

Local Government Case Study

**A Public Policy Analysis: The Affect of Issue Framing and the Policy Network on
Environmental Tobacco Smoke Bylaw Development in Peel Region**

MPA Research Report

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Abstract

The local government case study utilizes literature, public documents and media accounts including newspaper articles and editorials to provide the basis for the analysis of the decision making process of the elected officials in the Region of Peel through the environmental tobacco smoke (ETS) bylaw development process. With an understanding of the political context, theories of policy network and issue framing are applied to the Peel municipal decision making process to better understand their affect.

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Introduction

The Peel Region environmental tobacco smoke (ETS) bylaw process spanned over four years beginning in January 1998 and finishing in May 2003. As a final step in May 2003, the Regional Council endorsed a Regional ETS bylaw including smoke free public places and a 2010 sunset date for designated smoking rooms. The ETS bylaw also included smoke free workplaces in Peel Region but that will not be the focus of this case study. From a health perspective this bylaw is considered a one of the weaker ETS bylaws in Ontario and Peel citizens continued to be exposed to environmental tobacco smoke until the implementation of the provincial smoke-free Ontario legislation on May 31, 2006.

In January 1998, the Peel Region Medical Officer of Health declared second-hand smoke a serious health hazard, particularly for children, and recommended that the existing municipal by-laws be amended to require that all public places and workplaces be smoke-free (Bursey & Keen, 2003). Guided by bureaucrats from the Region of Peel, the town of Caledon and the cities of Brampton and Mississauga passed smoke-free bylaws in 1998, stating that all restaurants, dinner theatres, banquet halls and food courts, bowling centres, skating rinks, curling clubs or other similar uses, become smoke-free in June 2001 with the option of a designated smoking room. The bylaws also stated that bingo hall, casino, billiard hall bar, tavern, entertainment lounge or nightclub must become smoke-free June 1, 2004 with the option of a designated smoking room (Bursey & Keen, 2003).

In addition, in May 2003, in an adversarial Regional Council meeting, councilors passed a Regional Municipality of Peel Smoke Free bylaw, which supercedes the Brampton Caledon and Mississauga bylaws, with new requirements including 100% smoke free for public places and an elimination of designated smoking room by June 2010 (Keen, 2003). The extended sunset date did not protect children and restaurant and bar

employees from continued ETS exposure but eliminated any potential of political impact for the present Regional Councilors.

As a bureaucrat, it is important to understand how elected officials are accountable for municipal policy decisions. Through an analysis of ETS bylaw development in the Region of Waterloo, where a 100% no smoking ban was passed in 1996, a working model of a municipal environmental tobacco smoke decision making process was developed by a team of researchers (Campbell, H.S., Burt,S, Nykiforuk,C, Mayhew,L & Kawash,B., 2005). This working model is based on a policy network approach but also takes into account the framing literature and the conditions that apply at the local level of decision making (Campbell at al, 2005, 27)

Research Question

The purpose of the research will be to analyze how issue framing and the policy network affected the outcome of the ETS bylaw development in Peel Region.

Research Outline

Literature, public documents and media accounts including newspaper articles and editorials will provide the basis for the analysis of the decision making process of the elected officials in the Region of Peel through the ETS bylaw development process. With an understanding of the political context, theories of policy network and issue framing will be applied to the Peel municipal decision making process to better understand their affect.

The Peel case study will further inform a growing understanding of how the process for decision making at the municipal level to establish ETS bylaws is important to the future of local health policy development. As municipalities move forward to develop public policy in other areas of health, access to a municipal decision making process with

demonstrated success will better inform bureaucrats to support elected officials through the health policy development process.

Part 1: Review of Theories

Policy development literature was reviewed to provide knowledge of the policy cycle and the importance of agenda setting and issue framing to the policy development outcome. Literature on the policy network was also reviewed to understand the role of proponents and opponents in policy development and their relationship to the outcome. Understanding of the significance of issue framing and the policy network will be important to the analysis of the Peel Region Case Study.

1.1 Policy Development and the Policy Cycle

The policy development literature identifies a policy as an action or course of action. Policy is defined by Richard Rose (1973) as a set of expectations and intentions, or series of actions and their consequences or to all of these together (Rose, 1973, 73). It is also defined as a course of action or inaction chosen by public authorities to address a given problem or interrelated set of problems (Pal, 2001, 2). The literature also confirms the role of politicians as decision makers in the policy development process. It is a core function of municipal politicians supported by bureaucrats in a democracy; policy is made by elected officials in concert with advisors from the higher levels of administration (Pal, 2001, 5).

The public policy analysis discussed in this paper implies that public policy development occurs as a cycle with specific stages. Lasswell & Easton makes distinctions among stages of problem identification, agenda setting, adoption, implantation and policy evaluation (Sabatier & Jenkins-Smith, 1993). According to Sabatier and Jenkins-Smith (1993), the stages approach has had some benefits including encouraging the analysis of a particular institution in the policy process, and an analysis of policy impacts. Rose (1973) also identifies the usefulness of organizing knowledge in a process model, suggesting a process model is open and additional steps can be added without violating

basic assumptions. Analysis of the specific stages can further the understanding of the policy development process and the role of politicians and bureaucrats. In fact, this paper focuses on the agenda setting stage, particularly the process of issue framing.

1.2 Agenda Setting and Issue Framing

Agenda setting begins early in the policy development and the literature reaffirms its significance in the policy cycle. Agenda setting is the social and political process of determining issues to be address and in what priority (Pal, 2001, 125). Baumgartner and Jones (1993) induces a theory of agenda setting to interpret the dynamics of policymaking and explain how events, actors, and circumstances conspire to create new issue images that lead to the demise of once-prevailing issue images and subsystem arrangements. According to Pal (2001), the process of agenda setting involves getting the problem positioned high enough on the public agenda to receive attention. The problem must be clearly defined to be become part of the political agenda therefore how the issue is framed is paramount.

Understanding issue framing as a political process involving many different actors with diverse values is important to this analysis. Issue framing is described by researcher as a political process which involves other actors internal and external to the government. Abolafia (2004) describes this as interpretive politics, a contest over the framing of ideas where in the context of closed-door, elite policymaking groups, interpretive politics shapes the thinking of both group members and the wider community of stakeholders. With issue framing as a political process, the importance of interpreting information influenced by other factors in a government environment is described by researchers. Rochefort and Cobb (1994) identifies how governmental process revolves around definitional concerns, irrespective of the nature of the issue, level of government, or institutional arena. explaining how problems are constructed. As well, cultural values,

interest group advocacy, scientific information, and professional advice all help to shape the content of problem definition (Rocheffort, D. A. & Cobb, R. W., 1994).

Researchers suggest that in issue framing, this interpretation of knowledge can affect the outcome. Issue framing is a way of depicting a policy issue or problem in broad, understandable if not simplified terms (Pal, 2001, 126). But, knowledge is not simply a body of concrete and objective facts; accepted knowledge is deeply implicated in questions of framing and interpretation, which generally reflect perceived interests (Kamieniecki, 2000). How knowledge is framed, can have a substantial impact not only on the listing of alternative policies but also on which course of action is eventually chosen (Kamieniecki, 2000.).

