



Getting an outdoor smokefree policy: the case of Kapiti Coast District Council

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Abstract

Aim To explore how a smokefree parks policy was conceived, accepted and developed by and for Kapiti Coast District Council (KCDC).

Method Thirteen people involved in the smokefree parks policy process for KCDC were interviewed in person during November–December 2008. Supporting documentation and websites were accessed and reviewed.

Results In September 2008 the KCDC agreed to adopt a smokefree parks and playground policy, following an initiative from a smokefree coalition of several public health organisations. The policy was developed collaboratively by this coalition with input from the council, and was supported by key local organisations. The KCDC appears to have adopted a smokefree outdoor areas (SFOA) policy because of demonstrated public support, the relative simplicity and low cost of the policy, the success of similar policies elsewhere, and because of the alignment with desired community outcomes. The challenges included finding funding and allocating staff time for this project. There were also concerns with how the policy would be enforced.

Conclusions A collaborative approach amongst health and community groups for achieving SFOA policies works well. The experience with council SFOA policies has considerable impact on the adoption of similar policies by other councils. To maximise this influence, information about the policies needs to be spread nationally by the health and local government sectors.

Legislative efforts to reduce smoking and the exposure to secondhand smoke (SHS) in New Zealand have included the Smoke-free Environments Act 1990 (SEA) and the Smoke-free Environments Amendment Act 2003 (SEAA). The latter Act requires all public indoor places to be smokefree, and also require smokefree grounds for schools and playcenters.¹ These laws have replaced the voluntary smokefree policies previously used in some offices and shops, and the local smokefree bylaws that several New Zealand local authorities had passed for some indoor public places.^{2,3}

Smokefree local authority outdoor areas—A new focus in the last 5 years in New Zealand tobacco control has been the introduction of smokefree outdoor areas (SFOA) by local authorities. SFOA have been introduced successfully in many places internationally, including parts of California and Australia, where bans prohibit smoking on beaches, parks, near entrances of public buildings, outdoor eating or drinking areas, and sports stadiums.⁴

New Zealand is following suit, with at least 20 district and city councils adopting SFOA policies for parks and playgrounds since 2005.⁵ These New Zealand policies

are educative rather than legally enforceable, and endeavour to change behaviour by public pressure. That is, the council SFOA parks and playground policies use publicity, signposts, and media coverage to inform smokers, rather than trying to enforce SFOA by warnings and fines.

There are several arguments for creating SFOA, including:

- Positive smokefree role modelling for children,
- Preventing exposure to SHS,
- Reducing the environmental impact of litter from smoking-related materials,
- Reducing the fire hazard of cigarette butts, and
- Aiding smokers efforts to quit, and empowering non-smokers to be vocal about not wanting to be around smoking.⁴⁻⁶

Some research evidence suggests that reduced exposure to smoking as a 'normal' activity may decrease the risk of children starting smoking. The amount of smoking which youth observe appears to be associated with their views on the acceptability of smoking, and their likelihood of starting.⁷⁻⁹

In New Zealand, the main goal of SFOA has usually been to de-normalise smoking, by reducing role modelling of smoking so as to decrease smoking uptake in youth.^{5, 10} Adult smoking behaviour is a risk factor for children starting smoking,^{11, 12} and restrictions on smoking reduce smoking uptake in youth.¹³

There has been limited published research on SFOA. A study done in Upper Hutt parks in 2007 found that following the introduction of a smokefree parks policy in May 2006, 63% of park users knew about the policy and 83% of park users thought that having a smokefree parks policy was a good idea.¹⁴ Other New Zealand research in 2007 found that local councillors in the Wellington region were unlikely to know of the smokefree parks policy in Upper Hutt.¹⁵

A review of 16 studies in Britain, New Zealand, and parts of Australia and the USA indicated that there is high public support (72% to 91%) for smokefree outdoor areas related to children.¹⁶ Smoker support is also high,¹⁶ including 66% smoker support in New Zealand for smokefree council owned playgrounds.¹⁷

Little research has been done on the policy process and context for smokefree parks,^{15, 18, 19} and there appears to be no studies in the journal literature that detail how a jurisdiction adopted a smokefree parks policy.

The role of local government—Local government has a role in public health. The position of leadership, community influence and ability to build relationships gives local government many advantages in providing public health initiatives and services. New Zealand legislation supports the public health role, including the Local Government Act 2002 (LGA). The LGA states that one of the purposes of local government is to enable democratic decision-making and action by, and on behalf of, communities; and to promote community wellbeing.²⁰

The KCDC long term community plan 2006 outlines the council's role to promote the social, cultural, economic and environmental wellbeing of the district. Seven desired community outcomes are identified, of which one (Outcome Seven) is: 'The district

has a strong, healthy and involved community.²¹ SFOA could contribute substantially to achieving this community outcome.

