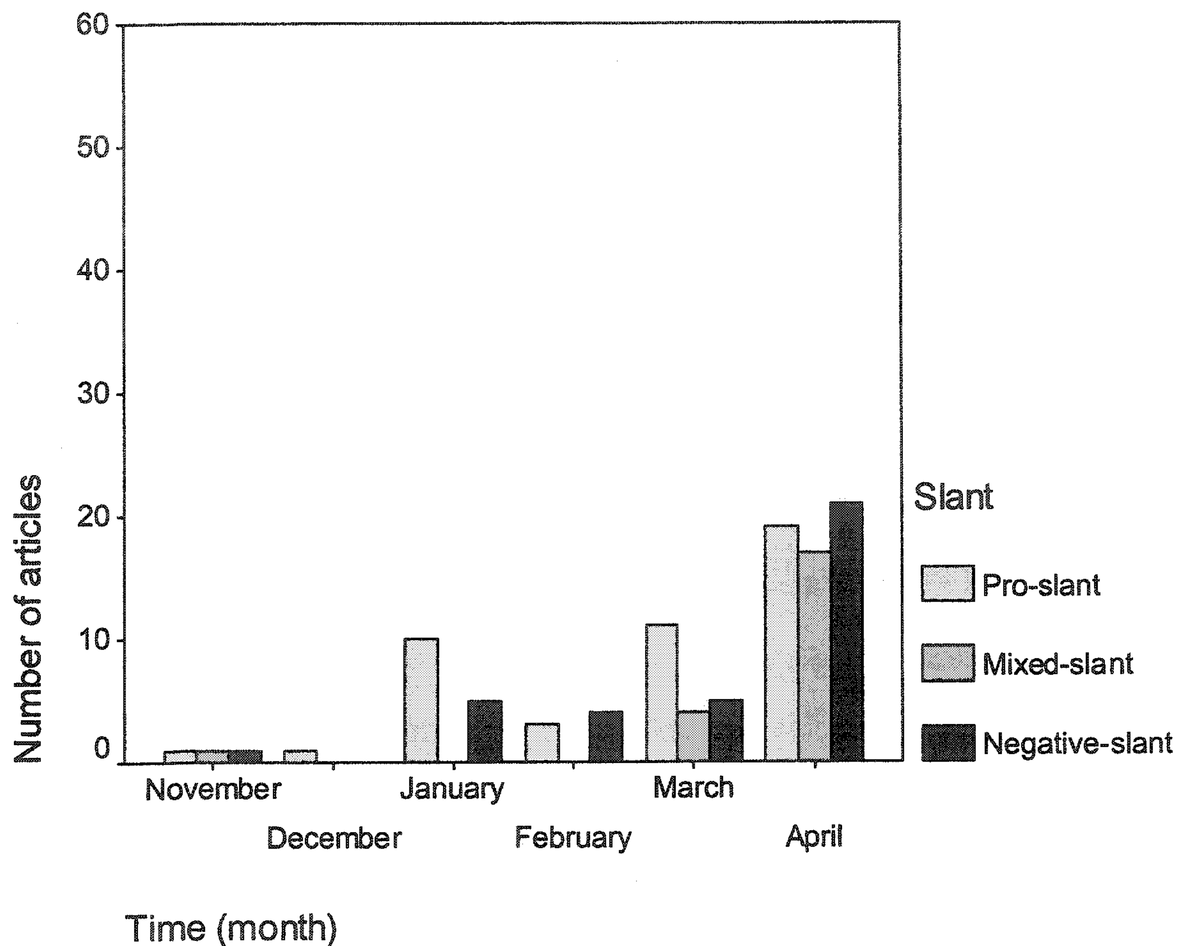
of letters to the editor in the month of January when many letter writers responded to a very controversial editorial against the smoke-free bylaw printed early in January. Another higher peak in the number of letters to the editor occurred in the month prior to the final vote on the smoke-free bylaw. The number of news articles varied during the first four months, but a sharp increase also occurred during the month prior to the final vote. The number of editorials printed during the same period remained relatively stable and low over the smoke-free bylaw campaign period.

Figure 13. Number of articles (n=103) appearing in the Ottawa Citizen between November 1, 2000 and April 26, 2001 according to the type of articles by month



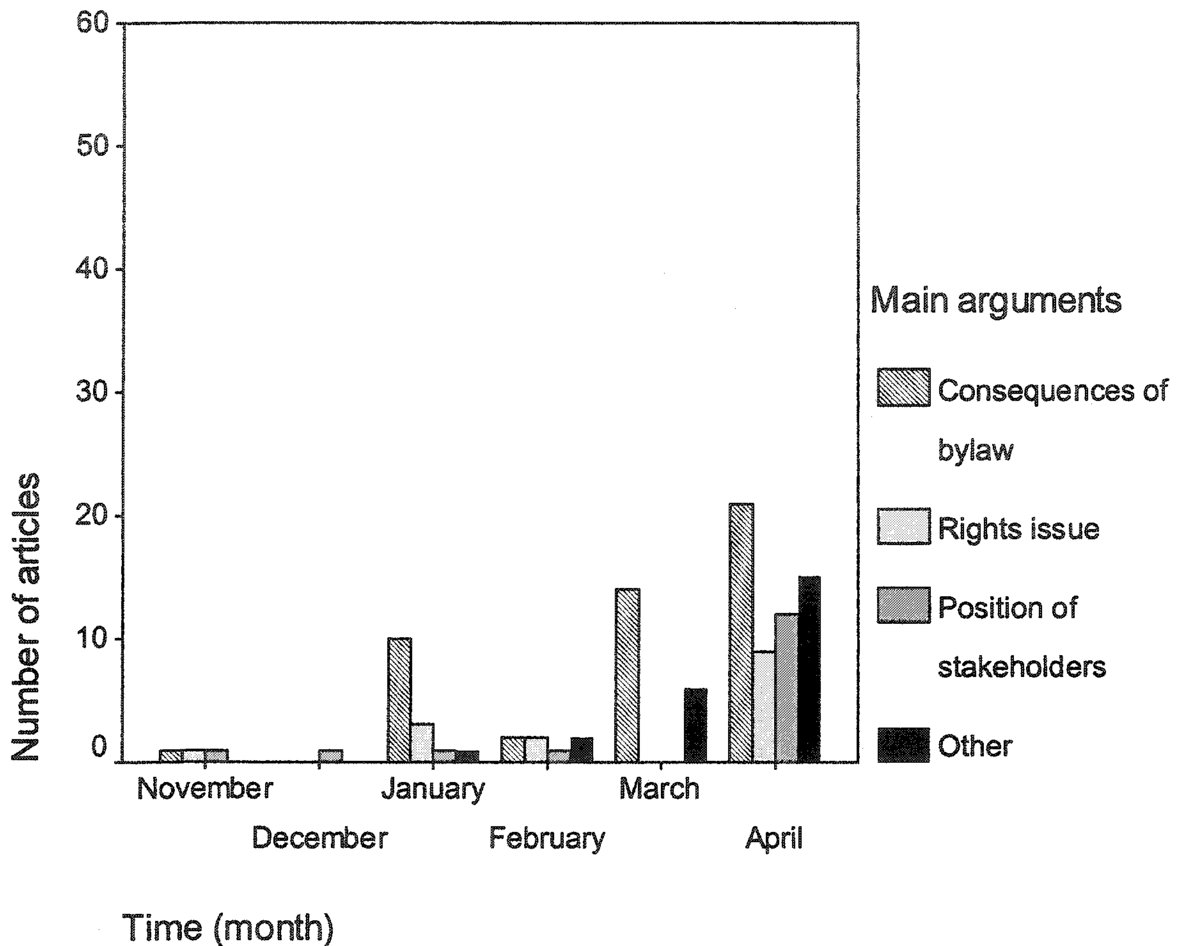
Articles were also categorized according to whether the views expressed in the articles supported, opposed or presented both sides of the debate (see Figure 14). Mixed-slant articles were printed in relatively low numbers until the middle of the campaign. There was a marked increase in this type of article in the month prior to the final vote on the bylaw. Figure 14 shows that cumulatively, there were more articles representing views that were in support of the bylaw than the other views. However, in the final month of the campaign, there were more articles presenting views that opposed the smoke-free bylaw compared to the pro-slant. The balance between pro-slant and negative slant articles was rectified only by the end of the campaign, closer to the final vote, maybe too late to give a chance to the opposing group to win its battle. This information is in convergence with the imbalance in the opposing group's level of organization emerging from the interview analysis. This imbalance created credibility issues for the group opposing the bylaw despite this group becoming more organized towards the end of the Smoke-free Ottawa campaign.

Figure 14. Number of articles (n=103) appearing in the Ottawa Citizen between November 1, 2000 and April 26, 2001 according to the slant of the articles.



The arguments presented in the articles varied from month to month. Articles discussing the advantages of the bylaw were well represented in January, March and April while the disadvantages of the bylaw were more predominantly highlighted in the last two months of the Smoke-free Ottawa campaign. There were more articles using the right's issue and position of stakeholders as arguments in newspaper articles in the last month of the campaign (Figure 15). Overall, the arguments used in letters to the editor converged with those that emerged from analysis of the interviews. As well, the arguments were very well reflected in the motivational factors that influenced public participation.

Figure 15. Arguments presented in articles (n=103) appearing in the Ottawa Citizen between November 1, 2000 and April 26, 2001 by month.



The arguments presented in the articles reflect arguments used by stakeholders in the public participation process as well as the motivational factors for people to take part in public participation. This information was convergent between two types of data, the interviews and the newspaper articles. The immediate consequences of the bylaw such as health and economics as well as the right's issue showed the level of involvement of people in this process.

As the following table highlights, the most commonly targeted groups were, in order of importance, other letter-writers, the newspaper editor, the general public and the councillors.

Table 13. Targeted groups mentioned in letters to the editor.

Targeted group	Number of letters to the editor	Percentage (%)
Letter-writer	27	36.5
Editor	15	20.3
General public	14	18.9
Councillors	10	13.5
Public health department	5	6.8
Other	3	4.2
Total	74	100.0

Compared to letter-writers, the newspaper editor and the general public, municipal councillors were not a priority target group of letter-writers. This is consistent with interviewees who did not perceive the media as an important channel for the influence of public participation on municipal councillors.

In contrast, the media was identified as an important way through which the general public and letter-writers (who can be considered as the general public) were most frequently targeted by the content of the letters to the editor.

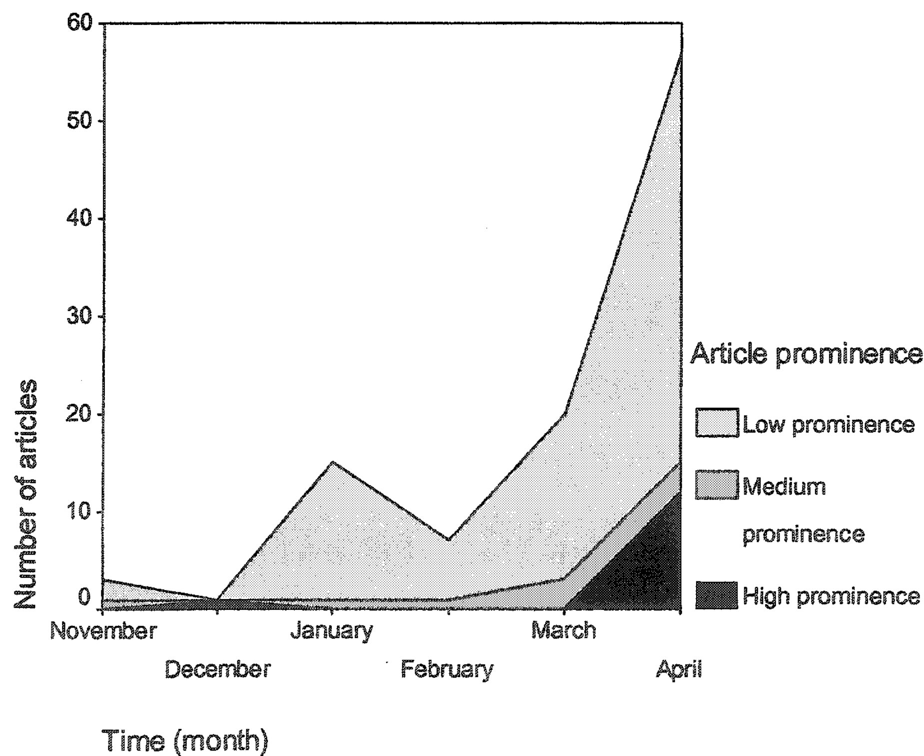
Table 14 shows a cross tabulation of the arguments used in the Ottawa Citizen's articles by type of article. The arguments highlighting the consequences of the bylaw were prominent in about half of the articles while the right's issue and the position of stakeholders together made up about a third of the articles. The "other" category of arguments included: 1) heavy-handed state, 2) offering alternatives to proposed bylaw, 3) example of other cities, 4) dismissing the science and, 5) need for a stronger bylaw than the one proposed. Letters most often highlighted consequences of the bylaw. The position of stakeholders was most often represented in news articles.

Table 14. Cross tabulation of arguments used in articles by type of article.

Prominent arguments used in articles	Type of article: Editorial	Letter	News	Total
Consequences of bylaw	1	41	6	48
Rights issue	2	13	0	15
Position of stakeholders	1	3	12	16
Other	2	17	5	24
Total	6	74	23	103

Figure 16 highlights article prominence by month. Most of the articles printed had a low prominence in their placement in the newspaper. Article prominence increased over the period of the campaign, with a peak prior to the final vote on the smoke-free bylaw.

Figure 16. Prominence of articles, by month



In summary, the number and prominence of articles increased over the period of the smoke-free Ottawa campaign. The arguments used in articles became more diversified as the debate evolved and groups targeted by letter-writers also became diversified with an increased focus on the general public, letter-writers and municipal councillors.

Factors Influencing the Passage of the Smoke-free Bylaw

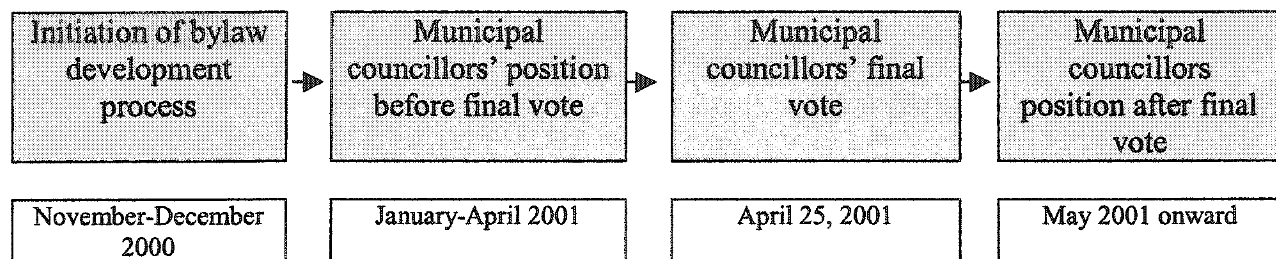
The following section describes the different factors identified by the stakeholders as being influential on the overall process of the passage of the smoke-free bylaw. First, four critical elements in the passage of the smoke-free bylaw are presented. Second, five major factors are identified and their influence on the four elements in the process of the passage of the smoke-free bylaw are discussed. A final discussion presents a revised conceptual framework.