According to the literature it is important to utilize knowledge experts in interpreting scientific information as in the case of environmental tobacco smoke. Haas (1992) discusses networks of knowledge-based experts, play a crucial role in "articulating the cause-and-effect relationships of complex problems, helping states identify their interests, framing the issues for collective debate, proposing specific policies, and identifying salient points for negotiation" (Haas, 1992, 2). Researchers suggest that in issue framing, this interpretation of knowledge can affect the outcome

Issue Framing can be difficult when issues are sensitive or controversial and involve core values such as with environmental tobacco smoke. Public health issues tend to be controversial and often carry extremely opposing viewpoints (Farmer and Kozel, 2005). Dorfman, Wallack and Woodruff (2005) argue that public health advocates must articulate the social justice values motivating the changes they seek in specific policy battles that will be debated in the context of news coverage. Public Health advocates should include the importance of understanding the existing values and beliefs motivating the public health change being sought, the benefits of articulating core messages that correspond to shared values (Dorfman et al., 2005).

In summary, issue framing is a political process where the interpretation of the issue is influenced by many factors and involves various actors internal and external to the government. As suggested the issue framing process is particularly sensitive with public health issues such as environmental tobacco smoke and utilizing knowledge experts is important to the process. Finally it is suggested that issue framing can affect the outcome.

1.3 The Policy Network in Policy Development

The analysis of the case study requires an understanding of the literature on the policy network and their affect on the policy outcome. There is a growing understanding of the broader role that actors outside of government have in the policy development process. Pal defines a policy network as patterns of relations among members of the policy community (Pal, 2001, 267). Pal (2001) suggests that modern policy making cannot be directed by government and simply supplemented by representations from the public but involves a new social movement and complex associational systems. In fact government is dependent on the expertise and experience of partners. Networks are systems of mutual interdependence where no one actor can dominate and policy outcomes depend crucially on the actors in the community and the nature of the network (Pal, 2001, 265).

Researchers describe both an informal and formal approach to the policy network. Some suggest the policy network are fluid and informal such as Carlsson (2000) who suggests that policymaking is assumed to be performed by something called networks of actors rather than by formal political units, this is the same as to say that the creation of politics and its outcome will differ, depending on how a policy area is organized. Indeed, proponents of the network perspective argue that in order to understand how policies are actually created in society one has to search for problem-solving structures, rather than

focus on formal, political authorities, their decisions and programs (Carlsson.2000. Other researchers describe the policy network in a more formal perspective such as John (2003) who states that network theory claims that the structure of the coalitions across the complex policy sectors determines policy outputs.

.Pals (2001) describes this broad continuum of policy networks from less formal and more fluid more formal and structured. He identifies five types of policy networks. In the pressure pluralist network, the state agency is autonomous, many groups compete for that state agency's attention and groups advocate policies rather than participate in policy-making. In the clientele pluralist network, the state agencies are both weak and dispersed and agencies rely on associations for information and support which allows them to participate in policy-making. In the corporatist network, the state agency is strong and autonomous, associational system comprises a few large and powerful groups usually representing consumer and producer interests and the both the groups and agency participate in policy development. In the concertation network, the state agency is strong and autonomous, associational system is dominated by one organization that represents it and the agency and an organization are equal partners in long-term planning and policy-making. Finally, in the state directed network, the state agency is strong and autonomous associational system is weak and dispersed and the state dominates the policy sector and associational system.

The policy network forms because of shared interest. Networks are more than contacts and power relations; they are sites for the exchange of ideas and perpetuation of social practices, which have a long-term impact on the content of public policies (John, 2003). Weib and Sabatier (2005) suggest that the literature demonstrates five reasons that networks form including the exchange of information and advice related either to substantive policy issues or to political efficacy, exchange a variety of resources, such as money, staff, or services an ally network, which seeks to identify stakeholders who

will help to form a winning coalition, to form relationships with influential actors in order to control critical resources, and finally, coordination networks identify actors who periodically coordinate their behavior in pursuit of common objectives.

Sabatier and Jenkins-Smith (1993) describe a framework of network interaction called the advocacy coalition framework which outlines the policy subsystem, an interaction of people from various governmental and private organizations who share causal beliefs and often act in concert.

But, Carlsson (2000) suggests that policy network theory is underdeveloped and three requirements were necessary to understand policy making from a policy network approach. The first requirement is that we begin to explicitly change focus from regarding networks as "dependent variables" and start to consider them as something that can be used to explain different outcomes. A second way of advancing the approach is to apply collective action theory that incorporates other actors rather than merely organizations. A third requirement is that, irrespective of which theories are used, they should be incorporated into some broader theoretical framework.

The policy network is important to the ETS policy development. The key challenge in health promotion agenda setting is clarifying a common purpose and obtaining a shared commitment to a larger vision or dream with a genuine cooperative intention for action (Farmer & Kozel, 2005). Two key ingredients were required of health advocates to overcome the tobacco industry: a strong coalition with the local community and sympathetic political leadership within the elected body (Sato, 1999).

In summary, policy development involves more than the government and includes a network of organizations and actors with a common purpose. In fact they are no longer a dependent variable but may inform the outcome. In particular, a strong coalition and sympathetic politicians are important for ETS policy development.

Part 2: A Theoretical Model for Policy Development

2.1 The Study of Environmental Tobacco Smoke Bylaw Development

Informed by the policy development literature, Sharon Campbell, Sandra Burt Candace Nykiforum Linda Nayhew and Beth Kawash (2005) studied the development of the ETS bylaw in the Region of Waterloo to understand and further a model of ETS bylaw development that can be applied to other municipalities. The researchers recognized the role of the policy cycle and agenda setting for the issue to come before council. In a working paper for the Ontario Tobacco Research Unit, entitled *Understanding the Policy Process at the Local Level: The role of Issue Framing in Environmental Tobacco Smoke Bylaw Development*, they considered three objectives including:

1. Identify the frames introduced during the ETS process (ie. Arguments used to advocate for or against the issue
2. Determine how the different frames affect policy-maker decisions
3. Explore the interplay of other variables that may affect the bylaw process eg. Policy network, resources, political environment

They concluded that issue initiation, issue framing and the policy network were the three key variables influencing the outcome though other factors such as the local political context, access to resources and bylaw diffusion and were important (Campbell, H.S. Burt, S. Nykiforuk, C., 2004).

The Region of Waterloo developed a comprehensive 100% smoke-free bylaw which set a standard for other bylaws in Ontario and the outcome could be explained from an analysis of the three variables. The issue was placed on the council agenda by a councilor and therefore was politically initiated. In addition, the issue was framed as a health issue from the beginning and with a strong informal and formal local policy structure, a strong bylaw was formed (Campbell et al, 2004). From this case study and further analysis of ten additional communities in Ontario, the researchers have

developed an explanatory model for the ETS decision making process based on the policy network approach but taking into account issue framing, the policy network and the local conditions.