The aim of the research was to find how a smokefree parks policy was conceived, accepted and developed by and for Kapiti Coast District Council.

Methods

A qualitative case study was conducted of the SFOA policymaking process in the Kapiti district (in the lower North Island). During November and December 2008, people involved in the smokefree parks policy process for KCDC were invited to participate in this study. An initial contact, from Regional Public Health (RPH), had been closely involved with the KCDC smokefree parks policy. Other key people were identified during interviews, making the gathering of participants a progressive process. Interviews were done in person, using a semi-structured format and on the basis of anonymity, and lasted between 10 minutes and one hour. If the participant agreed, the interviews were recorded and later transcribed. If not, notes were taken. Ethics approval was obtained through the University of Otago ethics process.

Copies of relevant documentation, such as reports, media releases and minutes, were collected in hard copy, from websites, and by email.

Results

Thirteen interviews were completed, six people from health organisations, four KCDC staff, a KCDC councillor, a Kapiti Youth Council member, and a communications advisor. Two interview invitations were declined.

Background work for the policy

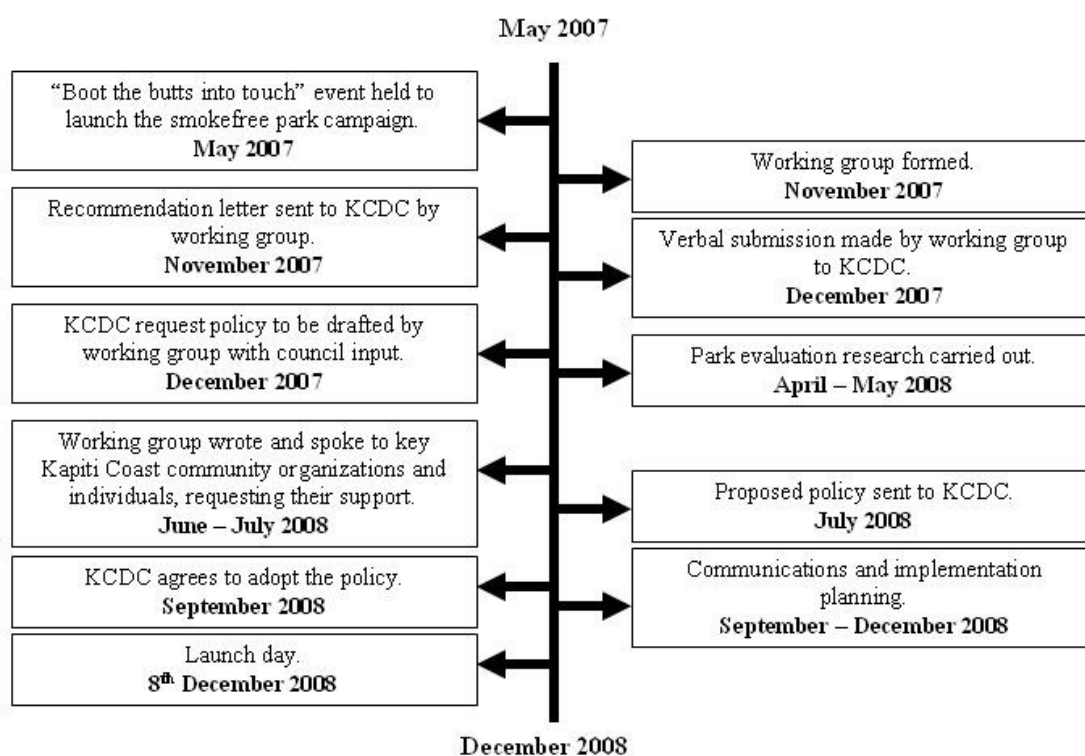
The idea of a smokefree parks policy for the Kapiti Coast came from an employee of the Otaki Primary Health Organisation (PHO). She had heard positive feedback about smokefree parks in other areas, and wanted to do something ‘more significant than just putting up displays, something that had some impact’. On World Smokefree Day, May 2007, an event, ‘Boot the Butts into touch’ was run by her at a local primary school to launch the campaign and gather support for making KCDC public parks smokefree (see Figure 1). She took advantage of it being council election time, and asked the current Mayor and the mayoral candidates to attend.