Four Critical Elements in the Process of Bylaw Adoption

The process of bylaw adoption was understood in four critical elements linked by time (see figure 17). The first element was the initiation of the bylaw development process. This first element was a point in time when the public health department and the community coalition realized that it was time to initiate the process of promoting a smoke-free bylaw. A certain number of factors were aligning that would support the successful adoption of the municipal bylaw. The second element was the position of the municipal councillors about the smoke-free bylaw prior to their final vote. This element was crucial because it was an indicator of the chances that this bylaw would go through or not. A third element was the councillors' final vote on the smoke-free bylaw. This element was critical because it was the ultimate outcome of the Smoke-free Ottawa campaign and it was the moment when stakeholders who supported or opposed the bylaw would see the results of their efforts. The final vote was perceived by stakeholders as the culminating point of the Smoke-free Ottawa campaign. A fourth element, the

position of municipal councillors after the bylaw, was added because some of the data highlighted the importance of the municipal councillors' position beyond the final vote. The following figure represents the four elements of the passage of the smoke-free bylaw with related dates. The last element, municipal councillors' position after the final vote, will not be included in the discussion that follows since the timeframe chosen for the study was limited to the time period leading up the final vote. Also, insufficient data were gathered to explain the different factors that influenced municipal councillors' position after the final vote.

Figure 17. Four critical elements in the passage of the smoke-free bylaw



Five Influencing Factors for the Passage of the Smoke-free Bylaw

Five factors influenced the process of the passage of the smoke-free bylaw. These factors were: 1) perceptions of public opinion, 2) public participation, 3) dynamics of the democratic process, 4) context of bylaw development and 5) context of newness. The discussion that follows focuses on how each of these factors influenced the first three of the four elements in the passage of the smoke-free bylaw.

Perceptions of Public opinion.

Public opinion was identified as one of the most critical factors in the passage of the smoke-free bylaw. First, public opinion influenced the initiation of the bylaw development process. Support of the public was perceived as a requirement for making the decision to initiate the process of bylaw development. The Public health department concluded that public support

for a smoke-free bylaw was strong enough to promote the passage of the smoke-free bylaw. The following excerpt shows how the Public health department made that decision:

We had done 3 consecutive public opinion polls with the same questions. We saw, you know, a definite increase in support for 100% which is the key issue. But you can't do without it, you can't, I don't think you could influence political opinion without having the public support, clearly. (PH1, paragraphs 90, 114)

Second, public opinion seemed to have a specific influence on the position of municipal councillors prior to the final vote. Some even suggested that public opinion was the most important factor influencing municipal councillors' position on the smoke-free bylaw. The following quote expresses how important public opinion seemed to be for municipal councillors:

Well I think that clearly municipal councillors are not going to vote for something that they don't think their constituents want. So, if the polls had been very low and people weren't supportive of [the bylaw] then it might have been a different issue. (CC1, paragraph 133)

The findings on public opinion also showed that municipal councillors gauged and tracked public opinion by various means such as assessing the credibility of current surveys, paying attention to public participation in radio call-in shows, emails, phone calls and visits from constituents, and using intuition.

Third, public opinion was identified as having influenced municipal councillors' final vote on the smoke-free bylaw. Municipal councillors would not only read public opinion as a measure of what their constituents wanted; they read public opinion as a measure of potential votes at the next election should they support or not support the smoke-free bylaw. For municipal councillors, following public opinion and avoiding possible political repercussions was essential to their survival in municipal politics. The following quote from a municipal councillor shows

how one can not vote against something supported by a majority of the constituents and that voting against the bylaw would have been perceived as voting against "motherhood and apple pie". This may be related to two findings of this study: 1) that public participation was motivated in part by the short-term consequences of the smoke-free bylaw and 2) by the very nature of the smoke-free bylaw which was presented as a health issue. The short-term health consequences of the smoke-free bylaw were salient enough for the public to be motivated to act in favour of the bylaw and municipal councillors may have been influenced by their perception of this motivation. Also, as discussed later in this chapter, the fact that the bylaw was a health issue in itself may have enough connotation in the eyes of the municipal councillors to encourage their support of it:

There were some hard core people who, like myself, who felt there should be changes [to the proposed bylaw] but at the end of the day, I didn't feel strong enough about it to pull against the smoking bylaw because the no-smoking bylaw was just like motherhood and apple pie. If you didn't support it, at the end of the day, people would really, you know, [if] 80% of the people wanted it, you don't, you don't go against 80% of the people. (MC1, paragraph 46)

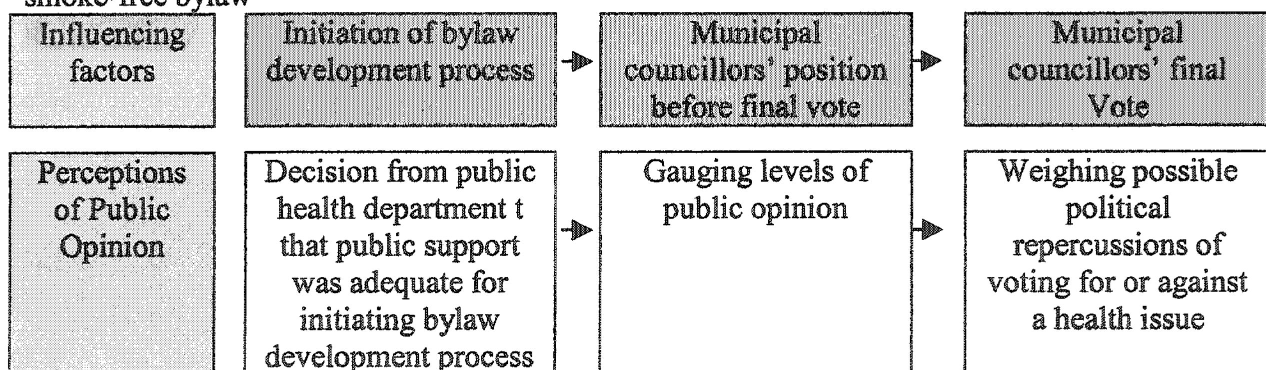
Reading public opinion was difficult for municipal councillors who were provided with a number of sources of public opinion. When public opinion polls were presented to municipal councillors by the public health department, responses to the series of questions asking about the limited bylaw was not provided to municipal councillors. This quote highlights how a service industry stakeholder thought that this information might have changed some of the municipal councillors' positions, had it been presented:

Public opinion that they were allowed to see [influenced municipal councillors' position], yes. When they saw that 70% of Ottawa was in favour of a smoking ban in public

places, which was the only data that Cushman showed them, then they said, "if that's what it is, then we've gotta vote that way". That at the risk of repeating myself, they weren't shown the other question, that not only 70% of the people were in favour of a smoking ban in public places, the same 70% were also in favour of a compromise [in bars]. (SI1, paragraph 226)

In summary, public opinion influenced the passage of the smoke-free bylaw as an initiating factor for the public health department to move ahead with the process of bylaw adoption. Municipal councillors' position of the smoke-free bylaw was influenced through gauging the levels of public opinion to position themselves with regards to the bylaw. Finally, the final vote of municipal councillors was influenced through their realisation that going against public opinion in the final vote could lead to repercussions to their political career.
Figure 18 summarizes how public opinion influenced the elements in the passage of the smoke-free bylaw.

Figure 18. Influence of perceptions of public opinion on critical elements in the passage of the smoke-free bylaw



Public participation.

Public participation was another factor that influenced the initiation of the bylaw development process. Two types of actions, one from groups and organizations and the other from opinion leaders had an influence on the initiation of the bylaw development process (see table 15).

Table 15. Public participation influencing the initiation of the bylaw development process by type of actions in public participation

Type of actions	Public participation influencing the initiation of the bylaw development process
Actions from groups and organizations	Harnessing wide support by the public health department Setting the stage for the development of the smoke-free bylaw Support from the local council and restaurant association
Actions from opinion leaders	Health sector leaders. Going for the "gold standard"

Actions by the public health department were identified as having had an impact on the initiation of the bylaw development process. In terms of a health sector leader, the local Medical Officer of Health was mentioned as a critical influence on the process of bylaw adoption. For example, he was identified as the person who decided to go ahead with proposing a "gold standard" bylaw in Ottawa. The Medical Officer of Health was therefore identified as holding two roles: 1) enabling the organizational structure to support the development of the smoke-free bylaw and 2) setting the bar in terms of what type of smoke-free bylaw should be adopted. This leadership from the Medical Officer of Health was identified as very influential in setting the stage for successful passage of the smoke-free bylaw.

Second, public participation was identified as having influenced municipal councillors' positions about the smoke-free bylaw prior to the final vote. Stakeholders described a number of ways that public participation influenced municipal councillors' positions. These can be classified in three categories: 1) actions from groups and organizations, 2) actions from the general public and 3) actions from opinion leaders. Table 16 presents a summary of what types of actions stakeholders thought influenced municipal councillors' positions.

Table 16. Public participation influencing municipal councillors' position on the smoke-free bylaw by type of actions in public participation

Type of actions	Public participation influencing municipal councillors
Actions from groups and organizations	Public health department Community coalition meetings with municipal councillors "credibility of physicians"
Actions from the general public	Phone calls, letters and email "personal stories"
Actions from opinion leaders	Municipal leaders supporting the process and using influence to make progress

In the actions from groups and organizations conveyed by the public to municipal councillors through email writing and phone calls, stakeholders discussed the credibility of the physicians as an influencing factor on municipal councillors' position. Personal stories were also identified by stakeholders as being influential on municipal councillors' positions. And in terms of actions from opinion leaders, municipal sector leaders were identified as having influenced the process of bylaw adoption. For example, the mayor was perceived as being one of the opinion leaders who supported the process through the work of his office and by influencing other municipal councillors' positions.

Third, analysis of the newspaper articles suggested that there was an intensification of public participation activities in the weeks preceding the final vote on the smoke-free bylaw which would have influenced municipal councillors' final vote on the smoke-free bylaw. Interviewees also talked about the 13 hour-long health committee meeting when an impressive number of people presented their views on the smoke-free bylaw. The participation of the community at this public hearing supports the notion that there was an intensification of public participation activities just prior to the final vote.

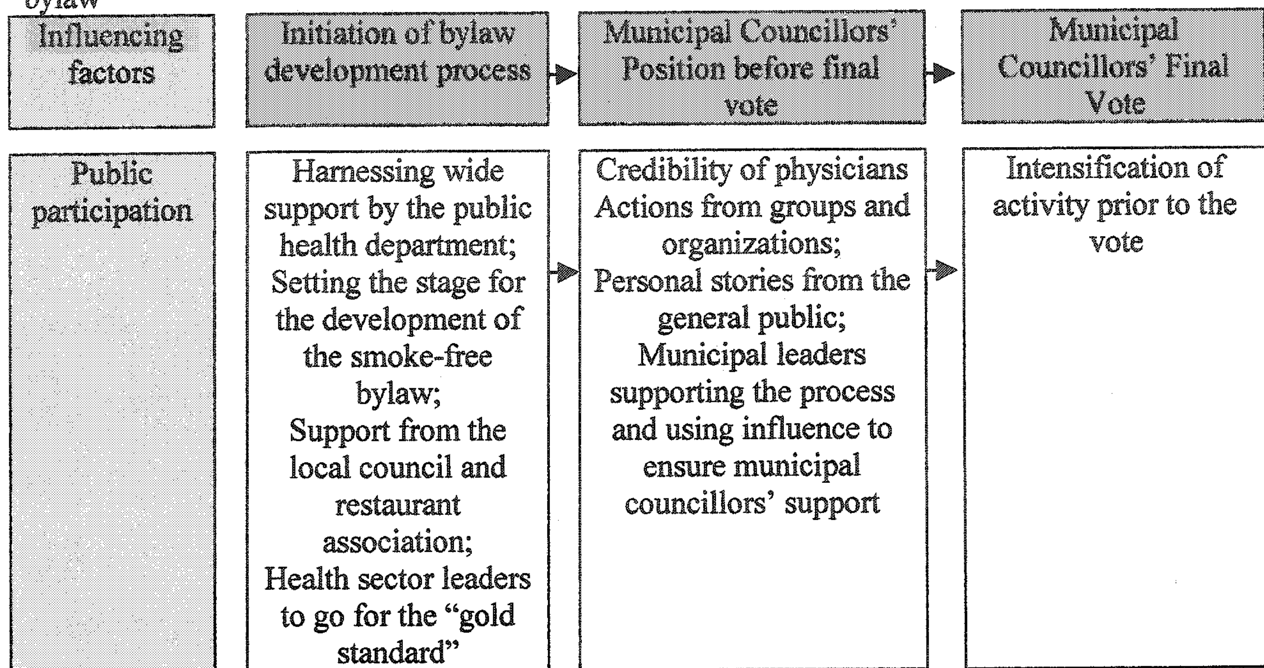
Although all councillors voted in favour of the bylaw, their position on the issue remained relatively the same after the vote. Those who were in favour of the amendments,

remained favourable to those amendments even if they had been rejected at council. The following quote from a member of the community coalition highlights how municipal councillors "jumped back on the fence" when difficulties arose with the implementation of the bylaw. The final vote was therefore not a representation of a change in municipal councillors' position after the passage of the smoke-free bylaw:

I'm of the mind that... individuals that were not really, really supportive, I mean, they voted [in favour of the bylaw] but they were a little on the fence, one of them even strengthened the bylaw by adding the taxis, which was a very strange scenario. I guess, because of the length of the process, because this thing went on for hours, I guess if I were sitting in that chair and I was pretty sure in my head it was going to go, positive then that I would want to say that I was part of the council that voted for it. But I can't, to this day, understand why people who vote for something then, when times get a little tough, they jump back on the fence. I think that there are five councillors who are on the fence. They voted for it but then, you know, when times get a little tough, they complain about it. (MC1, paragraphs 78-80)

In summary, public participation influenced elements of the passage of the smoke-free bylaw through the roles of different groups, including the public health department that supported the process of bylaw adoption, and through actions of physicians, members of the public and opinion leaders who influenced municipal councillors' position. Finally, public participation influenced the passage of the smoke-free bylaw through an intensification of activity prior to the vote that influenced municipal councillors in making their final decision about the smoke-free bylaw. Figure 19 summarizes how public participation influenced elements in the passage of the smoke-free bylaw.