2.2 An Explanatory Model for Environmental Tobacco Smoke Bylaw Development

The explanatory model suggests that ETS bylaws in Ontario can be classified as strong, weak and rejected according to their level of protection from environmental tobacco smoke in public places. A strong bylaw provides 100% ETS protection in all public places as seen in Waterloo. A weak bylaw provides less than 100% ETS smoke protection in all public and a rejected bylaw provides no protection from ETS in public places (Campbell, et al, 2004). The preliminary results of their research suggest that a number of factors influence the policy outcome (See figure 1).

Figure 1

Strong Bylaw	Weak Bylaw	Rejected Bylaw
<p>Strong council leadership</p> <p>Strong community networks with good communication between council and proponents</p> <p>Medical community support</p> <p>Well respected Health Units</p> <p>Use of Scientific Argument</p> <p>having health and protection framed together</p> <p>Council receptive to scientific arguments</p>	<p>Weaker networking skills of outsider proponents</p> <p>Strong opponent networks</p> <p>Use of a primarily economic frame</p> <p>Council receptive to economic argument and other frames (enforcement, economics, level playing field)</p>	<p>Perceived outsider status of proponents</p> <p>Lack of strong proponent networks</p> <p>Presence of influential opponents</p> <p>Primary use of economic argument. Overwhelming the health argument</p> <p>Council receptive to economic arguments, also jurisdiction, enforcement and level playing field</p> <p>Council-no prior experience responding to health issue</p>

This theoretical model of municipal policy decision making will be applied to the Region of Peel ETS bylaw process to understand the role that issue framing, the policy network as well as the other factors such as political context affected the outcome of the policy process.

That the area municipality by-laws include amendments to require that all public places and workplaces in the Region of Peel be smoke-free by 2001;

And further, that Regional Council approve the declaration of the Commissioner and Medical Officer of Health that secondhand smoke is a serious health hazard, particularly to children;

And further, that Peel Health staff continue to work in partnership with Regional Council for a Tobacco-Free Region of Peel to encourage all homes in the Region of Peel to be smoke-free;

And further, that a copy of the report of the Commissioner and Medical Officer of Health, dated December 17, 1997, titled "Declaration by the Commissioner and Medical Officer of Health on Secondhand Smoke" be forwarded to the City of Mississauga, the City of Brampton, and the Town of Caledon for their information.

(The Council of the Regional Municipality of Peel, 1998a, January 22)

The health hazard declaration from the Peel Medical Officer of Health received local media attention and a number of community presentations and meetings over the next few months with the local school boards highlighted the issue as a health hazard related to children (Peel Health Department, 1999). In addition, focus groups were held with the hospitality sector including restaurants, bars, banquet halls, private clubs, bingos bowling alleys, the Ontario Restaurant Association and local business organizations. Face to face surveys were also completed with restaurant owners/staff in each municipality and a mail in survey was completed by the health and social service sector (Aubin, L. 1999). The focus groups meetings and consultations with individual restaurateur have underlined the need for a "level playing field" (Aubin, L. 1999). As well, workplace surveys were conducted through the Mississauga Business times, Brampton Board of Trade newsletter and by mail to Caledon residents (Peel Smoke-free Bylaw Committee, 1999). The City of Mississauga conducted both an enviro-nics and internet survey to gauge public opinion and a 1998 Peel Heart Health Survey asked several smoking/secondhand smoke questions (Peel Smoke-Free Bylaw Committee, 1999). Finally, community consultation occurred in each municipality to further gauge public opinion (Town of Caledon, 1999).

In May of 1999, The Medical Officer of Health, in a report to the regional council recommended a phased in approach to a smoke-free bylaw as a compromise between the health and business concerns identified through the consultation process (Graham and McKeown, 1999). As a result, in June of that year the Brampton, Caledon and Mississauga councils passed amendments to their smoke-free bylaws so that all restaurants, dinner theatres, banquet halls and food courts, bowling centres, skating rinks, curling clubs or other similar uses, become smoke-free in June 2001 with the option of a designated smoking room. The bylaws also stated that bingo hall, casino, billiard hall bar, tavern, entertainment lounge or nightclub must become smoke-free June 1, 2004 with the option of a designated smoking room (Burse and Keen, 2003). The inclusion of designated smoking as a compromise to business owners provided a continuing risk of exposure to ETS for citizens and worker in Peel.

Bylaw Development Phase Two: 2001-2003

The development of the regional ETS bylaw began in May 2001 when Regional Council mandated a Regional Smoke-Free Bylaw Committee chaired by the Medical Officer of Health and including regional health department staff, municipal politicians and municipal staff (The Council of the Regional Municipality of Peel, 2001b). Its initial responsibility as requested by council was to consult with the City of Toronto and Regions of York and Halton to review the feasibility of moving the June 1, 2004 implementation date for Classes C, D and E to January 1, 2002 or June 1, 2002. (The Council of the Regional Municipality of Peel, 2001b). In January 2002 Regional Council recommended that the 2004 smoke-free implementation date for bars, billiard halls and bingo halls in the current municipal by-laws not be advanced to 2002 (The Council of the Regional Municipality of Peel, 2002). Pat Saito, Regional Councilor from Mississauga,

was quoted in the Brampton Guardian to say "Businesses have done their planning towards this and we have to stay with this" (Brampton Guardian, 2001).

Then In December 2002, chaired by the Medical Officer of Health the Region of Peel Smoke-free Bylaw Committee, consisting of Regional Councilors and staff from Brampton, Caledon, Mississauga and the Region of Peel, requested that Regional Council amend the Smoke-free Bylaw to eliminate designated smoking rooms in public places in Peel Region by June 2004 to protect employees from second-hand smoke (Fabbroni, 2002). At the time, Peel Region had a total of 1588 restaurants and 45 restaurants had designated smoking rooms (The Council of the Regional Municipality of Peel (2003a). At the request of Regional Council, bureaucrats drafted a Regional ETS bylaw and conducted 5 community consultation sessions.

As a result, in May 2003, in an adversarial special Regional Council meeting, councilors passed a Regional Municipality of Peel ETS Bylaw, with new requirements including 100% smoke-free for public places. In addition, public places such as restaurants and bars can build a designated smoking room which must be eliminated by June 2010 (Keen, 2003). But in July 2003, the town of Caledon Council passed a new town of Caledon ETS Bylaw requiring that all public places be 100% smoke free by October 1, 2003, eliminating all unenclosed smoking areas and DSRs, a bylaw stronger than the regional bylaw endorsed in May (Keen, 2003).

At a time when other municipalities were passing 100% ETS bylaws in Ontario, Peel Region continued with a bylaw which included the option of designated smoking rooms. Extending the timeline for designated smoking rooms did not protect children and restaurant and bar employees from continued ETS exposure and also eliminated any potential of political impact for the present Regional Councilors.