Following ‘Boot the Butts’, she sent an email survey to KCDC electoral candidates. Approximately 90% of them replied, supporting the idea of smokefree parks. The Otaki PHO member made it widely known that the policy ‘had a huge amount of support’. She said that ‘by making that information public, it’s very difficult for them to go back on it.’

Collaborative approach to the council

The Kapiti PHO, RPH and the Cancer Society were then asked for advice on advancing the project, and invited to work collaboratively with Otaki PHO. An initial working group was formed of representatives from Otaki PHO, Kapiti PHO, RPH and the Cancer Society, in November 2007. The Health Sponsorship Council was involved in an advisory role, and contracted a communications expert to help in the efforts to get the smokefree parks policy adopted by the KCDC.

Figure 1: Kapiti Coast Smokefree Parks Process



The first formal contact was made with KCDC in November 2007, in the form of a recommendation letter from the working group to the KCDC. This was followed by a verbal submission by the working group at a council meeting in December 2007. At this meeting the council resolved that a draft policy be developed for consideration.²²

The KCDC further responded with a letter a few days later, supporting the request for smokefree parks, and asking that a policy be drafted by the working group with input from the council.²³ In January 2008 the formation of the working group was finalised, and included a representative of KCDC. Members of the group said that having a council representative on the working group was valuable, ‘because it is hard from the outside to know what the council processes are.’

Policy development

The Kapiti Council identified five ‘high use’ parks (as defined by the numbers of the public using them). These were considered to have the potential for a maximum effect on both park users and the Kapiti public by being made smokefree. A pre-evaluation of these five parks was done in April – May 2008, and a report produced in June.²⁴ The pre-evaluation measured community support among park users for a SFOA policy, using the survey form taken from the Cancer Society’s Smokefree Councils website.²⁵ Observation of park users’ smoking behaviour and a cigarette remnant collection was also done, to establish baseline data on smoking activity. Seventy-five percent of survey respondents thought that people should not be able to smoke at outdoor children’s playgrounds.

Several interviewees agreed that the support of the community was important to ensure 'different voices come through and it's not just the health groups saying you need to do this. It has come from the community.' In June 2008, the working group wrote and spoke to key local organisations and people, to request their support for a SFOA policy for Kapiti council parks.

A Cancer Society employee said 'the effectiveness of this [policy] is determined by how onboard the community is, so it was really important to get the support of organisations on the Kapiti Coast.' The communications advisor said 'The key is to make sure all your stakeholders know what's happening before it happens, that they understand the rationale behind it.'

Support of many community groups also helped to prevent the proposal looking like 'a council pushed initiative.' A KCDC staff member said: 'We want it to come across as a partnership, because that's what people in our area respond well to.'

The Kapiti working group emphasised that it would have made council involvement easier if the approach had been made earlier in the council budget cycle. Being in the third year of the Kapiti council's three year planning cycle made finding funding and allocating staff time for this project especially difficult. Parks and reserves staff were concerned about this because their 'budget didn't allow for it' and they were 'concerned with enforcement because there is no way that we [would] have... the resources to enforce it.'

The council was committed to the policy in principal from the beginning, so the funding difficulties were eventually sorted out. But a council staff member said 'it would have been simpler if...it had been budgeted for.'

In hindsight, parks and reserves staff do not appear to have been involved sufficiently from an early enough stage. Similarly, Māori representation was lacking, although the KCDC iwi (tribal) liaison person was asked to facilitate feedback on the policy. Several interviewees said they would have liked to have seen Maori representation from an early stage in the process. A council staff member said that 'Iwi are the kind of group that need to be brought in right at the beginning. It is one of those things that I think groups have got to understand. ... If they haven't been involved from the beginning, then it is difficult to get them involved when all the work is done.'

In July 2008 a summary document, including a proposed policy, an implementation and communications plan, and pre-evaluation report was produced by the working group and sent to the council.

Policy adoption

In September 2008 the KCDC agreed, at an Environment and Community Development Committee meeting, to adopt the Smoke-free Parks and Playground Policy.²⁶ The policy stated that all council-owned parks, sports grounds and playgrounds on the Kapiti Coast were to be smokefree. A councillor said that passing the policy was 'a no-brainer' (an obvious move that required little consideration).

The working group observed that there was not much discussion around the council table, and said they 'didn't have to do a lot of convincing' of the committee. Factors that contributed to the council so readily accepting the policy were; there are 'a

number of health-conscious councillors’, ‘it’s a simple and cheap way to work towards our community outcomes’ (the policy aligned well with KCDC Community Outcome 7),²¹ and ‘it’s all about the kids’. The communications advisor said ‘this [type of policy] has actually been done by a lot by other councils. It’s not new; it’s almost catching up with everyone else. And actually smokefree parks these days are not a big deal; it’s almost more of a big deal not to have them now for councils.’