Figure 19. The influence of public participation on elements in the passage of the smoke-free bylaw



Dynamics of the democratic process.

Stakeholders mentioned elements that were integral to the dynamics of the democratic process. This influential factor describes how the reality of the process of democracy influenced the elements in the passage of the smoke-free bylaw. For example, the dynamics of the democratic process involve groups, decision-makers choosing to support what they perceive as the best positions and their political colleagues supporting their position or not. First, in the beginning of the process of bylaw adoption, there was inter-group imbalance in level of organization. Because the opposition was minimal and seemed to be quite disorganized, stakeholders mentioned that its credibility suffered. According to a few of the interviewees, this poor credibility would have actually helped the groups supporting the bylaw through an imbalance in level of organization between opposing groups. The following quote from a member of the community coalition highlights how the perceived disorganization of the opposing group might have helped the group supporting the bylaw:

Well there was very little opposition to the [bylaw initially] very little organiz[ed] opposition, that was the problem that, the way it was done, by the time they got the thing through the hearings, there was no opportunity for the industry to get together and form any kind of opposition. Our industry was all over the place on this, they were bush-wack[ed]. They didn't know. Some would say they didn't want anything to do with it. And others simply wanted to have the designated smoking rooms, others simply said they can't afford it and all this and that. So they were totally divided and unorganized. And by the time the dust settled, they had a bylaw, you know. And half of them didn't even know it was going through! "We got a bylaw, what are you talking about?" And then they got this information kit and said, "what's this?". (SI1, paragraph 76)

Second, the analysis of the newspaper articles suggested that during the few weeks leading up to the final vote, there was an increase in the number of articles highlighting stakeholders' positions with regards to the bylaw. This was the time when municipal councillors were openly discussing their position and aligning themselves on the political spectrum. It is suggested that this activity from the municipal councillors influenced their own colleagues and helped others make decisions about their position. The internal dynamics of the council played a role in influencing municipal councillors' positions before the final vote.

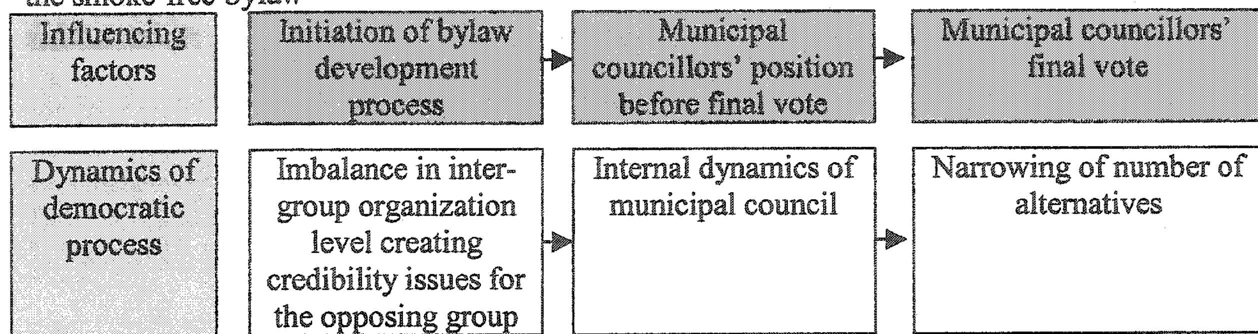
Third, stakeholders talked at length about how, at the last meeting, just prior to the vote, amendments were brought forward as alternatives to the proposed 100% smoke-free bylaw. The amendments aimed at delaying some aspects of the bylaw by proposing a phase-in of the bylaw, introducing designated smoking rooms or allowing exceptions for certain establishments such as bingo or legion halls. When all of these amendments were defeated at the meeting, stakeholders felt that municipal councillors had no choice but to vote in favour of the bylaw. It was as if when

all the alternatives to the bylaw were eliminated, councillors were brought to a simple choice: to vote or not in favour of health. This is where the dynamics of the democratic process played its role in forcing councillors to make the choice of the ultimate decision. The following quote from a councillor who proposed amendments to the bylaw shows how he made the decision to vote in favour of the bylaw:

Probably when they started to see how ... as the vote was getting closer that there was a large, you know, such a significant majority were going to vote for the final bylaw whatever it was. I think, at that point, 3 or 4 [councillors] might have considered otherwise, they said "well, if it's going to go through that hugely are you going to be maybe the only one who votes [against the smoke-free bylaw]?". And it can't be on principle, I mean, unless that principle was this artefact notion that you have the right to blow smoke. And I think that eventually swung them over, you know like, there was enough of a momentum on council to move them at the end of the day. I think there was one or two [who] were thinking that they were going to vote against it, and then they jumped on too, and I mean, I know Cushman was very happy with that unanimous vote, that's a pretty strong endorsement. (MC2, paragraph 88)

In summary, the dynamics of the democratic process were influential on first, the process of bylaw adoption through an imbalance in opposing groups' level of organization, second, on municipal councillors' position on the smoke-free bylaw through the internal dynamics of municipal council and finally, on municipal councillors' final vote through the elimination of alternatives that would weaken the proposed bylaw. Figure 20 shows a summary of how the dynamics of the democratic process influenced the different elements of the passage of the smoke-free bylaw.

Figure 20. Influences of the dynamics of the democratic process on elements of the passage of the smoke-free bylaw



Context of smoke-free bylaw development.

The context of smoke-free bylaw development was a factor that represented how the characteristics of smoke-free bylaw development influenced the elements of the passage of the Ottawa smoke-free bylaw.

First, precedents, or stories from other municipalities that had already adopted strong smoke-free bylaws were identified as having had an influence on the process of bylaw adoption. The experience of the municipalities of Waterloo and Victoria was seen as having an influence on the process of the bylaw adoption and examples of their success on the economic and enforcement levels were used to support the process of bylaw adoption. One of the interviewees compared precedents to the development of a "cookie-cutter" approach, where strategies used in the successful adoption of smoke-free bylaw would be repeated and disseminated to other areas of the province.

Second, the smoke-free bylaw, when perceived as a health issue, seemed to have an important influence on municipal councillors' positions on the smoke-free bylaw. The following excerpt highlights the perspective of a councillor on how the health issue influenced his position. The city council health and recreation committee mentioned in this excerpt was the committee

that oversaw the proposed smoke-free bylaw and held the 13 hour-long meeting prior to the final vote by council:

I think that the main emphasis was that this was a health issue, that's how the city council health recreation committee looked at it and I think that was the main thrust that they were using that it was a health issue, and that the smoking was injurious to your health, and that there was an onus on, or a responsibility by the municipality to bring forward something that would protect the citizens from smoking, or smoke. (MC1, paragraph 4)

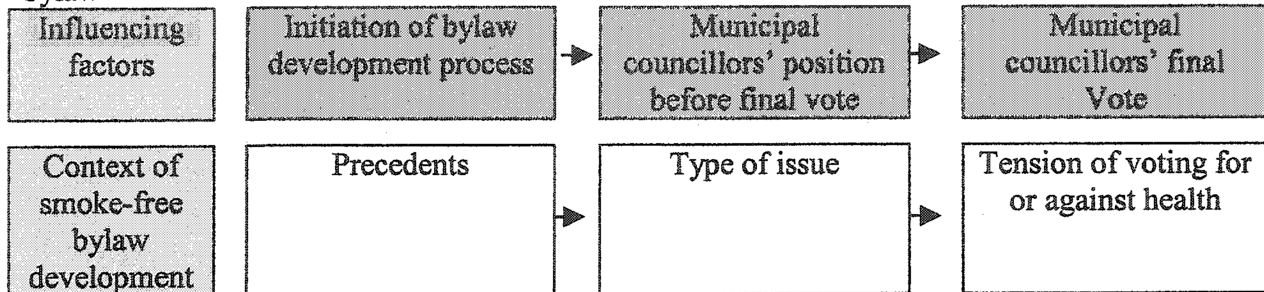
Third, the context of the smoke-free bylaw influenced municipal councillors' vote by exercising pressure on them through the decision to vote in favour or not of a health issue. The following excerpt from a municipal councillor represents how municipal councillors were faced with the decision to vote in favour or against health.

But at the end of the day it is a public health issue and I mean, when it came time to debate, my comment was "well now that those motions have been shot down, or those amendments have been shot down that would reduce the effect on those particular establishments, now it's a strict black and white public health issue" right. And at that point, if those amendments didn't carry the day, or if they didn't survive then you go "ok, now it's pure public health and that's what you go with". And I think that that was the consensus at the end of the day. (MC2, paragraph 20)

In summary, the context of the smoke-free bylaw development influenced the process of bylaw adoption through precedents in other municipalities. It influenced municipal councillors' positions on the smoke-free bylaw through the type of issue as a characteristic of the bylaw itself and it influenced municipal councillors' final vote on the smoke-free bylaw by forcing them to make a decision about voting for or against the principle of health. The following figure

summarizes the influence of the context of the smoke-free bylaw on elements of the passage of the smoke-free bylaw.

Figure 21. Influence of the context of the smoke-free bylaw on the passage of the smoke-free bylaw



Context of newness.

The context of newness in this case study came from the combination of the amalgamation of the new city of Ottawa, the recent elections and the fact that the council was now comprised of new members.

First, the context of newness in the city affected the process of bylaw adoption. More specifically, stakeholders talked about using this newness as a window of opportunity to pass legislation such as the smoke-free bylaw. This newness of the city with the new members on council seemed to have worked as a catalyst for the passage of the bylaw:

Well, as I said, I think the precipitating factor was that we had this great opportunity with the new councillors coming in the city Ottawa. So that in itself was a change. There were new councillors, fresh blood, new city, all that kind of stuff. That really worked to our favour. (PH1, paragraph 30)

The following excerpt from a municipal councillor translates how the passage of the smoke-free bylaw right after the elections was a good choice of timing.

The city, Ottawa city council, I mean, the Mayor was very clever to get this right at the beginning, we wouldn't want to do it just before an election year, so you do it the first, get it out

of the way, and it was six months that there was papers and the PUBCO were, they took it to court, and all this but it, we lost, or the PUBCO lost, the city was vindicated, so after those six months, just like everything else, time heals. (MC1, paragraph 54)

Second, the amalgamation of the City in combination with the recent elections seemed to have created a certain context of newness that may have helped municipal councillors to come together on their position regarding the smoke-free bylaw. The following excerpt shows how this new context of the city was a factor that influenced municipal councillors.

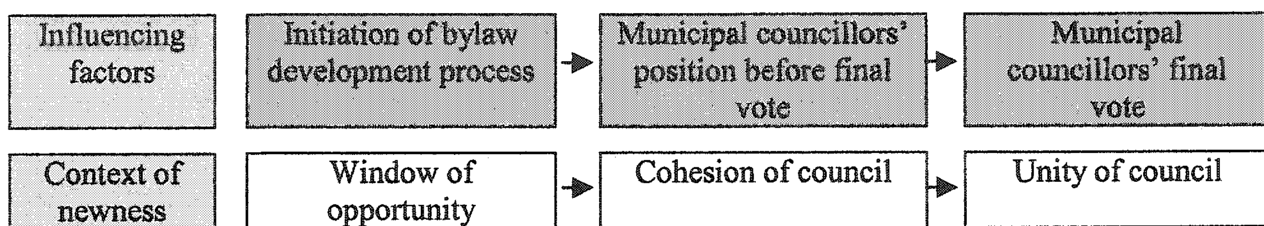
I think a number of members of council of the new city of Ottawa council had decided that [the smoke-free bylaw] was an issue that was very important and it was going to be one that was dealt with very early in the new city. So that's sort of the background that brought it forward. But it was brought forward as a health issue and I guess, you know, perhaps, [it was a] small bit for a better quality of life for people who are in public places. (MC1, paragraph 4)

Third, the newness of the council was perceived as having had some influence on the councillors' final vote. Because it was a newly elected council sitting at a new level under the amalgamation, stakeholders felt that there was some pressure on the group to show some unity by coming together on a unanimous vote. The following quote by a councillor who opposed the bylaw initially illustrates the effect of the council's newness:

We're brand new here and this was maybe a little niche, that this new city could [adopt], you know, we were unanimous, ... we fought a battle, it [was] a very, very tough debate, a lot of cat calls coming back and forth, but at the end of the day ... it was one of our first big issues that we handled and so maybe we said "o.k., we can't win, but if it's going to go ahead anyway, let's everybody get behind it. (MC1, paragraph 54)

In summary, the context of newness of the City of Ottawa influenced first the process of bylaw adoption by providing a window of opportunity to be used by supporters of the bylaw. Second, the context of newness worked on increasing councillors' cohesion around the issue of the smoke-free bylaw. Third, the context of newness created some pressure on municipal councillors to vote unanimously on the bylaw. The following figure highlights how the context of newness influenced elements of the passage of the smoke-free bylaw.