Part 4 Analysis of the Explanatory Model in the Region of Peel

The explanatory model of municipal policy decision making developed by researchers Sharon Campbell, Sandra Burt and Candace Nykiforuk provides a framework for analysis of the ETS bylaw development in Peel Region. The model identifies the factors in municipalities which influence the strong bylaws, weak bylaws and rejected bylaws. This analysis will focus on issue framing and the policy network in Peel, as well as local factors to develop an understanding of their affect on the ETS bylaw outcome.

4.1 Framing the Issue of Environmental Tobacco Smoke in Peel Region

Public health issues tend to be controversial and often carry extremely opposing viewpoints (Farmer and Kozel, 2005 p4). Therefore framing ETS and the need for an ETS bylaw can present a challenge. The literature suggests that there are two opposing view points on ETS bylaw development. Farmer and Kozel (2005) state that adversaries of clean indoor air (CIA) ordinances argue that policy infringes on the personal rights of smokers, while proponents of CIA focus on the documented negative health effects non-smokers face from exposure to secondhand smoke.

In both phases of the Peel environmental tobacco smoke bylaw development, ETS was framed as a health issue by the proponents but also included an economic issue frame as a result of local factors and the opponent input.

Bylaw Development Phase One: 1998-2001

In phase 1, the issue framing and policy development process was driven by bureaucrats from the Region of Peel, town of Caledon, city of Brampton and city of Mississauga with the Medical Officer of Health as the lead. There was no recognized political champion on Regional Council ETS was framed as a health issue for the community but later included an economic issue frame through the process of

consultations with restaurant and bar business operators. The health and economic issue framing was also influenced by internal and external factors including a difficult bylaw process in the neighboring former City of Toronto and an internal reorganization in the health department.

The issue framing was initiated in December 1997 when the Peel Region Medical Officer of Health tabled a report at Regional Council declaring second-hand smoke a serious health hazard, particularly for children, and recommended that the existing municipal by-laws be amended to require that all public places and workplaces be smoke-free (Burse and Keen, 2003). Framing second hand smoke as a health hazard was a strategic decision, utilizing the accountability of the Medical Officer of Health role to raise the issue as a health hazard concern to the board of health for their consideration and action. Declaring a health hazard is within the mandate of a Medical Officer of Health under the Ontario's Health Protection and Promotion Act to Reduce Exposure to Environmental Tobacco Smoke as among other responsibilities, boards of health are to identify and prevent, reduce or eliminate health hazards (Non Smokers Rights Association, 2003).

But, by July of 1998 there were changes to the bureaucrats that appeared before Regional Council. Over the next year, Regional Councilors worked with two different Acting Medical Officers of Health and a new Commissioner of Health on the development of the ETS Bylaw. Since ETS had been framed as a health issue the recognized credibility of the Medical Officer of Health was important to the ongoing bylaw development process and this credibility had to be reaffirmed with each new acting Medical Officer of Health and as a new relationship was council was formed.

The movement of senior management in Health Department began in July 1998 when the Associate Medical Officer of Health assumed the role of Acting Medical Officer of Health (The Council of the Regional Municipality of Peel, 1998b). It is typical in Ontario

that the role of Commissioner of Health and Medical Officer of Health are held by the Medical Officer of Health but the Region of Peel separated this position into two. Therefore, in September 1998, a new non medical Acting Commissioner of Health was appointed (The Council of the Regional Municipality of Peel, 1998c). Then in April 1999, a new Acting Medical Officer of Health was also appointed (The Council of the Regional Municipality of Peel, 1999a). It is interesting to note that the new Acting Medical Officer of Health had most recently been employed at the City of Toronto where the difficult ETS bylaw process had just occurred, Finally in October 1999, both individuals were confirmed as permanent with the organizational change placing the Medical Officer of Health in a reporting role to the Commissioner of Health, therefore no longer in the lead position in the health department (The Council of the Regional Municipality of Peel, 1999b).

But the economic issue frame was most influenced by the result of difficult bylaw activity in the city of Toronto and consultations with business operators in Peel. Changes to the municipal act in 1994 set the stage for municipal environmental tobacco smoke bylaw development and a number of municipalities passed 100% environmental tobacco smoke bylaws in 1995-1997 including the former City of Toronto in 1996 (Ontario Campaign for Action on Tobacco, 2006b). As the Region of Peel was initiating bylaw development, the City of Toronto was experiencing much difficulty with its own bylaw. According to the Ontario Campaign for Action on Tobacco (2006b), the City of Toronto passed their ETS bylaw in 1996 attempting to make all hospitality premises 100% smoke-free, without designated smoking rooms and with no other exceptions. The Ontario Campaign for Action on Tobacco (2006b) states that the City of Toronto did not place the responsibility on the proprietor to enforce which resulted in wide spread noncompliance and a very vocal and hostile opposition from the Ontario Restaurant

Association and other proprietors. This resulted in a weakening of the City of Toronto ETS Bylaw in April 1997 to include unenclosed smoking in most establishments.

Toronto's unfortunate experience tainted the deliberations of many municipal councils. Particularly when considering possible smoking bans in bars, council debates frequently contained references to Toronto's experience as evidence that bars could not and should not be regulated

(Ontario Campaign for Action on Tobacco, 2006b)

Regional Councilors were also hearing economic concerns from business operators in Peel Region. Through the consultations process, business operators expressed concern about a "level playing field". This concern related to competition from businesses in Peel Region and competition from businesses in surrounding municipalities such as the City of Toronto, York Region and Halton Region (Aubin, L. 1999).

The economic level playing field frame provided by opponents as well as local factors such as a difficult bylaw process in the City of Toronto and changes in the Health Department opened the door to a less than 100% ETS bylaw in Peel Region.

Bylaw Development Phase Two: 2001-2003

At the time of phase 2, 60% of Ontario population was covered by some form of an environmental tobacco smoke bylaw, with 55 municipality's documented 100% environmental tobacco smoke, 31 municipalities without designated smoking rooms (Region of Peel, 2003). The Peel Region ETS bylaws, which included designated smoking rooms, were falling behind the trend towards 100% environmental tobacco smoke bylaws in Ontario (Region of Peel, 2003).

The Regional Smoke Free Bylaw Committee, which included Regional Councilors and staff of the Region of Peel, town of Caledon, city of Mississauga and city of Brampton came to council and framed the issue of ETS. This was in contrast to phase 1, where the ETS issue was framed strictly by bureaucrats. This time, councilors from the

Regional Smoke Free Bylaw committee were available to act as political champions on council. ETS was framed as a health issue for the community but later took on an economic issue frame through the process of consultations with restaurant and bar business operators. The health and economic issue framing was influenced by internal and external factors including a potential separation of Mississauga from the Region of Peel and the Severe Acute Respiratory Syndrome (SARS) crisis.

The political climate in the Region of Peel was tension filled. At the time, Mississauga was involved in a campaign to separate from the Region of Peel. In May 2002, the citizen's task force, appointed by the Mayor of Mississauga released a report which supported the phase out of the Region of Peel in 5 years (Citizen Task Force, 2002). This issue became a focus of Regional Councilors and bureaucrats in the Region of Peel overshadowing other concerns that appeared at council sometimes affecting their ability to function successfully. In fact, in January 2002 Mississauga councilors walked out and quorum was lost in a council meeting during a discussion of building a new Region of Peel facility (The Council of the Regional Municipality of Peel, 2002).

As in phase 1, the issue of ETS was framed as a health issue particularly the concern of ETS in designated smoking rooms. The health frame focused on Peel children who can legally be brought into a designated smoking room by adult parents and guardians, and hospitality employees who work in designated smoking rooms (Bursey and Keen, 2003). But, phasing out designated smoking rooms was also positioned as an economic frame by the Regional Smoke Free Bylaw Committee. An unfair competitive advantage has been created across the hospitality industry in Peel Region between those establishments who are able to create a designated smoking room and those who cannot (Region of Peel, 2003). In past consultations, business operators had expressed concern that only some operators had the space and funds to build a designated smoking room and it created an unlevelled playing field (Fabbronni, 2002). Therefore

phasing out designated smoking rooms would create a level playing field in Peel Region (Region of Peel, 2003). The level playing field was utilized by the Regional Smoke free bylaw committee to reaffirm support for business operators.

But, a regional level planning field did not resonate with Regional Council who demonstrated a commitment to creating a level playing field across the GTA and the province to support businesses in Peel Region (Region of Peel, 001a). "The new rules have local politicians concerned about a lack of a level playing field for business owners, not only within the municipalities but from one region to the next" (Finucane, D. 2001a). As well, a regional level playing field did not resonate with business operators who continued to reaffirm the negative economic impact and loss of business and a need for an extended time period for operators to recoup their investment in designated smoking rooms (Region of Peel, 2003).

The concern re economic loss was reinforced by the Region of Peel's experience with the SARS in the spring of 2003. In a press release from May 22, 2003, the day the Regional ETS bylaw was approved by council with an extended sunset day of June 2010 for designated smoking rooms, Peel Regional Chair Emil Kolb was quoted

Peel Regional Council and the Smoke-Free By-law Committee have demonstrated their genuine commitment to working with our business community and supporting them through the difficult times they have had to face with tough economic conditions and impactful issues such as the Severe Acute Respiratory Syndrome

The Council of the Regional Municipality of Peel Region of Peel (2003b)

The economic level playing field frame supported by opponents and influenced by local factors such as the potential separation of Mississauga from the Region and the SARS crisis opened the door to a weaker Regional bylaw. With a timeline for the phase out of designated smoking rooms so far removed from the present council it was a real success for business operators.

Summary

According to Campbell et al issue framing has more to do with the shape of the outcome than with the decision to take action (Campbell et al, 2005). Their explanatory model for the municipal decision making suggest that strong ETS bylaw outcomes result when the issue is presented as health frame with an internal or political champion. Whereas, a weak ETS bylaw outcome results when an economic frame is also utilized and council is receptive to it, as is the situation in the Region of Peel.

Campbell et al (2005) also suggest other factors may affect the political context for decision making. In phase 1, Peel Regional Council was faced with the fall out from Toronto's bylaw experience and major changes to senior management within the health department including a new Medical Officer of Health. In Phase 2, Mississauga's campaign to separate from the Region of Peel overshadowed Regional Council and created tension filled council meetings and the Region's experience with severe respiratory syndrome increased the willingness of Regional Councilors to entertain an economic frame. These factors affected the issue framing in Peel Region and contributed to the final outcome.

In summary, the issue framing in the Region of Peel demonstrated the characteristics of a weak bylaw including the use of a primary economic frame and a council receptive to an economic argument.

4.2 The Policy Network in the Region of Peel Bylaw Development

Policymaking is assumed to be performed by something called networks of actors rather than by formal political units, this is the same as to say that the creation of politics and its outcome will differ, depending on how a policy area is organized (Carlsson.2000). The explanatory model of municipal policy decision making developed by researchers Sharon Campbell, Sandra Burt and Candace Nykiforuk provides a framework for

analysis of the policy network in the ETS bylaw development in Peel Region. The explanatory model suggests that strength of the proponents and opponent networks and their communication with Regional Council inform the policy outcome. Mapping the actors and the policy network in the Peel ETS Bylaw development process will provide insight into their affect on the policy outcome (See Appendix 1).

Bylaw Development Phase 1: 1998-2001

Phase 1 was focused on developing three ETS municipal bylaws in Peel Region. The Peel Health Department was mandated through the Ministry of Health and Long Term Care to develop and implement healthy lifestyle and tobacco prevention programs in Peel Region (Ministry of Health and Long Term Care, 2006). Therefore Health Department resources were committed to developing an ETS bylaw. Early on in the bylaw process, the Health Department hired a bylaw project coordinator with a community development background to engage the community (Peel Health Department, 1998). But, each time senior management in the Health Department changed through the bylaw development process, new engagement and relationship building with Regional Councilors was required to build credibility.

The Peel Health Department was involved with health organization and agencies including membership in two community networks focused on health and tobacco use prevention at the time that the ETS bylaw development process was initiated. The Peel Health Department was a member of the Peel Heart Health Network, a network which included the Lung Association, Heart and Stroke Foundation, Canadian Cancer Society and others, for a total of 32 government, non governmental organizations, private businesses and individuals in Peel Region (Peel Heart Health Network, 2000). The Peel Heart Health Network is a partnership of organizations and individuals that share a common commitment to fighting heart disease in Peel (Peel Health Department, 2006).

It is funded through dollars from the Ministry of Health and Long and administration was provided by a Heart Health Coordinator employed by the Peel Health Department.

The Peel Health Department was also a member and provided administration and coordination for the Council for Tobacco Free Region of Peel. This council included representatives from the local units of the Canadian Cancer Society, the Lung Association, Addiction Research Foundation, Heart and Stroke Foundation of Ontario, the Peel Heart Health Network, Brampton Memorial Hospital Campus, the Occupational health Nurse Network of Peel, interested citizens and Peel Health and was committed to advocating for a tobacco free Region of Peel (Council for a Tobacco Free Region of Peel, 1998). Early on in the bylaw process, the Peel Health Department met with both the Heart Health Network and Council for Tobacco Free Peel to strategize and encourage their active role in educating the public and building community support through the bylaw process (Peel Health Department, 1998). Both the Council and the Network agreed to take on an active role (Peel Health Department, 1998).

A Smoke-Free By-law Committee comprised of staff from the Region of Peel, City of Brampton, Town of Caledon and City of Mississauga developed a process for engagement of external stakeholders. The process included focus groups with the hospitality sector, including restaurants, the Ontario Restaurant Association, bars and pubs, banquet halls and private clubs, bingo halls, bowling alleys and local business organizations (Aubin, 1999). The Peel Health Department also conducted face to face surveys with restaurant owners/staff in each municipality and a mail out survey was completed with the health and social service sector (Aubin, 1999). The City of Mississauga also included questions on smoke free public places in their city of Mississauga Envirionics survey (Aubin, 1999). Finally, community consultations were held in each municipality for public input to the process (Smith, 1999). Throughout this process of engagement the following individuals and organizations established

themselves within the policy network as proponents or opponents of the Region of Peel ETS bylaw.