Figure 22. Influence of the context of newness on the passage of the smoke-free bylaw



Revision of the Framework

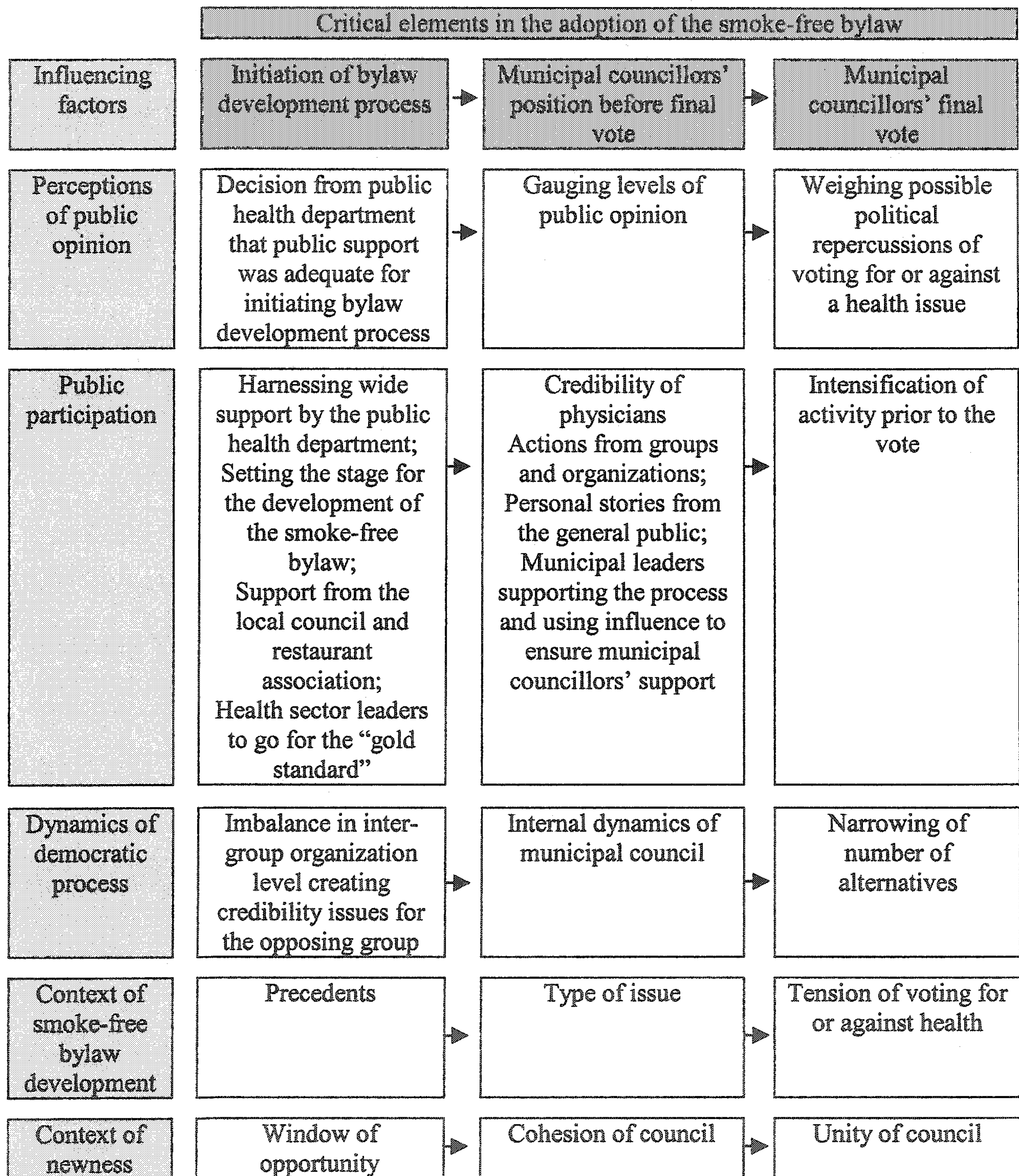
The following section presents a revised version of the framework based on the findings of this study. First, a matrix combining the elements that were found to be foundations to the passage of the smoke-free bylaw and the five factors that were found to have influenced the passage of the smoke-free bylaw are presented. Figure 23 presents the matrix with three elements of the process of bylaw adoption. Second, the revised framework is presented and compared to the initial conceptual framework for municipal level tobacco control.

Figure 23 presents the matrix of the three critical elements in the passage of the smoke-free bylaw and the five influencing factors as discussed in the earlier section.

The matrix was presented to an expert panel that reviewed it and provided feedback on its representation of the case of the Smoke-free Ottawa campaign. Members of the expert panel were in agreement that the matrix was representative of what they thought occurred in this case of smoke-free bylaw development and adoption. They also provided some insights into alternate

terms that could be used in the matrix. The terms were modified according to their feedback. Members of the expert panel also suggested additions to the matrix. Additions were only included if they were supported by data collected through this case study. The feedback received from the expert panel supports the findings of this study, showing convergence of information through the triangulation technique.

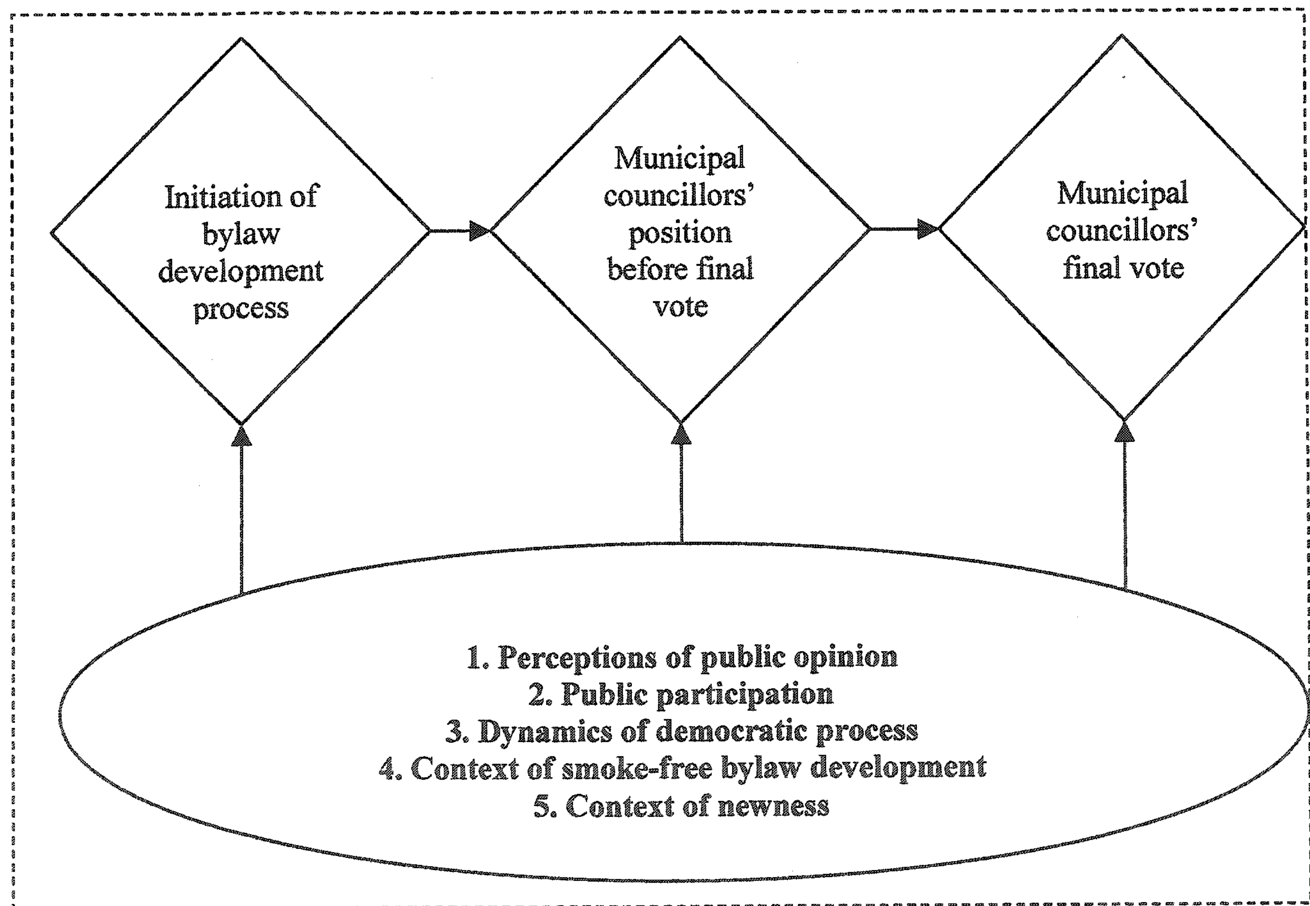
Figure 23. Matrix of critical elements in the adoption of the smoke-free bylaw and influencing factors



	Critical elements in the adoption of the smoke-free bylaw		
Influencing factors	Initiation of bylaw development process	Municipal councillors' position before final vote	Municipal councillors' final vote
Perceptions of public opinion	Decision from public health department that public support was adequate for initiating bylaw development process	Gauging levels of public opinion	Weighing possible political repercussions of voting for or against a health issue
Public participation	Harnessing wide support by the public health department; Setting the stage for the development of the smoke-free bylaw; Support from the local council and restaurant association; Health sector leaders to go for the "gold standard"	Credibility of physicians Actions from groups and organizations; Personal stories from the general public; Municipal leaders supporting the process and using influence to ensure municipal councillors' support	Intensification of activity prior to the vote
Dynamics of democratic process	Imbalance in inter-group organization level creating credibility issues for the opposing group	Internal dynamics of municipal council	Narrowing of number of alternatives
Context of smoke-free bylaw development	Precedents	Type of issue	Tension of voting for or against health
Context of newness	Window of opportunity	Cohesion of council	Unity of council

The Matrix of critical elements in the adoption of the smoke-free bylaw and influencing factors suggests that the initial framework developed for this study needed to be changed substantially. Figure 24 presents a revised framework from the one presented on page 51 as highlighted by the dotted line. The revised framework is an elaboration of the section identified to be the focus of this study. The three critical elements are meant to replace the steps identified in the previous framework. The new framework is also different from the initial one in that it is not linear with the exception of the time relationship between the three critical elements.

Figure 24. Revised conceptual framework for municipal level tobacco control: Five factors influencing three critical elements in the passage of the smoke-free bylaw



The revised framework is different from the original one in that it presents five factors that influenced the process of the bylaw adoption. This new representation takes into account

that there are different ways that a specific factor can influence the critical elements of the process of bylaw adoption.

Summary

This chapter has reviewed the findings of this study by exploring stakeholders' perspective on public opinion, public participation and the factors that influenced the passage of the smoke-free bylaw. It was found that public opinion was a critical influencing factor in the Smoke-free Ottawa campaign, and although it was difficult for municipal councillors to gauge the level of public support for the smoke-free bylaw, they have considered that the percentage of constituents supporting the 100% smoke-free bylaw was important enough to vote in favour of the bylaw and this, unanimously. Public participation was also identified as a critical factor in the Smoke-free Ottawa campaign. Types of public participation that had an interpersonal connection with municipal councillors were considered as most influential. Four elements of the passage of the smoke-free bylaw were identified: 1) initiation of the bylaw development process, 2) municipal councillors' positions prior to the final vote, 3) municipal councillors' final votes on the smoke-free bylaw and 4) municipal councillors' positions after the final vote. There was not enough data to explain factors that influenced the fourth element. Five factors were identified to have influenced the elements of the passage of the smoke-free bylaw: 1) public opinion, 2) public participation, 3) dynamics of the democratic process, 4) context of bylaw development and 5) context of newness. A revised framework was presented that summarizes the findings and explains how different factors influenced elements in the passage of the smoke-free bylaw.

The next chapter offers a discussion of the findings and presents implications for the practice of nursing within the Advanced Practice Nurse's role.

Chapter V: Discussion, Implications and Recommendations

This chapter reviews the research questions, comparing the findings of this study with current literature. The discussion follows with implications and recommendations of the findings for the roles of the Advanced Practice Nurse and the public health nurse.

Study purpose and rationale

The purpose of this study was to explore the different factors that influenced the passage of a municipal smoke-free bylaw. The study aimed more specifically at understanding the role of public participation and public opinion in shaping municipal councillors' positions and final votes on a municipal smoke-free bylaw.

Discussion

This discussion explores how the study's research questions were addressed through the findings of this study. The findings are also compared to current literature on the topic.

Research question #1

- From the perspective of the key stakeholders, what factors influenced public opinion and public participation during the Smoke-free Ottawa campaign?

Factors influencing public opinion.

Durrant et al. (2003) highlighted that the media has a very strong influence in shaping public opinion. In their analysis of news coverage of tobacco issues, they found that topics related to second-hand smoke issues, education and prevention made up a significant number of newspaper articles in Australia during the year 2001. This is congruent with the findings of this study which suggest that public opinion was influenced by precedents for smoke-free bylaws in this province and country and by public education. The media was considered a critical channel for these factors influencing public opinion. As for the vilification of tobacco, Bal et al. (2001),

Stead et al. (2002), Bayer et al. (2002) and John (2002) have highlighted elements around the message of denormalization as a key element for the promotion of tobacco control policies which is congruent with the vilification factor found to influence public opinion in this study. Therefore, this study has shown how public opinion regarding the passage of a municipal smoke-free bylaw is influenced by three factors 1) precedents in smoke-free bylaws, 2) vilification of tobacco and 3) public education.

Factors influencing public participation.

This study highlighted the factors that motivated people to take action to support or oppose the bylaw through the perspectives of different stakeholders. Two types of motivational factors were identified: the right's issues and the perceived consequences of the smoke-free bylaw. Motivation was fuelled by issues that were personally salient such as the right to a clean environment to reduce personal health threats and the potential loss of business and personal income. Kingdon (1995a) proposed that the passage of legislation on issues that affect people directly in their lives is facilitated by an increased awareness of the public about those issues.

Letters to the editor are a good measure of public opinion and public participation (Siebel, C. as quoted in Durant et al., 2003). In this particular campaign, letters to the editor were the predominant type of articles published between November 2000 and April 26, 2001, reaching a peak immediately prior to the passage of the smoke-free bylaw. This high participation from the public shows how people were involved in this debate and how strongly they felt about the issue.

Articles representing both supporting and opposing views equally, were better represented at the end of the campaign, during the month of April. This may show that by having more articles presenting views of both sides of the question, the debate was reaching some

maturity. Both sides were better able to understand each other's position and discuss those positions. However, letters to the editor may have been screened by the editorial board of the newspaper and may therefore not be an accurate representation of the number and diversity of letters actually being written to the newspaper. Nonetheless, the media provided a forum for debate with both sides voicing their opinion through a variety of media outlets.

The increase in articles representing opposing views to the bylaw may reflect the fact that the groups opposing the bylaw were getting more organized and responding to the perceived threat that the bylaw would actually be passed by the city. The general public and municipal councillors were groups that were increasingly mentioned by members of the public in letters to the editor in the last months of the campaign. This may show that letter-writers were focussing on the people who would make the final decision (i.e., the municipal councillors) and were trying to influence their final vote right up until the end. The 13 hour-long meeting reflects a tenacity and persistence of individuals involved in the public participation process who were active until the vote was in.

Roles that different stakeholders' groups played during the Smoke-free Ottawa also had an influence on public participation. All groups identified in this study played a supporting role aimed at increasing public participation to show support for the type of bylaw each group was favouring. This is consistent with the models of public participation reviewed in Chapter II. In concordance with the suggestion of Health Canada (1999) to partner with different stakeholders, the public health department in this case study developed extensive partnerships with the community coalition, a restaurant association and different health interest groups. As for the group opposing the bylaw, there was no data explicitly showing partnerships with other stakeholders who had an interest in seeing the smoke-free bylaw weakened. However,

partnerships between the hospitality sector and the tobacco industry were highlighted in the literature by Dearlove et al. (2002). Also, a 2004 Rogers interview in *Goldhawk Live* revealed that PUBCO, a group opposing smoke-free bylaws across the province received funding from the tobacco industry for its activities against local smoke-free bylaws (Barry McKay, in Bradshaw, 2004). This information raises the question whether support from the tobacco industry accounted for the organization of the opposing group at the end of the Smoke-free Ottawa campaign and thereafter. This funding may have been responsible for the rebalancing of opposing groups' level of organization which created problems for the group against the smoke-free bylaw early in the campaign. The support of the tobacco industry for groups opposing the bylaw is not represented in the model of tobacco industry interference from Trochim et al. (2003). Tobacco industry funding front groups to conduct lobbying could be added to Trochim et al's model in the category of the tobacco industry's covert actions (see Figure 1, page 34, for Trochim et al's Model of tobacco industry interference).