Proponents of the ETS Bylaw

The main proponents in the policy network were the Smoke Free Bylaw Committee, the Council for Tobacco Free Peel Region and the Heart Health Network. Various other organizations provided input to the process but did not play a proactive role.

The Smoke-Free By-Law Committee

Regional Council recommended the development of a smoke free bylaw committee (Aubin, Jan, 1999). The committee includes by-law enforcement staff of from the city of Brampton, town of Caledon, city of Mississauga, and Peel Health and seeks to develop a by-law that can be adopted by all three municipalities (Aubin, 1999). The Smoke Free By-law Committee had access to Regional Councilors through council meetings and provided updates on bylaw development process and final recommendations through reports from the Medical Officer of Health but there was no recognized political champion on Regional Council. Therefore the reports to council were important tools to engage Regional Councilors through the bylaw process and to reaffirm scientific facts on ETS and designated smoking rooms as an option. As well, the Smoke Free Bylaw Committee worked closely with the city of Toronto and provincial organizations to ensure that Regional Council had access to evolving scientific information and bylaw development in the Greater Toronto Area.

The committee also educated the community about environmental tobacco smoke and produced a Smoke Free Restaurants of Peel Guide (Peel, Heart Health Network, 1999). As well, the process of formal stakeholder and community engagement efforts with proponents and opponents of the environmental tobacco smoke bylaw was led by the

Regional Smoke Free Bylaw Committee including attending meetings between the hospitality industry and councilors (Smoke Free Bylaw Committee, 1999).

Council for Tobacco Free Region of Peel

The Council for Tobacco Free Region of Peel provided the important advocacy role to support the development of an ETS bylaw in Peel Region. In November- December 1997 the Council for Tobacco Free Region of Peel implemented an election contact strategy, printed pamphlets and created a tobacco hotline (Peel Health Department 1998). They worked closely with the Peel Health Department and the Smoke Free Bylaw Committee who were educating Regional Councilors and the public on ETS. The Council for Tobacco Free Peel provided a more activist role in the community and spoke out on ETS. In fact a community physician became a spokesperson role for the Council for Tobacco Free Peel and provided a face for the medical community in Peel (Peel Health Department, 1998).

The Heart Health Network

The Peel Heart Health Network was active in educating the community on ETS. The Network conducted a survey in 1998-1999 which stated that 80% of adults reported that they were often or sometimes exposed to environmental tobacco smoke in social and public settings (Smoke Free Bylaw Committee, 1999). The Peel based statistics were important to developing the health frame positioned by the Medical Officer of Health. The network also educated the community on ETS, writing a number of Healthy at Heart columns in the local newspaper on tobacco use related topics (Peel Health Department, 1998). Overall the network coordinated the efforts of community organizations committed to the ETS bylaw and had an important role in creating positive media.

Health and Social Service Agencies

Many of these agencies participated in the Heart Health Network. In addition, in December 1998, Peel Health mailed a survey to the health and social service sector with 89% supporting environmental tobacco smoke public places. Those who did not support, thought designated smoking areas should be permitted and that 2001 was too soon for bingo halls and bars (Peel Health Department, 1998). It is interesting to note that the health and social agencies demonstrated some support for designated smoking rooms.

Other Community Agencies and Organizations

A few community agencies and organizations attended community consultations to express support for the environmental tobacco smoke bylaw including the University Women's Club and Sri Guru Nanak Sikh Centre (City of Brampton, April 1999). All identified the concern related to second hand smoke as a health hazard (City of Brampton, April 1999).

Individuals

No high profile individuals in Peel Region came forward to champion the bylaw but a public opinion survey conducted in Peel showed that a majority of residents supported smoke free public places (Smoke Free Bylaw Committee, 1999). A few individuals participated as members of the Council for Smoke Free Region of Peel and attended community consultations. The high school students, who participated in the consultative process expressed concern for secondhand smoke and the health of high school students (City of Brampton, 1999).

Provincial Organizations

The Ontario Campaign against Tobacco (OCAT, 2006c), who was founded by five leading agencies in 1992 to secure the passage of Ontario's Tobacco Control Act, met with municipal representatives and Peel Health to discuss ETS bylaws and designated smoking rooms as an option (Peel Health Department, 1998). OCAT also presented at community consultations outlining the health effects of ETS and the concern for those workers in the hospitality industry exposed to second hand smoke on a regular basis (City of Brampton, 1999). The organization worked closely with the Peel Health Department to ensure accurate ETS bylaw policy development information was available to proponents in the Peel Region.

Opponents of the ETS Bylaw

The Ontario Restaurant Association/Ontario Restaurant, Hotel and Motel Association, the Hospitality Industry and community organizations were the main opponents in the policy network.

Ontario Restaurant Association/Ontario Restaurant, Hotel and Motel Association

The Ontario Restaurant Association (ORA), representing restaurants in Ontario, combined with the Ontario Hotel and Motel Association in 1999 to create the Ontario Restaurant, Hotel and Motel Association (OCAT, 2006a). The ORA was active in developing industry sponsored research to support ventilation and designated smoking rooms as an option in ETS bylaws in the province. In 1998, the then-ORA began a project which the ORHMA continued, namely the promotion of unenclosed ventilation as an alternative to 100% smoke-free policies (OCAT, 2006a). The Ontario Campaign for Action on Tobacco (2006a) identified that the President & CEO of the Ontario Restaurant Association (ORA) worked with Canadian tobacco companies, as well as industry consultants John Luik and Roger Jenkins. During the City of Toronto's smoke-

free bylaw campaign in 1999, the consultants spoke against the Toronto Medical Officer of Health Report on ETS. The connections between the ORA and the tobacco industry provided the ORA with a wider access to resources to mount a protest against municipal bylaws in Ontario. It is also important to note that the Regional Council in Peel was monitoring ETS smoke bylaw activity in the city of Toronto and the Medical Officer of Health was reporting on Toronto's progress (Aubin, 1999). Therefore, any challenge to the City of Toronto bylaw reverberated in the Region of Peel.

The ORA also demonstrated direct access to councilors in Peel Region, an opportunity to present their position on ventilation and designated smoking rooms as an option. They participated in focus groups in Brampton and Mississauga. In addition, they met with the Mayor of Brampton and the Medical Officer of Health and also with a councilor from the City of Mississauga and Peel Health staff (Peel Smoke Free Bylaw Committee, 1999). During these meetings the ORA expressed support for better ventilation (Peel Smoke Free Bylaw Committee 1999).

Hospitality Industry

The position of the hospitality industry was documented and affected the final recommendation of the Smoke Free Bylaw Committee to Regional Council. A total of 81 restaurants, 5 billiard halls, 2 bowling alleys 3 banquet halls, 1 entertainment facility, 2 bingo halls and 2 private clubs participated in focus groups or interviews and expressed concern for the economic impact (Peel Smoke Free Bylaw Committee, 1999). Restaurants and banquet halls were more supportive of smoke free whereas bars/billiard halls/ bingos indicated that 2001 was too short a timeframe for their clientele and a viable solution was to restrict entrance to those only over age 19 in establishments where a limited amount of smoking was permitted (Peel Smoke Free Bylaw Committee, 1999). Some operators supported the need for a ventilation solution and a level playing

field across the region and with the city of Toronto (Peel Smoke Free Bylaw Committee, 1999). The hospitality industry also demonstrated directed access to councilors and participated a meeting with the ORA and councilors (Peel Smoke Free Bylaw Committee, 1999).

Community Organizations and Agencies

A number of community organizations were strongly opposed to the bylaw because of concern for a loss of revenue from charity bingos. For example, the Rotary Club presented at the community consultation session in the City of Brampton objecting the ETS bylaw. As owners of a local bingo, which fund raises for various charities, the rotary club expressed concern that the bylaw could result in a loss of business and therefore revenue to charities (City of Brampton, 1999).

Bylaw Development Phase 2: 2001-2003

Phase 2, began in 2001 and focused on developing a Regional ETS Bylaw from the 3 municipal bylaws and phasing out designated smoking rooms in Peel Region. Peel Health Department continued to be mandated through the Ministry of Health and Long term care to develop and implement healthy lifestyle and tobacco prevention programs in Peel Region (Ministry of Health and Long Term Care, 2006). The Peel Health Department had experienced much internal change with the development of a new division focused on healthy lifestyle and an increase in numbers of staff focused on tobacco control (The Council of the Regional Municipality of Peel, 2001b). The Health Department continued to work with community organizations and groups focused on healthy lifestyle through the Heart Health Network. The Heart Health Network was administered through the Health Department and the Heart Health coordinator was a full time Peel Health employee. At this time, the Council for Tobacco Free Region of Peel

amalgamated into the Heart Health network as many of the same members attended both groups (Peel Heart Health Network, 2000).

The amalgamation of the Council for Tobacco Free Peel into the Heart Health Network resulted in the loss of a community group with a specific focus on advocating for a tobacco free Peel Region. Therefore, there were limited resources and a less organized strategy involving external stakeholders to advocate for the Regional ETS bylaw and phase out of designated smoking rooms.

The Regional Smoke Free Bylaw Committee, a committee mandated by council guided the community consultation process which included 5 public consultation meetings, email, fax, letter and phone comments and a website survey. Follow up meetings were also held with six bingo operators in Peel (Region of Peel, 2003). Through this process of engagement the following proponents and opponents established themselves within the policy network.

Proponents of the ETS Bylaw

The main proponents in the policy network were the Regional Smoke Free Bylaw Committee, and the Heart Health Network. The Lung Association took on an active advocate role.

The Regional Smoke Free Bylaw Committee

The Regional Smoke-Free Bylaw Committee was mandated by regional council, chaired by the Medical Officer of Health and included regional health department staff, municipal politicians and municipal staff (The Council of the Regional Municipality of Peel, 2001b). The committee provided an opportunity for bureaucrats to have ongoing contact with councilors and ensure councilors received correct facts and scientific information.

Information was provided on health effects of ETS, ventilation as an option and municipal bylaw activity across Ontario and Canada (Region of Peel, 2003).

The committee guided the regional ETS bylaw consultation process and provided recommendations to council regarding the parameters of the new Regional Smoke Free Bylaw. On May 22, 2003, two councilors from the committee placed the recommendations forward to council for a vote but it was defeated (The Council of the Regional Municipality of Peel Region of Peel, 2003b). In fact, even though the committee included regional councilors it lacked credibility with Regional Councilors. With the political tension at council related to Mississauga's campaign to separate, some Regional Councilors were openly critical of Health Department staff and their bylaw development activities. Brampton Councilor Paul Palleshi who owned a restaurant with a designated smoking room said "I think this whole thing is unfair and you're going to have a hell of a time trying to enforce it, he told regional staff (Finucane, 2001a).

Heart Health Network

The network which now included the Council for Tobacco Free Peel, assumed a minor role focused on community education in the phase 2 bylaw development process, providing information to network members and other health care professionals through their newsletter. The Heart Health Network regularly wrote a Healthy at Heart Column for the local newspaper and the columns focused on ETS and the ETS bylaw in Peel. (Shebid, 2001). But the network was absent from the community consultations and Regional Council when the bylaw changes were debated resulting in limited community advocacy supportive of the bylaw.

Health and Social Service Agencies

The Lung Association was active in the bylaw process, appearing at community consultations and Regional Council in support of the bylaw (The Council of the Regional Municipality of Peel, 2003a). In addition, 800 postcards were submitted to Regional Council supporting the phase out of designated smoking rooms in Peel Region (The Council of the Regional Municipality of Peel Region of Peel, 2003b). It is interesting to note that no other health, social service or community agencies came out in support of the Regional Bylaw and the phase out of designated smoking rooms. In fact a large number of agencies, which will be discussed with the proponents, came forward to speak against the phase out of designated smoking rooms because of the perceived impact on bingos and the potential loss of revenue to local charities.

Provincial Organizations

The Ontario Campaign for Action on Tobacco again appeared at community consultations and at Regional Council to support changes to the bylaw (The Council of the Regional Municipality of Peel, 2003a).

Opponents of the ETS Bylaw

The main opponents in the policy network were the Ontario Restaurant, Hotel and Motel Association, Canadian Restaurant and Foodservice Association, business operators, Brampton Restaurant Alliance and community organizations.

Ontario Restaurant, Hotel and Motel Association (ORMA)

The Ontario Restaurant Hotel & Motel Association (ORHMA) is the largest provincial hospitality Association in Canada. With over 4,000 members, representing more than 11,000 establishments across the province, the ORHMA is uniquely positioned to

represent the issues that most impact your business (ORHMA, 2003). ORHMA represents the industry's interests at both the Provincial and Municipal levels of government (ORHMA, 2003).

In their efforts to prevent the passage of smoke free bylaws in Ontario ORA/ ORMA accessed funds from the Canadian Tobacco Manufacturers Council to assist with ventilation strategies to prevent passage of the Toronto smoke free bylaw (OCAT, 2006a). According to the Ontario Campaign for Action on Tobacco (2006a), in 1998, an industry consultant was hired by the ORA to study second hand smoke at the Black Dog Pub in Toronto. The results of the demonstration project were announced at a June 8, 1999 news conference, at which ORA/Greater Toronto Hotel Association (GTHA) officials and their technical consultants claimed that the ventilation technology in the pub cut ETS levels in the non-smoking area of the pub to levels comparable to a publicly-regulated smoke free foodcourt in the City of Toronto. The outcome for the City of Toronto ETS bylaw process was important to the success of the Region of Peel ETS bylaw outcome as councilors had identified the necessity of a level playing field in the Greater Toronto Area.

ORHMA was also active in the ETS bylaw process in Peel Region, attending community consultation where they stated they supported for the use of designated smoking rooms (Region of Peel, 2003).