Research question #2

- What factors, including public opinion and public participation, influenced municipal councillors' position and final vote on the smoke-free bylaw?

Factors influencing municipal councillors' position and final vote.

Two types of public participation were influential on municipal councillors. The direct type of public participation, when the public made direct contact with municipal councillors (e.g., phone calls, emails and meeting with councillors) had the most influence on municipal councillors. Indirect public participation, that used the media as a channel, such as letters to the editors, also influenced municipal councillors, but this less importantly than the direct type of contact public participation. The strength of influence of the direct public participation may need

to be noted by public health nurses as an efficient way to influence municipal councillors, as interpersonal connections may not necessarily be recognized as an important strategy in public health. Although all the models of public participation reviewed in Chapter II (Edwards, et al., 1995; Moyer et al., 1997; Moyer, et al., 1999; Health Canada, 1999); Health Canada 2000) reinforced the need to promote the participation of the public in health promotion activities, they had the limitation of not providing concrete strategies to influence a process such as the passage of a smoke-free bylaw and also did not distinguish between direct and indirect contact between the public and legislators. This study has highlighted the importance of interpersonal contacts between constituents, including constituents who owned businesses that may be affected by the bylaw to influence municipal councillors.

Public opinion was an influential factor identified by a number of authors (Kingdon, (1995); Health Canada, (2000); de Guia et al., (2003);Alexander et al., (1997)). In this study, public opinion was also found to be a key factor influencing municipal councillors' positions and final votes on the smoke-free bylaw. The study offers some explanations as to how municipal councillors gauge public opinion and highlights how possible political repercussions contributed to municipal councillors' unanimous vote on the smoke-free bylaw. Public opinion is therefore an integral part of the process of bylaw adoption and was shown to have an important impact on the outcome of the municipal councillors' final votes.

Public participation was another factor that was found to be critical in influencing municipal councillors' positions and final votes on the smoke-free bylaw. The credibility of physicians, the personal stories from constituents and influence from political leaders influenced municipal councillors' positions on the smoke-free bylaw. The public participation models previously reviewed (Edwards et al., (1995); Moyer et al., (1997); Moyer et al., (1999) Health

Canada (1999); Health Canada (2000)) highlighted the importance of including a variety of stakeholders in public participation. Findings from this study push this understanding further by providing explanations as to how involving a variety of stakeholders can influence municipal councillors. For example, meetings with municipal councillors were organized by the local council on smoking and health. The diversity of participants at those meetings (e.g., physicians, seniors, business owners) and their connections with councillors showed broad support for the smoke-free bylaw.

The study also found that there was an intensification of public participation activities immediately prior to the bylaw. The study suggests that this may have put pressure on municipal councillors to vote unanimously on the smoke-free bylaw. Just prior to the final vote, there was an important intensification of public participation activities, such as the 13 hour-long meeting and the increased number of letters to the editor prior to the vote on the bylaw. This is another contribution that this study makes to the understanding of the role of public participation in the passage of a tobacco control policy. Public participation may have different levels of intensity during the process of policy adoption and these different levels of intensity may have a role to play on legislators' positions and final votes on a proposed policy.

The context of smoke-free bylaw development was also a factor identified as having influenced municipal councillors' positions and final votes on the smoke-free bylaw. The type of issue was found to have influenced municipal councillors' positions on the smoke-free bylaw while the tension of voting for or against health supports Kingdon's successively narrowing boundaries model, where the type of issue at stake determines the different alternatives available for decision-makers to vote on.

The findings regarding the dynamics of the democratic process as a factor influencing municipal councillors' positions and final votes on the smoke-free bylaw are in congruence with Kingdon's successively narrowing boundaries model of political decision-making. The model proposed by Kingdon (1997) suggests that political decision-makers decide on legislation after having eliminated a series of different alternatives that could have been adopted. The factor "dynamics of the democracy process" in the revised framework highlights the narrowing of alternatives for municipal councillors when amendments to the proposed bylaw were being eliminated successively during the meeting when the final vote took place. In a study reviewing tobacco control development in Canada, Studlar (2000) reported that unanimous votes around tobacco control policy do not show the whole picture. Studlar proposed that consensus on tobacco control policy may be influenced by behind-the-scenes negotiations between politicians and interest groups, and the situation of a single-party majority. In this study, it was found that political leaders had influenced their council colleagues but information on behind the scenes negotiation was limited and not sufficient to draw any conclusions.

The findings around the context of newness as a factor that influenced municipal councillors' position on the smoke-free bylaw through increased municipal council cohesion and on municipal councillors' final vote through a unity of the council at the moment of the vote are congruent with Kingdon's (1995c) concept of a policy window created in part by a new administration. A new governing administration will be looking for ways to identify priorities and work with interest groups to develop actions to be taken.

Councillors who were interviewed for this study reiterated the fact that although they voted for the bylaw, their positions were still that they would have liked to see the proposed amendments adopted. The fact that councillors retained their positions no matter how they voted

on the smoke-free bylaw is critical for public health nurses to understand. The vote of the councillors in this case study was not a reflection of their position on the smoke-free bylaw after it was passed.

Research question #3

- What other contextual, organizational, and human factors influenced the process?

Contextual factors influencing the passage of the smoke-free bylaw.

This study identified two contextual factors that influenced the passage of the smoke-free bylaw: 1) the context of smoke-free bylaw development and 2) the context of newness.

The first contextual factor was related to the overall context of smoke-free bylaw development in Ontario and Canada. It was found that precedents had a role in shaping the process of bylaw adoption by offering examples of strengths and challenges in the passage of smoke-free bylaw. Cities such as Waterloo, Victoria and Toronto were identified as having influenced the process in Ottawa. This finding is supported by the concepts of the Diffusion of Innovation theory (Ferrence, 1996) and its use in the adoption of smoke-free bylaws. It could be suggested that once a few bylaws are adopted, there is a trickling effect that occurs and an increasing number of municipal bylaws are adopted across a territory. One of the interviewees compared this effect to a "cookie-cutter approach" referring to the fact that once a successful approach was developed in an area, the "cookie-cutter" could be used in other municipalities in order to further promote the adoption of smoke-free bylaws.

The context of smoke-free bylaw development was also found to have influenced municipal councillors' positions on the smoke-free bylaw just by the type of issue, which is a health issue. For municipal councillors, the challenge was to elaborate a position on an issue that was presented as a health issue. As previously noted, Kingdon (1995a) proposed that issues that

are close to the public's interest may receive more attention from politicians. Health may be the type of issue that draws attention from the public, and therefore influences positions of politicians, just through its own nature.

Finally, the context of the smoke-free bylaw was found to have influenced municipal councillors' final votes by forcing them to publicly take the decision to vote in favour or not of health. De Guia et al. (2002) found that legislators who believed that health promotion is a role of government, were more inclined to vote in favour of tobacco control policies. The Smoke-free Ottawa campaign pressed the issue as a health issue and may have been able to impress the idea on municipal councillors that they had a role to play in protecting constituents' health by voting in favour of the bylaw.

The smoke-free bylaw was framed as a health issue and highlighted the direct consequences of second-hand smoke exposure on the health of the public. The framing of the issue was consistent with constructing denormalization messages as presented in the literature review. As the literature review suggested, denormalization occurs when the media is used to convey the health message which is framed around the innocent bystander and promotes smoke-free attitudes (Bal et al, 2000; Stead et al., 2002; John, 2002).

The second contextual factor found to have influenced the passage of the smoke-free bylaw was the context of newness that was reigning in the city of Ottawa with the amalgamation of 11 municipalities and the recent municipal elections. The context of newness highlighted how there was a window of opportunity created by the combination of the recent amalgamation of the City of Ottawa and the recent elections. This supports Kingdon's (1995c) suggestion that policy windows offer opportunities for tobacco control advocates to push for certain legislation. This

study has identified that the convergence of the context of newness influenced the process of bylaw adoption by opening a window of opportunity.

The context of newness was also found to have influenced municipal councillors' position on the smoke-free bylaw by helping councillors get a sense of cohesion around the smoke-free bylaw. This is similar to Kingdon's finding that a new administration can help in reframing the agenda of a government, opening the way for different policies such as a smoke-free bylaw.

Finally, the context of newness was found to have had an influence on the final vote by pushing councillors to vote unanimously on the bylaw. Stakeholders mentioned that if it were not for the context of the new city, councillors would probably not have voted unanimously on the bylaw.

Organizational factors influencing the passage of the smoke-free bylaw.

This study identified two factors that could be considered organizational factors influencing the passage of the smoke-free bylaw: 1) the amalgamation of the city and 2) the organization of the group supporting the bylaw. First, the study highlighted the impact that the amalgamation had as a contributing element to the factor context of newness. This organizational factor is typical of this case study and might not be as influential in other cases. Nonetheless, the amalgamation presented a very tangible example of how policy windows for legislation can open. In this case, it was up to the supporters of the bylaw to take action while the opportunity was there.

The second organizational factor that influenced the passage of the smoke-free bylaw was the level of organization among the groups that were supporting the bylaw. This level of organization took the opposing group by surprise and gave the supporting group a lead, at least

in the beginning of the Smoke-free Ottawa campaign. One of the limitations identified earlier in the public participation models reviewed earlier was the lack of consideration for opposing groups' influence on the process of public participation. The finding that an imbalance in opposing groups' level of organization influenced the process of the bylaw adoption can enhance our understanding of the dynamics between two groups that confront each other around a health policy issue.

Human factors influencing the passage of the smoke-free bylaw.

Some of the factors identified in this study were human factors. First, this study identified motivational factors for public participation which revolved around the right's issue and the perceived consequences of the smoke-free bylaw. Those issues had a very personal connection for people and stakeholders identified the rights' issues and the perceived consequences of the smoke-free bylaw as the main motivational factors that pushed people to take action to support or oppose the smoke-free bylaw. This is an addition to the current literature as it pertains to public participation, as motivation for public participation was not discussed in the models reviewed.

Second, it was found that public participation that was based on interpersonal connections was most influential on municipal councillors. This is another important finding that was not highlighted in the literature reviewed.

Third, the semantic of war noted in this study revealed a certain level of suspicion and competition between the groups supporting and opposing the bylaw, relaying the message of a battle being fought. When comparing the strength of the wording in the letters to the editor and the strength of the wording in the interview, words in letters to the editor were stronger and more passionate. That passion was also present in the interviews but at a much less intense level. The

reason for this difference may be that the interviews were conducted two and half years after the Smoke-free Ottawa campaign and therefore, people probably had the time to cool off from the intensity of the "battle". If the interviews had been conducted during or shortly after the campaign, perhaps the same intensity of words found in letters to the editor would have been found in the interviews. Interviews are also different in nature compared to letters to the editor where one can take the time and put on paper his or her thoughts, while interviews are more spontaneous in nature. Therefore, the difference in the strength of words might also be due to this inherent difference in the spoken versus the written forms of expression.

Research question #4

- What factors created important leverage in the process of adopting the bylaw?

This study found that five factors created important leverage in the process of the bylaw adoption: 1) public opinion, 2) public participation, 3) dynamics of the democratic process, 4) context of smoke-free bylaw development, and 5) context of newness. The five factors were found to have a role in 1) the process of bylaw adoption, 2) municipal councillors' position on the smoke-free bylaw and 3) municipal councillors' final vote.

Warner (2000) identified that tobacco control is an example of a multi-level approach to disease prevention where interventions are combined within a strategy to enhance the effect of individual interventions through synergies created between interventions. In this case study, five factors were identified as being influential on the process of the bylaw adoption. It can be argued that synergy between the five factors increased the chances of the bylaw to be adopted. However, the factors identified in this framework were not products of the public health department or collaborating interest groups. They could not be considered as interventions or strategies but rather they could be considered as "levers" to the process of bylaw passage. In this frame of

mind, levers would be understood as factors which would increase the effect of strategies used by groups supporting the bylaw. No matter what strategies would have been used to promote the smoke-free bylaw, the five factors would still have been present in this process. What was critical in this case was that the groups supporting the bylaw were able to use those factors to their advantage to support and enhance the effect of their efforts. It is therefore suggested that levers are factors that are already in place and that public health nurses could use to amplify the reach of their strategies. Levers could be considered another component of the multi-level approach to disease prevention where public health nurses would be aware of factors that are already present in the context within which they are planning to implement disease prevention strategies. For example, the context of newness created a window of opportunity where the chances of passing a municipal smoke-free bylaw were increased. That policy window was present anyways, no matter if the groups supporting the bylaw identified the opportunity or not. But in this case, the policy window was identified and tobacco control advocates acted upon it to successfully meet their objective of passing a municipal smoke-free bylaw. The leveraging factors identified in this study were considered critical in the process of bylaw adoption. Levers are characteristics of the situation that facilitate the process of health policy adoption. This finding would be an addition to the literature reviewed for this thesis.

Methods

Strengths

There were a number of methodological strengths. This study included a variety of stakeholders to represent a broad perspective. Some of the findings were enhanced due to the inclusion of participants with different perspectives. For example, the study highlighted the

dynamics between groups supporting and opposing the smoke-free bylaw which are critical for tobacco control advocates to understand.

Second, the mixed methods used in this case study created triangulation between qualitative and quantitative data. This, according to Polit and Hungler (1999b), enhances a study's validity through the complementarity of methods. Triangulation was also achieved between investigators, theory and the panel; as well as triangulation between sources of data, interviews and document reviews and member checks. The convergence of information achieved through the triangulation methods enhanced the trustworthiness of the findings.

Polit and Hungler (1999a) assert that there are five levels of research purposes: 1) identification, 2) description, 3) exploration, 4) explanation, and 5) prediction and control. This study described and explored the factors influencing the process of the passage of a smoke-free bylaw, using a mixed-methods case study approach. The study also began to explain some of these factors and created a matrix to represent the influence of each of the factors on four critical elements in the passage of a smoke-free bylaw.

Assurance of rigour

This study's methodology included strategies to ensure rigour throughout the process of data collection and analysis. Strategies included techniques of verification comprised of triangulation. Triangulation was conducted by corroborating information between types of sources and through the convergence of information. In addition, member checks were conducted as well as consultation with an expert panel and investigators to obtain their feedback on the findings.

The trustworthiness of the study's findings was supported using the five standards of quality proposed by Miles and Huberman (1994) which include 1) confirmability, 2) auditability,

3) credibility, 4) transferability and 5) application as described in the methods section. Confirmability was achieved by keeping records of methods and procedures. The data will be retained for seven years so that individuals wanting to reproduce the study can do so using the records on this study. Auditability was achieved through rigorous planning of the study using methods consistently. Credibility was fostered by testing findings against other explanations and by presenting the results to experts in the field. Transferability was enhanced by providing description on the case so that findings can be applied to similar cases. Finally, the application of the findings will be discussed as they pertain to the roles of the Advances Practice Nurse and the public health nurse in the latter part of this chapter.

Limitations

As in any study, there were some limitations. Data were sparse in some areas of the findings, as noted in chapter IV. More specifically, it would have been interesting to have had more information on what stakeholders thought influenced public opinion. This could be done in future studies by focussing a series of questions on the factors stakeholders think influenced public opinion. Also, different interviewees might have been better equipped to answer this question, for example, individuals from the media or those involved in the design of the public opinion surveys. This study is therefore lacking these perspectives, which limits the findings.

In addition, none of the documentation used in the analysis of this study had a neutral or unbiased stand. For example, most of the newspaper articles reviewed in the context of the study had a particular slant towards positions that either supported or opposed the Ottawa smoke-free bylaw. The initial plan for this study was to consider documents as an "objective perspective". When the documents were reviewed (e.g., survey results) it was clear that there was a bias within the documents because each of the documents was produced by a certain group for a certain

purpose. For example, the surveys were mandated by the health department who probably influenced the type of questions that survey participants were asked.

Another limitation was the low number of interviewees in this study. In total, eight stakeholders were interviewed and although they represented a variety of perspectives, the data could have been stronger if the study had included more individuals from the same groups (e.g., community coalition, service industry) and more individuals from other groups such as physicians' associations, newspaper and television news editorial boards and municipal councillors who supported the bylaw. With the inclusion of those individuals, the information supporting the findings would have been more abundant. Because the media was such an integral part of the smoke-free Ottawa campaign, it would have been interesting to interview reporters or news editors to capture their perspective about what influenced the process and how they made decisions about news items that were published during that time.

This study has been conducted through the lens of the public health perspective. My experience with tobacco control has influenced the goal, research questions, data collection and interpretation of the findings of this study. This bias was recognized early on in the preparation for this research and steps such as entries to an electronic journal were put in place to limit the bias with success.

Finally, the study was conducted in retrospective, where data collection occurred two and a half years after the passage of the smoke-free bylaw. It is expected that participants' perspectives may have evolved during that period of time compared to a situation where the data would have been collected during or right after the Smoke-free Ottawa campaign. This limitation was addressed by reminding stakeholders to remain in the chosen timeframe while answering questions. Also, clarifications on the chronology of events were provided to interviewees to keep

them within the timeframe of this study. Nonetheless, participants included some of their perspectives of issues after the passage of the smoke-free bylaw which also led to some important findings.

Implications and Recommendations

Implications for the Advanced Nursing Practice and Public Health Nursing

This section discusses the implications of the findings for Advanced Nursing Practice as described by the Canadian Nurses' Association (2000). Advanced Nursing practice is characterized by competencies in 1) clinical practice, 2) research, 3) leadership, 4) collaboration and 5) change management. The role is understood as the Advanced Practice Nurse (APN).

Implication for the clinical practice of the APN and the public health nurse.

The clinical practice of the APN implies the use of quantitative and qualitative sources of data to develop assessment tools for complex client populations. The APN's practice is also characterized by an in-depth understanding of the complex interactions between determinants of health, sociological measures and bio-physiological processes.

This study has highlighted the motivational factors for public participation as issues that touched people personally, in their everyday lives. The example of pub and bar owners fearing for personal loss of revenue is a reality of smoke-free bylaws across the province and one that gets attention from the media and politicians. It is therefore recommended that public health nurses take the time to understand the fears and issues people may have with proposed legislation that may affect something as important as their livelihood. As found in this study, public support is essential for the passage of health policy, and the public will more likely support legislation that they perceive will have positive consequences for their daily activities. By emphasizing the positive consequences of the bylaw such as better short-term health

outcomes, public health nurses will be more effective at promoting further health policy adoption. At the same time, they will need to respond to the perceived threat to personal issues such as the possible loss of revenue. In this study, stakeholders mentioned that there was a gap in knowledge about the economic consequences of the bylaw. It would be important to have this kind of information available to support the passage of other smoke-free bylaws.

The study also highlighted the important influence of precedents in tobacco control as a way to diffuse the adoption of smoke-free bylaws in other municipalities. It would be important for public health nurses to be able to play up the positives of precedents in health policy when they occurred. In this study, precedents such as Waterloo and Victoria were important contextual factors that influenced the process of the bylaw adoption. This calls for better evaluation tools to identify initiatives that have already been successful at passing health promoting legislation such as smoke-free bylaws. If there are no resources to objectively report on successful precedents, the potential impact of the diffusion of those positives outcomes will be limited and will not be useful in helping other areas to move ahead. In addition, public health nurses working in APN positions could use the Diffusion of Innovation theory as a backdrop to better understand the principles with which municipal councillors are influenced through the context of the increasing number of smoke-free bylaws in other municipalities. For example, which adoption category a municipal councillors fits in (e.g., Early Adopters vs. Laggards) could help determine which councillors would be more inclined to support the adoption of a smoke-free bylaw.

In addition, public health nurses need to understand which channels are best to relay the health message. In this case study, individual citizens who met, emailed or phoned municipal councillors, seemed to have used quite effective channels to relay the message. In contrast, the media, although perceived as being influential on public opinion, was not identified as an

important channel to reach municipal councillors, although much effort and debate were spent in this aspect of the Smoke-free Ottawa campaign.

This case study has highlighted that the passage of smoke-free bylaws is influenced by a number of different strategies and different factors. Every stakeholder had a bias towards their favoured bylaw option, including the public health department. This bias guided individuals or groups to take actions that favoured their perspective. The example of the limited bylaw survey results being retained by the public health department is one of the cases where actions were guided by the stakeholders' bias. This observation is important because as public health nurses, we often believe that the public health perspective is the objective one, or the right position. This study has shown that it is one perspective amongst others. It is therefore important for public health nurses to understand the different perspectives and realize that the position taken by health authorities is not the only one. By understanding different perspectives, public health nurses can better work with the different stakeholders and develop strategies to influence their position. Being able to talk in terms that are important to stakeholders could also help to move the debate ahead.

As we have seen with the evolution of the debate in the newspaper, an issue such as a municipal smoke-free bylaw needs to attain a certain level of maturity (or evolution) for the public and the decision-makers to position themselves vis-à-vis the policy change. As the debate evolved, groups took a stand that motivated people to take action to either support or oppose the bylaw. None of the groups identified in this study remained neutral in this debate. All stakeholders took actions and presented information that supported their view as to how the environmental tobacco smoke problem should be resolved.

This study has highlighted the challenge for public health nurses to stay within their role when it comes to advocacy. This leads to the need for public health nurses to better define their role and the boundaries of their role when it comes to advocacy. In a report on the Smoke-free Ottawa advocacy campaign in Ottawa, Tison (2002) asserts that the advocacy campaign that led to the passage of the new Ottawa smoke-free bylaw involved raising public awareness, mobilizing silent sub-sections of the population, and lobbying municipal council for the passage of a strong bylaw. This study showed that public health nurses took part in raising public awareness, supported the mobilization of sub-sections of the population but stayed away from directly lobbying municipal councillors.

Many public health departments in Ontario have similar organizational structures to the one in Ottawa. It would be important for public health nurses to reflect on the impact of such organizational structures on the future potential reach of public health. For example, should other municipal level policy be needed to protect the health of population, such as pesticide control, would public health nurses have to limit the breadth of their role and refrain from advocating for policies to those who have the decision-making power because they are considered the nurses' employers?

Implications for the researcher role of the APN, the public health nurse and tobacco control.

The researcher role of APN implies that nurses should be involved in the identification and initiation of research relevant to the practice of nursing, and this in collaboration with other nurses and communities. The role should also include some dissemination of findings relevant to the practice, evaluation of practices at the individual and systems level as well as the

interpretation of research findings. The role also suggests that APNs should be able to apply a wide range of theories and research findings to the practice of nursing.

This study has highlighted the complexity of working towards the passage of a smoke-free bylaw. The policy window is an example of the dynamics of the policy process whereby organizations aiming to promote the passage of policy need to act quickly and jointly to attain their goal. This dynamic comes as a challenge for researchers who are exploring the intricate patterns of the policy process. It is therefore recommended that public health research adopt more flexible strategies to be able to prospectively follow the cycle inherent to policy development and the dynamics of democracy. Researchers in this field will need to be able to weave through the process of research proposal and of ethical review more efficiently. Although essential, the processes of proposal preparation and ethical review can mean that researchers may lose critical opportunities to collect important data on policy development.

In addition, the concept of policy windows could be researched further. For example, it would be important to identify the elements that can promote the opening of windows of opportunity at the municipal, provincial and federal level in terms of health policy. This research would support public health advocates to identify when a window of opportunity will be opening, what kind of legislation could be adopted with this opportunity and act accordingly. For example, budgetary times are used by interest group to try and raise the profiles of their cause. How are public health nurses using that chance when annual budgets are discussed at the municipal, provincial and federal levels? Also, when public health departments' activities are limited by provincially mandated programs, policy windows may not be used efficiently as public health departments are confined to the priorities as set by the province. It may be more

useful for public health departments to be offered a series of different priorities that could be used interchangeably depending on how favourable the policy windows are in their municipality.

Public health nurses need to learn more about how politicians assess public opinion. Because public health has a culture that strives for evidence-based practice using facts and research to guide decision-making (Paluck, Williamson, Milligan, & Frankish, 2001; Mowat & Hockin, 2002; Frank & Di Ruggiero, 2003), public health nurses will need to think outside the positivist paradigm and understand better what factors politicians consider when gauging public opinion. The example of interpersonal contacts with citizens and groups is eye-opening. Public health nurses will also need to understand what influences municipal councillors' decision-making about health policy such as municipal smoke-free bylaws in order to make better use of leveraging factors.

This study provides minimal data on what influenced public opinion. In future studies, it would be important to better understand how public opinion is shaped over time and through which channels. The Diffusion of Innovation theory could perhaps provide a basis as to how a population shifts its opinion on such issues as tobacco control.

It may also be relevant to conduct more research aimed at understanding the dynamics of public participation between groups who are supporting a health policy versus the impact of groups who are opposing the legislation. This would support tobacco control advocates in taking account of the impact of a potential opposition.

The mutual influences created by public participation and public opinion were difficult to differentiate in this case study. An emerging research question from this study could be: is public participation an expression of public opinion when it comes to the passage of tobacco control policy? People may have an opinion about an issue and if they have strong enough motivational

factors, they might take action to express their opinion. Actions identified as public participation during this study may not reflect the whole picture. There were allusions that the vote of constituent may be another form of expression of public opinion. The political consequences of constituency votes were one explanation of how factors influenced the final vote of municipal councillors.

Public health nurses would also benefit from a better understanding of how politicians gauge public support for a proposed policy. This would inform their decisions on prioritizing strategies to increase the perception of public support for a proposed policy.

Public health nurses could also benefit from an increased awareness of the concepts proposed by Kingdon's model of Successively narrowing boundaries (1997) and the Diffusion of Innovation theory (Rogers, 1995a) and how they can be applied to the passage of tobacco control policy. There is more research to be conducted on how the concept of this model and this theory can be used to enhance public health nurses' strategies in promoting the passage of policy. This study's findings regarding the factors that influence municipal councillors' positions and final votes on the smoke-free bylaw can also help public health nurses to strategize for the promotion of municipal level tobacco control and other public health issues. The Ottawa Model of Research Use (Graham & Logan, 2004), may be instrumental in transferring these findings into practice. The Ottawa Model of Research Use is a planned action model based on change theories (including the Diffusion of Innovation theory), literature and the authors' reflections. It presents six steps for the adoption of innovations: 1) Getting started, 2) Clarifying the Innovation, 3) Assessing the Innovation, Potential Adopters and the Practice Environment, 4) Selecting and Monitoring the Implementation Interventions, 5) Monitoring the Adoption and 6) Evaluating the Outcomes . For example, in the first step, getting started, public health nurses would determine

who would have the authority to decide about the required changes (i.e., to use existing knowledge in the passage of municipal level tobacco control policy). This study has identified that the medical officer of health was perceived as a key player in deciding to "go for the gold standard" and enabling the infrastructure for the development of the smoke-free bylaw.

Implications for the leadership role of the APN and the public health nurse.

The leadership role of the APN suggests that nurses working in Advanced Nursing Practice should be innovative in their practice and evaluation of programs, that they should be familiar with the legislative process in order to influence decision-makers on health outcomes and health policies and finally that they should be leaders in the development of policies, education and research programs in their practice area.

This study has shown the intricate nature of the legislative process at the municipal level. It also helped explore factors that influenced the process in the case of the Smoke-free Ottawa campaign. If the public health community is serious about influencing the development of health policies, the system of public health will need to learn how to become more agile in planning and implementing its strategies. Public health nurses working in Advanced Nursing Practice may be able to support this shift in working patterns. The public health system will need to develop agility and flexibility in strategizing around windows of opportunity to meet objectives of better population health. Being able to use a policy window within a government mandated program could be difficult as the timing of the funding and policy windows may not coincide. Public health advocates will need to learn how to identify windows of opportunity and how to react to them. The public health system will need to develop flexibility in juggling available resource (e.g., funds, staff, partnerships) to meet the demands of a policy change campaign. This study has identified that the next step in smoke-free regulations in Ontario will be at the provincial

level as indicated by the newly elected liberal party in the fall of 2003 (Mackie, 2003). Groups opposing and supporting the bylaw have indicated that they would support their favoured options at the provincial level. Advanced Practice Nurses working in public health in Ontario will need to stay abreast of the development of this provincial legislation and use their knowledge of influencing factors for the passage of policy to ensure that the opposing group is not successful in lobbying for the inclusion of Designated Smoking Rooms in the provincial legislation. Public health nurses will also need to pay special attention to those decision-makers who remain on their position, opposing the legislation even after having voted in favour at the final vote. These decision-makers could potentially be implicated in actions that would hinder the successful implementation of future legislation, such as what happened in this case study.

Another initiative, this one launched by Cancer Care Ontario in 2003, is looking at using the lessons learned in tobacco control to apply to prevention strategies that will be focussing on nutrition and physical activity (Carey, 2003). Public health nurses with experience developing smoke-free bylaws at the municipal levels such as those involved in the Smoke-free Ottawa campaign could be instrumental and show leadership in sharing what they have learned from tobacco control initiatives in their own areas.

This study has shown that municipal councillors' positions on the smoke-free bylaw after the unanimous vote were not consistent with how they voted on the bylaw. Public health nurses will need to understand that their work is not over once the vote has taken place. This study has suggested that decision-makers may go back to their initial position even after having voted in favour of the bylaw. This has implications for public health nurses as they may think that decision-makers have changed their position when they have not. This return to the initial

position by some decision-makers could lead to difficulties in enforcement of the bylaw and potential future amendments to weaken the bylaw.