Canadian Restaurant and Foodservice Association

The Canadian Restaurant and Foodservice Association (CRFA) has more than 31,000 members, representing restaurants, bars, cafeterias and social and contract caterers, as well as accommodation, entertainment and institutional foodservice (CRFA, 2006). Their website identifies support for designated smoking rooms in restaurants (CRFA, 2006).

CRFA attended the community consultations but did not appear to take an active role.

Business operators

A total of 22 Restaurant, Bars and Bingo hall operators attended the community consultations, all speaking against changes to the ETS bylaw which would phase out designated smoking rooms. Many operators raised concerns of the economic impact of any smoking restrictions (Region of Peel, 2003). As mentioned, Regional Council had demonstrated a commitment to a level playing field in the GTA and a willingness to entertain an economic frame so the stories were personal and powerful, expressing concerns related to loss of livelihood.

But the bingo operators raised the additional concern regarding the loss of income to charities supported through bingos in Peel Region. Bingo operators asked for an exception from the phase out of designated smoking rooms, sighting the fact that most of their clients were smokers (Region of Peel, 2003). This was a particularly powerful angle and Regional Councilors were questioned by bingo operators regarding council's plan to support charities through regional funds if the bingos failed because of the bylaw (Region of Peel, 2003). A significant number of business operators appeared as delegates at the Regional Council meeting where the Smoke Free Bylaw Committee recommendations came forward. The discussion was moved to a special meeting of council on May 22, 2003 because of the number of delegates. Each delegation was heard, the majority who were bylaw opponents (The Council of the Regional Municipality of Peel Region of Peel, 2003b).

Brampton Restaurant Alliance

The Brampton Restaurant Alliance was comprised of Brampton restaurants opposed to the phase out of designated smoking rooms. The alliance presented at the Regional Council General Committee on April 10th, 2003 to oppose the phase out of designated smoking rooms and challenge the timing of the release of the consultation report,

sighting inadequate time had been given to review (The Council of the Regional Municipality of Peel 2003a).

Community Agencies and Organizations

The potential phase out of designated smoking rooms from bingo halls in Peel Region was of concern for a number of charities in Peel Region. Credible and well recognized agencies attended the community consultations such as the Rotary Club, Mississauga Crime Prevention and Boys and Girls Club of Peel speaking against the phase out of designated smoking rooms (Region of Peel, 2003). Others also presented against the bylaw at the special meeting of council on May 22, 2003 when the Regional Smoke Free Bylaw committee recommendations were tabled (The Council of the Regional Municipality of Peel (2003b). These organizations described community stories where individuals personally benefited from the charity work supported by funds raised at the bingos.

Summary

Throughout the years of bylaw development, the Peel Health Department coordinated the participation of internal and external proponents. Also, the Peel Health Department led the internal bylaw development committees and had formal linkages with Regional Council. These linkages were important for providing councilors with the facts necessary for informed decision making. The Health Department's coordinating role with both the Council for Tobacco Free Region of Peel and the Heart Health Network provided an important source for community education and advocacy even though the advocacy efforts did not truly engage the community. Few proponent community members participated in the policy network and therefore Regional Councilors heard opponents as the main community voice.

The local factors discussed earlier also left Regional Councilors more receptive to the opponent's voice. With major changes in Health Department leadership, a difficult bylaw process in the city of Toronto, a potential separation of the Region of Peel and SARS, Regional Councilors were open to the economic case presented by the strong opponent network.

Further, Regional Council demonstrated an interest in a level playing field early on in the bylaw development process and the opponents build on this position. As directed by Regional Council, the proponents and opponents were given opportunity to present their case at community consultations, Regional Council or in meetings with Regional and Municipal Councilors. But the general public remained unengaged and proponent community organizations developed limited momentum. Somewhat organized but well engaged with councilors, opponents such as the hospitality industry and its supporters presented the same economic message to Regional Councilors. According to the explanatory model of municipal policy decision making, the policy network in Peel Region demonstrate the characteristics of a weak bylaw with a strong opponent network and weaker networking skills of outside proponents. Even though opponents were not represented on the bylaw committees their demonstrated access and support from councilors suggested a partnership that was not always evident between the Health Department and Regional Council.

4.3 Conclusion

The explanatory model of municipal policy decision making was applied to the Region of Peel ETS bylaw development process to understand the role of issue framing, the policy network as well as the other local factors in the outcome of the policy process. The ETS bylaw process in Peel Region demonstrates the factors consistent with a weak policy outcome including weaker networking skills of outsider proponents, a strong opponent

network, use of a primary economic frame and a council receptive to an economic argument and other frames. As a result, the Region of Peel developed an ETS bylaw which continued to allow some exposure to environmental tobacco smoke in designated smoking rooms with a final phase out of 2010.

The issue was framed as both a health issue and an economic issue with a level playing field as a major concern. The Health Department worked with both municipal staff and Regional Council throughout the bylaw development process but there was no political champion to successfully frame the issue at Regional Council. Councilors were kept informed of the scientific health information and bylaw activity in the GTA but were also openly critical of the Health Department activities. "I guess we were a little asleep at the wheel in not realizing Halton was dragging its feet" said Emil Kolb Peel Region's chair (Finucane, 2001b). In addition the advocacy of external proponents failed to engage the community to action and particularly in phase 2 external proponents' activity was limited. Regional Council was very receptive to the economic frame and this opened the door to engagement with the hospitality sector and other opponents. Ample opportunity was given to the hospitality sector and other opponents to access councilors and advocate against the ETS bylaw.

Application of the explanatory model of decision making in the Peel Case Study has provided further understanding of the process for decision making at the municipal level to establish ETS bylaws. As municipalities move forward to develop public policy in other areas of health, access to a municipal decision making process with demonstrated success will better inform bureaucrats who support elected officials through the health policy development process.

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Appendix 1

Proponents and Opponents in the Region of Peel Bylaw Process

Phase 1

Phase 2

Proponents	Opponents	Proponents	Opponents
<p>Internal Smoke Free Bylaw Committee(staff from the region and the municipalities)</p> <p>External Council for Tobacco Free Peel</p> <p>Heart Health Coalition</p> <p>Ontario Campaign Against Tobacco</p> <p>Health and Social Service agencies</p> <p>Individual Citizens</p> <p>Local Agencies and Organizations</p>	<p>External Ontario Restaurant Association</p> <p>Hospitality Industry in Peel</p> <p>Local Agencies and Organizations</p> <p>Individual Citizens</p>	<p>Internal Regional Smoke Free Committee(including Regional Councilors and staff from the region and municipalities)</p> <p>External Heart Health Coalition</p> <p>Health and Social Service Agencies</p> <p>Ontario Campaign Against Tobacco</p> <p>Individual Citizens</p>	<p>External Canadian Restaurant and Food Service Organization</p> <p>Ontario Restaurant Hotel and Motel Association</p> <p>Business Owners and Operators of Bingo, Bar, billiards, Restaurants</p> <p>Local Organizations and</p> <p>Individual Citizens</p>