Implications for the collaborative role of the APN.

The collaborative role of the APN reflects the skills needed to manage groups and organizations in challenging situations. This study has presented findings showing that the public health department and the community coalition worked closely together in order to advocate for the smoke-free bylaw. It represents an example of how individuals from different sectors can work together towards the same goal. It is recommended that APNs continue to foster collaboration with different sectors to show representation from a variety of stakeholders. This recommendation is supported by two of the principles that emerged from the literature review presented in Chapter II which included 1) involving different individuals, organizations and interest groups in the public participation process and 2) building partnerships with different sectors.

Implications for the role of the APN as a change agent.

The role of the APN as a change agent is the demonstration of skills in managing change effectively, coalition-building, assertiveness and conflict resolution skills. This study has highlighted how advocacy is a new role in public health. The APN is in a critical position where new practices can be developed with the support of research and the use of best practices. It is recommended that APNs work increasingly at developing skills in advocacy work and implementing the change in their area of practice. Also, the coalition-building aspect of the Smoke-free Ottawa campaign was quite important and an example of this work is the coordination of meetings of constituents with municipal councillors. This shows how important that coalition-building was, as meetings and phone calls with municipal councillors were

identified as the most influential public participation activities on municipal councillors. It is therefore recommended that APNs continue their role with coalition-building in order to promote the passage of tobacco control policies such as smoke-free bylaws.

Reflections on the Role of the Public Health Nurse

This study has highlighted the role of the public health department in promoting the smoke-free bylaw in Ottawa. The health department and the medical officer of health were the main players identified by the stakeholders while the title of "public health nurse" did not emerge as a significant group to have played a role in the passage of the smoke-free bylaw.

There might be different explanations as to why the role of the public health nurse appears to be silent in this case study. First, public heath nurses interacting with stakeholders may not have identified themselves as public health nurses; therefore stakeholders agglomerated the public health nurses under "the health department". Second, because promoting a smoke-free bylaw may not be perceived as a typical role of nurses, their position as public health nurses may therefore not necessarily be recognized by community partners. Third, the methods used in this case study did not ask specifically about the role of the public health nurses in the smoke-free Ottawa campaign.

The findings of this case study prompt the need for better promotion and identification of the role of nurses in public health. Public health nurses have a wealth of knowledge and critical skills required for the successful passage of a smoke-free bylaw in municipalities such as in Ottawa. Nationally recognized certification of the role of the public health nurse could be one way to achieve better recognition of the role of the public health nurse by employers and the community in general (Canadian Nurses Association, 2004).

Nursing students may also benefit from learning about the intricate nature of the policy process and by learning about factors that can influence it. It is therefore suggested that topics such as the promotion of health policy at different governing levels be integrated within the curriculum of baccalaureate and graduate nursing programs to better prepare future nurses for their role as public health advocates.

Summary

In summary, this chapter has reviewed the research questions and presented the findings that were related to each of the questions. The revised framework illustrating how the five factors influencing the elements in the passage of the smoke-free bylaw was compared with models in the literature. The study's methodological strengths and limitations were summarized as well as the steps taken to ensure rigour throughout the process of the study. Finally, a discussion of the implications for the role of the APN was presented with recommendations for each of the APN roles as defined by the Canadian Nurses' Association, for the role of the public health nurse and suggestions for further research.

Conclusion

This study aimed to explore the complexity of the process of bylaw adoption by identifying factors that influenced municipal councillors' positions and final votes on the Ottawa smoke-free bylaw, using a mixed-methods case study. A conceptual framework was developed, informed by literature. Three critical elements were identified as important steps in the process: 1) initiation of bylaw development process, 2) municipal councillors' position before final vote and 3) municipal councillors' final vote. Five leveraging factors were found to have influenced the process of the adoption of the smoke-free bylaw: 1) perceptions of public opinion, 2) public

participation, 3) dynamics of the democratic process, 4) context of smoke-free bylaw development, and 5) context of newness.

The implications of this study's findings involved three areas: 1) implications for the knowledge of the policy process as it applies to municipal level health policy, 2) implications for the way public health department are structured in the province of Ontario and 3) implications for the role of nurses and the advanced practice nurses in public health.

Further understanding of the factors influencing the passage of municipal level health policy can be developed using the findings of this study. For example, future research could address the role of policy windows in the context of health policy. Future research could also expand on how politicians measure public opinion and on the extent to which public opinion influences the decision of politicians on health issues. The revised conceptual framework for municipal level tobacco control would be a base to initiate the expansion of the knowledge around the passage of municipal level tobacco control. In addition, future research could explore the other elements presented in the initial framework that were not included in the purpose of this study.

Closing Vignette

When I first started this thesis study, I was planning to only explore the views of the staff at the public health department on the Smoke-free Ottawa campaign, how they conducted the campaign and what factors they thought had influenced the process. As this study progressed and I interviewed the different stakeholders, my own perspective broadened. I began to understand the different aspects of how the bylaw influenced people, from the pub and bar owners to the parents of minor hockey league players relying on bingo money for funding their activities. As I approach the completion of the study, I began to be more aware of the impact public health can have on the lives of people; not only from a health perspective but also from their own perspective, what affects them in their day to day life. I can now better perceive the rippling effects that a tobacco control policy such as a smoke-free bylaw can have. Even more insights into this could have been explored through interviews with more people such as the media, such as newspaper editors, radio and television hosts, and other decision-makers such as the mayor.

This leads to the reflection that public health nurses working towards health policy can not work in isolation. The knowledge and skills required for the successful passage of tobacco control policies come from a variety of professional fields. This study has therefore consolidated my belief that it is essential for public health nurses to work in interdisciplinary teams, not only with individuals with a health science background, but also with political scientists, media experts and industry stakeholders.

Some of the questions I set out to explore were in part answered by the finding of this study. I think the study helped me develop a better understanding of what factors influence public opinion and how, in turn public opinion influences the position and decision-making process of municipal councillors around a policy such as a smoke-free bylaw. Also, interviews

with municipal councillors themselves were a great method to tap into their own way of thinking about the issue of tobacco control, and how they perceived and gauged level of public support for a smoke-free bylaw. The study also highlighted key aspects of what motivates people to take part in the process of public participation. The matrix of critical elements in the adoption of the smoke-free bylaw may be useful to other public health nurses working in tobacco control to assess how the different factors identified can influence the different elements of the bylaw adoption process.

However, as with most studies, this thesis has probably generated more questions than it has answered. I think that interesting research could be done through further exploration of how public health policy windows can be fostered and used by public health nurses to achieve better health promotion strategies. Other critical research could be done on better understanding how municipal decision-makers gauge public opinion on issues such as smoke-free bylaws. It is my hope that future research in this area can enable public health nurses to harness support from decision-makers to legislate for better health.

References

Alexander, D. L., Cohen, J. E., Ferrence, R., Ashley, M. J., Northrup, D. A., & Pollard, J. (1997). Tobacco industry campaign contributions in Ontario. *Canadian Journal of Public Health, 88,* 230-231.

Angus Reid Group (1996). *No smoking by-law survey: Final report* Ottawa.

Bal, D. G., Lloyd, J. C., Roeseler, A., & Shimizu, R. (2001). California as a model. *Journal of Clinical Oncology, 19,* 69s-73s.

Bayer, R. & Colgrove, J. (2002). Science, politics, and ideology in the campaign against environmental tobacco smoke. *American Journal of Public Health, 92,* 949-954.

Bialous, S. A. & Glantz, S. A. (2002). ASHRAE Standard 62: tobacco industry's influence over national ventilation standards. *Tobacco Control, 11,* 315-328.

Blaine, T. M., Forster, J. L., Hennrikus, D. J., O'Neill, M., Wolfson, M., & Pham, H. (1997). Creating tobacco control policy at the local level: Implementation of a direct action organizing approach. *Health Education and Behavior, 24,* 640-651.

Bradshaw, D. (Producer). (2004, January 8). *Goldhawk Live* [Television broadcast]. Toronto: Rogers Television

Durrant, R., Wakefield, M., McLeod, K., Clegg-Smith, K., & Chapman, S. (2003). Tobacco in the news: An analysis of newspaper coverage of tobacco issues in Australia, 2001. *Tobacco Control, 12 (Suppl II),* ii75-ii81.

Canadian Nurses Association (2004). Certification Bulletin, vol. 1. Retrieved August 21, 2004 from http://www.cna-nurses.ca/pages/certification/certification_frame.html

Canadian Nurses Association (2000). *Advanced Nursing Practice*. Ottawa, ON.

Carey, E. (2003, December 17). Diet crucial in cutting cancer risk: Exercise, weight loss also important factors. Province urged to spotlight issue, like tobacco fight. *Toronto Star*.

Carter, S. (2002). Mongoven, Biscoe & Duchin: Destroying tobacco control activism from the inside. *Tobacco Control, 11,* 112-118.

Chapman, S. (2001). Advocacy in public health: Roles and challenges. *International Epidemiological Association, 30,* 1226-1232.

Cohen, J. E. (1999). *Ideology and Canadian legislators' support for tobacco control policies*. Unpublished doctoral dissertation, Chapel Hill, NC: University of North Carolina.

Cohen, J. E., Goldstein, A. O., Flynn, B. S., Munger, M. C., Gottlieb, N. H., Solomon, L. J. et al. (1997). State legislators' perceptions about tobacco and tobacco control lobbyists. *Tobacco Control, 6,* 332-336.

Creswell, J. W. (1998). Five qualitative traditions of inquiry. In *Qualitative Inquiry and Research Design: Choosing Among Five Traditions* (pp. 47-72). Thousand Oaks: Sage.

de Guia, N. A., Cohen, J. E., Ashley, M. J., Ferrence, R., Northrup, D. A., & Pollard, J. (1998). How provincial and territorial legislators view tobacco and tobacco control: findings from a Canadian study. *Chronic Diseases in Canada, 19,* 57-61.

de Guia, N. A., Cohen, J. E., Ashley, M. J., Ferrence, R., Rehm, J., Studlar, D. T. et al. (2003). Dimensions underlying legislator support for tobacco control policies. *Tobacco Control, 12,* 133-139.

Dearlove, J. V., Bialous, S. A., & Glantz, S. A. (2002). Tobacco industry manipulation of the hospitality industry to maintain smoking in public places. *Tobacco Control, 11,* 94-104.

Edwards, N., Murphy, M., Moyer, A., & Wright, A. (1995). *Building and Sustaining Collective Health Action: A Framework for Community Health Practitioners*. Ottawa, ON: Community Health Research Unit.

Fekete, J. (2003). Smoking bylaw a boon for conventions. Health organizations vow to hold events in no-smoking cities; tourism group expects more business. Retrieved June 22, 2004 from http://www.tcsg.org/sfelp/morepastnews3.htm

Ferrence, R. (1996). Using diffusion theory in health promotion: The case of tobacco. *Canadian Journal of Public Health, 87,* S24-S27.

Ferrence, R., Luk, R., & Gmel, G. (2003). The economic impact of a smoke-free bylaw on restaurant and bar sales in Ottawa, Canada. *OTRU Research Update, June 2003.*

Flynn, B. S., Dana, G. S., Goldstein, A. O., Bauman, K. E., Cohen, J. E., Gottlieb, N. H. et al. (1997). State legislators intentions to vote and subsequent votes on tobacco control legislation. *Health Psychology, 16,* 401-404.

Flynn, B. S., Goldstein, A. O., Solomon, L. J., Bauman, K. E., Gottlieb, L. N., Cohen, J. E. et al. (1998). Predictors of state legislators' intentions to vote for cigarette tax increases. *Preventive Medicine, 27,* 157-165.

Frank, J. & Di Ruggiero, E. (2003). Public health in Canada: What are the real issues? *Canadian Journal of Public Health, 94,* 190-192.

Goldstein, A. O., Cohen, J. E., Flynn, B. S., Gottlieb, N. H., Solomon, L. J., Dana, G. S. et al. (1997). State legislators' attitudes and voting intentions toward tobacco control legislation. *American Journal of Public Health, 87,* 1197-1200.

Graham, I.D. & Logan, J. (2004). Innovations in knowledge transfer and continuity of care. *Canadian Journal of Nursing Research, 36,* 89-103.

Guba, E. G. & Lincoln, Y. S. (1989). Judging the quality of fourth generation evaluation. In *Fourth Generation Evaluation* (pp. 228-251). Newbury Park: Sage.

Health Canada (1999). *Intersectoral Action Toolkit*. Edmonton, AB: Author.

Health Canada (2000). *Public Involvement*. Ottawa, ON: Author.

John, U. (2002). The approach of comprehensive tobacco control in cancer prevention: Elements and evidence. *European Journal of Cancer Prevention, 11,* 439-446.

Kingdon, J. W. (1995a). Outside of government, but not just looking in. In *Agendas, Alternatives, and Public Policies* (2nd ed. ed., pp. 45-70). New York, NY: Longman.

Kingdon, J. W. (1995b). Processes: Origins, rationality, incrementalism, and garbage cans. In *Agendas, Alternatives, and Public Policies* (2nd ed., pp. 71-89). New York, NY: Addision-Wesley.

Kingdon, J. W. (1995c). The policy window, and joining the stream. In *Agendas, Alternatives, and Public Policies* (2nd ed., pp. 165-195). New York, NY: Addison-Wesley.

Kingdon, J. W. (1997). Structural decision features. In *Congressmen's Voting Decisions* (3rd ed., pp. 282-296). Michigan: University of Michigan.

Laforge, R. G., Velicer, W. F., Lesvesque, D. A., Fava, J. L., Hill, D. H., Schoffiled, P. E. et al. (1998). Measuring support for tobacco control policy in selected areas of six countries. *Tobacco Control, 7,* 241-246.

Mackay, J. (2000). Lessons from private statements of the tobacco industry. *Bulletin of the World Health Organization, 78,* 911.

Mackie, R. (2003, November 18). Ontario set to implement smoking in public places. *Globe and Mail*. Retrieved June 22, 2004, from http://www.globeandmail.com/servlet/ArticleNews/TPStory/LAC/20031118/UONTA18/

Maloff, B., Bilan, D., & Thurston, W. (2000). Enhancing public input into decision making: Development of the Calgary regional health authority public participation framework. *Family & Community Health, 23,* 66-78.

Malone, R. E. (2002). Tobacco industry surveillance of public health groups: The case of STAT and INFACT. *American Journal of Public Health, 92,* 955-959.

Miles, M. & Huberman, A. M. (1994). Making good sense: Drawing and verifying conclusions. In *An expanded Sourcebook: Qualitative Data Analysis* (2nd ed., pp. 245-287). Thousand Oaks: Sage.

Mowat, D. L. & Hockin, J. (2002). Building capacity in evidence-based public health practice. *Canadian Journal of Public Health, 93,* 19.

Moyer, A., Coristine, M., MacLean, L., & Meyer, M. (1999). A model for building collective capacity in community-based programs: The elderly in need project. *Public Health Nursing, 16,* 205-214.

Moyer, A., MacLean, L., Dunkley, G., Edwards, N., O'Hagan, M., Roberge, G. et al. (1997, November). Strengthening community capacity for public policy. Poster session presented at the annual Ontario Public Health Association Conference, Kingston, ON, Canada.

Muggli, M. E., Forster, J. L., Hurt, R. D., & Repace, J. M. (2001). The smoke you don't see: Uncovering tobacco industry scientific strategies aimed against environmental tobacco smoke policies. *American Journal of Public Health, 91,* 1419-1423.

Newburn, V. H., Remington, P. L., & Peppard, P. E. (2003). A method to guide community planning and evaluation efforts in tobacco control using data on smoking during pregnancy. *Tobacco Control, 12,* 161-167.

O'Conner, S. C. & Cohen, J. E. (2002). *The Ontario tobacco strategy: Past, present, and future*. Toronto, ON: Ontario Tobacco Research Unit.

Ontario Campaign for Action on Tobacco (2003a). Municipal smoke-free bylaws in Ontario. Retrieved June 22, 2004, from http://www.ocat.org/pdf/Bylaw_Chart.pdf

Ontario Campaign for Action on Tobacco (2003b). Over 6 in 10 Ontarians now live in communities with 100% smoke-free bar, restaurant rules. Retrieved June 22, 2004, from http://www.ocat.org/pdf/nr_jan22-2003.pdf

Ontario Campaign for Action on Tobacco (2003c). The historical context of the evolution of smoke-free bylaws in Ontario. Retrieved June 22, 2004, from http://www.ocat.org/onlegislation/context.html

Ontario Tobacco Research Unit (2002). Appendix 4. Project reports. In *Evaluating the Renewed OTS: Report on the Initial 18 Months Ending March 2001* (pp. 36-77). Toronto: Author.

Opinion Search (1999). *Regional Municipality of Ottawa-Carleton: Smoking By-law Study Final Report* Ottawa. Ottawa: Author.

Opinion Search (2000). *Regional Municipality of Ottawa Carleton: "Smoking Advertisements"* Ottawa. Ottawa: Author.

Opinion Search (2001). *City of Ottawa "Smoke-free Ottawa" Survey* Ottawa. Ottawa: Author.

Ottawa-Carleton council on smoking and health (2002). Smoke-free Ottawa: Cour way is clear to clear the air. Retrieved June 22, 2004, from http://www.smokefreeottawa.com/pdf/submission.pdf

Paluck, E. C., Williamson, D. L., Milligan, C. D., & Frankish, C. J. (2001). The use of population health and health promotion research by health regions in Canada. *Canadian Journal of Public Health, 92,* 19-23.

Polit, D. F. & Hungler, B. P. (1999a). Introduction to nursing research. In *Nursing Research: Principles and Methods* (6th ed. ed., pp. 3-22). Philadelphia, PA: Lippincott.

Polit, D. F. & Hungler, B. P. (1999b). Integration of qualitative and quantitative designs. In *Nursing Research: Principles and Methods* (6th ed. ed., pp. 257-275). Philadelphia, PA: Lippincott.

QSR International (2002). NVivo (Version 2.0) [Computer software]. Doncaster, Australia: QSR International Pty Ltd.

Richard, L., Kishchuk, N., Potvin, L., & Denis, J.-L. (2001). Organizational and professional characteristics predicting external communications in Canadian public health units. *Canadian Journal of Public Health, 95,* 387-391.

Richardson, L. (2000). Writing: a method of inquiry. In N.K.Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd ed. ed., pp. 923-948). Thousand Oaks, CA: Sage

Rist, R. C. (2000). Influencing the policy process with qualitative research. In N.K.Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd ed., pp. 1001-1016). Thousand Oaks, CA: Sage.

Robbins, H. & Krakow, M. (2000). Evolution of a comprehensive tobacco control programme: building system capacity and strategic partnerships - lessons from Massachusetts. *Tobacco Control, 9,* 423-430.

Rogers, E. M. (1995a). Elements of diffusion. In *Diffusion of Innovations* (4th Edition ed., pp. 1-37). New York, NY: Simon & Schuster.

Rogers, E. M. (1995b). Innovativeness and adopter categories. In *Diffusion of Innovations* (4th Edition ed., pp. 252-280). New York, NY: Simon & Schuster.

Saloojee, Y. & Dagli, E. (2000). Tobacco industry tactics for resisting public policy on health. *Bulletin of the World Health Organization, 78,* 903-910.

Smedley, B. D. & Syme, L. (2000). Promoting health: intervention strategies from the social and behavioral research (Introduction). In B.D.Smedley & L. Syme (Eds.), *Promoting Health: Intervention Strategies from the Social and Behavioral Research* (pp. 1-36). Washington, D.C.: National Academy Press.

Smith, E. A. & Malone, R. E. (2003). Thinking the "unthinkable": why Philip Morris considered quitting. *Tobacco Control, 12,* 208-213.

Stake, R. E. (1995a). Analysis and interpretation. In *The Art of Case Study Research* (pp. 71-90). Thousand Oaks, CA: Sage.

Stake, R. E. (1995b). Research questions. In *The Art of Case Study Research* (pp. 15-34). Thousand Oaks:CA: Sage.

Stake, R. E. (1995c). The unique case. In *The Art of Case Study Research* (pp. 1-13). Thousand Oaks: CA: Sage.

Stake, R. E. (1995d). Triangulation. In *The Art of Case Study Research* (pp. 107-120). Thousand Oaks, CA: Sage.

Stead, M., Hastings, G., & Eadie, D. (2002). The challenge of evaluating complex interventions: a framework for evaluating media advocacy. *Health Education Research, 17,* 351-364.

Stewart, M. J. (2000). Framework based on Primary Health Care principles. In M.J.Stewart (Ed.), *Community Nursing: Promoting Canadians' Health* (2nd ed. ed., pp. 58-82). Toronto, ON: W.B. Saunders.

Studlar, D.T. (2000). *Federalism and public policy: The Canadian provinces and tobacco control*. Bowling Green, Ohio: Bowling Green State University.

Tison, M. (2002). *The Advocacy Campaign for Smoke-free Ottawa*. Ottawa, ON: Ottawa Council on Smoking and Health.

Trochim, W. M. K., Stillman, F. A., Clark, P. I., & Schmitt, C. L. (2003). Development of a model of the tobacco industry's interference with tobacco control programmes. *Tobacco Control, 12,* 140-147.

Warner, K. E. (2000). The need for, and value of, a multi-level approach to disease prevention: The case of tobacco control. In B.D.Smedley & L. Syme (Eds.), *Promoting Health: Intervention Strategies from Social and Behavioral Research* (pp. 417-449). Washington, D.C.: National Academy Press.

Appendix 1: Recruitment Letter

DATE

NAME AND ADDRESS

Public participation for the development of a tobacco control policy: the case of a municipal smoke-free bylaw

Dear NAME OF PARTICIPANT,

I am a graduate student in the Masters of Science in Nursing program at the University of Ottawa and interested in interviewing different stakeholders within the scope of my thesis project on the Smoke-free Ottawa campaign.

The focus of this qualitative case study is the Smoke-free Ottawa campaign led by a the City of Ottawa public health department in 2000 and 2001 that resulted in the adoption of one of the most comprehensive smoke-free bylaws in Ontario. Documentation such as minutes of different committee meetings, public consultation summaries and letters from the public will be used as well as interviews, and social marketing material. These will be analysed for a specific aspect of the case, that of public participation. The data will be explored for categorical aggregation for the meanings within the specific case study and then interpreted to extract general patterns and link different aspects to theoretical and experience-based literature. Techniques of verification will include triangulation of methods with interviews, reviews of documents and member check.

I am looking for individuals who were closely involved with the Smoke-free Ottawa campaign who would be willing to be interviewed for approximately one hour. I am planning to interview a total of 9 individuals: 3 staff from the public health department, 1 member of a health interest group, 3 municipal councillors and 2 members of the service industry. More specifically, I am interested in interviewing individuals who were involved in different aspects of the Smoke-free Ottawa campaign. I will conduct the interviews individually. Each interview will be audio-taped and should not last more than 1 hour.

Appendix 2: Research Ethics Board Certificates

Appendix 3: Consent Form and Information Letter

Consent Form

Public participation for the development of a tobacco control policy: the case of a municipal smoke-free bylaw

I, (*Name of research subject*) NAME OF PARTICIPANT, agree to participate in the independent research project conducted by Julie C. Dyke, a graduate student of the Faculty of Health Sciences and the School of Nursing at the University of Ottawa. The project is under the supervision of Dr. Nancy Edwards and is part of a requirement for the MScN program. This study is funded by an Ontario Tobacco Research Unit Graduate Studentship for Research in Tobacco Control. The project will be used for the researcher's thesis project.

The purpose of this case study is to shed light on the process of public participation and its role in the development of a tobacco control policy. More specifically, the study will identify the function of public participation in shaping the public opinion and in influencing municipal decision-makers' process of adoption of a smoke-free bylaw. The study will include the analysis of different documents produced during the Smoke-free Ottawa campaign and interviews with a range of stakeholders such as business owners, public health department staff, municipal councillors and members of health interest groups.

My participation will consist essentially of attending one interview session, about one hour long with a subsequent meeting where I will be able to review the transcript of the initial interview. During the first meeting, I will be asked a series of open-ended questions pertaining to the Smoke-free Ottawa campaign that ran from November 2000 to April 2001. I will also be asked to present my perspectives on the factors influencing municipal councillors' decision-making processes around the smoke-free bylaw. I understand that the contents will be only used for the purpose of this study. Only the researcher, her thesis supervisor and thesis committee will have access to the transcript of my interview. Anonymity will be respected by replacing my name with a pseudonym of my choice. Only the researcher will know what pseudonym I have chosen. I will also be given the opportunity to review my interview transcript at a later meeting during which I will be able to delete sections that could potentially lead to my identification. Although the researcher will ensure that my identity will be respected, anonymity of my organization will not be guaranteed given the context of the smoke-free bylaw and the nature of the case study.

Appendix 4: Letter of Agreement with Public Health Department

Appendix 5: Sample of Interview Schedule

1- Interview text and questions for public health department staff

Hello, my name is Julie Dyke and I am graduate student with the University of Ottawa. I am presently conducting a study on the Smoke-free Ottawa campaign that your department coordinated from November 2000 to April 2001. I would first like to thank you for accepting to participate in this study. I am interested in your perspective regarding three important elements of this campaign: public participation, the public opinion and municipal decision-makers' adoption of the smoke-free bylaw.
As you are aware, the Smoke-free Ottawa campaign ran from November 2000 to April 2001 and its goal was to support the adoption of a comprehensive, city-wide bylaw by municipal councillors. During this interview we will be discussing your involvement in this campaign, factors that you think had an influence on the adoption of the bylaw by the municipal councillors, the factors that you think had an influence on the opinion of the public and finally, the actions of individuals or groups that may have an influence on the municipal councillors and on the opinion of the public.
Before we start the interview, I am inviting you to sign a consent form of which I am providing you with a copy. The interview will be audio-taped and should not last more than an hour. If at any time you wish not to answer a question or want the tape to be stopped please feel free to indicate this to me. All the information you provide me will be kept confidential. Although your identity will remain anonymous, I can not guarantee that your organization may be kept anonymous due to the nature of this case study. If you wish, we can meet a second time so that you review your transcript and remove any segment that would identify yourself. You will also be able to remove any statement that you made from your interview transcript. The audio tape will be erased at the end of this project. Your name will never be connected to the transcript and if you wish, you will choose a pseudonym that only I will be able to connect to your real name.
(Discuss consent form and have participants sign it).

During the interview I will be asking you to think back to the smoke-free Ottawa campaign two years ago. At the end of the interview you will have the opportunity to discuss what you have learned from your involvement since the adoption of the bylaw.

As a starting point,

1. Please briefly describe your position at the public health department you were holding at the time of the bylaw? How long had you been at the public health department at that time?

2. What was your involvement with the Smoke-free Ottawa campaign that went on between November 2000 and April 2001?

Thank you. Now let's discuss what factors you think influenced municipal councillors' position in regards to the bylaw during the campaign and what influenced their final decision about the adoption of the smoke-free bylaw.

3. Thinking of the time during the campaign, what do you think influenced municipal councillors' position in regards to the bylaw?

4. Do you think there was a change in municipal councillors' position about the bylaw during the smoke-free Ottawa campaign? What do you think brought about this change in their position?

5. Were there local individuals, groups or organizations that influenced their position? Tell me about these (individuals, groups or organizations). How did they influence municipal council's decision? Can you think of an example?

6. The bylaw occurred at a certain point in time. How do you think the broader political and economical situation influenced municipal council's position?

7. Were there any factors locally, specific to the situation in Ottawa that had an influence on the municipal councillors' position? (Timing of municipal elections? Amalgamation?)

8. Do you think there were last minute factors that changed municipal councillors' final vote on the bylaw? What influenced their final vote?

9. What other things happening in the province during the campaign could have influenced the municipal councillors' final decision?

Let's now talk about actions individuals or groups took to support or oppose the bylaw and how those actions influenced municipal councillors and the public opinion.

10. From your experience, who (individuals, groups or organizations) took action to support the bylaw? What kind of actions did these individuals, groups or organizations take to support the bylaw? Who took action to oppose the smoke-free bylaw? What kind of actions did they take to oppose the bylaw? What kind of influence did they have?

11. When individuals, groups or organizations took action in support or in opposition to the bylaw, how do you think their action influenced municipal councillors? How do you think they were able to influence the opinion of the public?

12. In your opinion, what pushed individuals, groups or organizations to take action to support or oppose the smoke-free bylaw? What was their underlying motivation? Can you think of an example?

Now, let's move on to public opinion:

13. Do you think there was a change in public opinion during the smoke-free Ottawa campaign? How did public opinion change? What influenced this change in opinion? Did different individuals, groups or organizations have an influence on the public opinion? How? Can you think of an example?

14. What other things happening in the province during the campaign could have influenced the public opinion about the smoke-free bylaw?

15. How did public opinion shape municipal councillors' position about the smoke-free bylaw?

Now, in conclusion:

16. When thinking back overall on the campaign, what have you learned from your involvement? What do you think should have been done differently?

During this interview we have discussed mostly what happened **during** the campaign, let's move to what happened **after** the passage of the bylaw.

17. What have you learned from your involvement in the Smoke-free Ottawa campaign since the passage of the bylaw?
    Thank you for you participation. Once your interview is transcribed, I will be contacting you to set up a meeting for you to review your transcript.