A Kapiti Youth Council member said her impression of why a smokefree park policy was implemented was ‘for the wellbeing and health of younger kids So their parents can be role models and show them that it’s not a good thing to be smoking.’ Council staff said some aspects of the policy that made it attractive were that it gave the council the opportunity ‘to create situations where people can be role models’. KCDC ‘can see that it has been successful and that it has been positive. The pre-evaluation made it a really easy sell. It meant that we could confidently say that people support this.’

Policy content and rationalisation

The policy involves putting up signs, and publicizing the policy, to discourage smokers from smoking in particular areas. The Cancer Society recommends that smokefree park policies take an educative approach rather than a punitive one, although many places overseas (e.g. in New South Wales, Australia), have opted for a punitive approach.^{27, 28} Some jurisdictions with the power to fine prefer to use an educational approach.^{27, 28} A Cancer Society staff person thought that New Zealand should be ‘focusing on creating a healthy environment and positive role models for children, rather than punishing smokers.’

This was echoed by others. This policy is ‘about the community and about de-normalising smoking. And it is about getting the community on board and saying we want to be positive role models for kids’, said another Cancer Society employee. She also said there was no need for a bylaw because ‘the concept of smokefree parks doesn’t fit into a bylaw...if the community is on board and they see value in not smoking in front of the kids, then that’s enough to keep the park smokefree.’

The working group stressed that the policy was all about the kids. It focuses on the effect on children of seeing adults smoking around them. An employee of the Cancer Society thought that the ‘focus on the kids’ message has worked well as justification as it is ‘less threatening and more acceptable to smokers.’

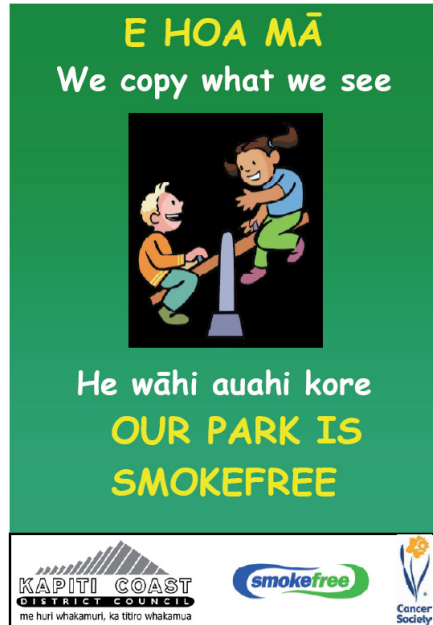
Policy implementation

Budget and signs—The total SFOA project implementation cost to the Kapiti council and their project partners was estimated at approximately \$12,000. This covered signage, a full page advertorial in local newspapers and launch expenses. Regional Public Health (a public health unit run by Hutt Valley District Health Board), the Cancer Society, a Kapiti PHO, and the Capital and Coast District Health Board contributed funding, and the KCDC contributed funding to meet the difference. The Health Sponsorship Council contracted a communications expert.

Twenty playgrounds (within the initial five ‘high use’ parks, and elsewhere) were identified as ‘key’ to the policy, and signs were to be erected in high profile areas close to the playgrounds. The signs reflect the key rationale behind smokefree parks

'it's for the kids' stating: 'We copy what we see, our park is smokefree' (see Figure 1). The KCDC, Cancer Society and Smokefree logos are included.

Figure 1. Kapiti Coast District Council smokefree park sign



Using cheaper signs was one solution suggested to solve the initial lack of funds for the project (due to the lack of a specific planned budget for it by the Kapiti council). However, 'the concern with cheaper options is that they get vandalised, they blow away, fall down and don't last as long.' Parks and reserves staff wanted all the signs in the parks to match. 'We just didn't want it to look out of place. We wanted it to look like it belonged there.'

Promotion and media coverage—The SFOA policy was first promoted within the council staff. A parks and reserves staff morning tea was held before the public policy launch to 'bring the parks and reserves team into it'. Taking a 'hospitable approach' was well received and provided a great opportunity for some of the working group to explain the rationale behind the policy to park staff.

A communications plan was developed and executed with the help of a professional communications expert. The policy launch in December 2008 (at a local park) reflected the rationale for the policy by including children from a local school in the launch ceremony. As part of the ceremony, games were played and smokefree merchandise was given to the children as prizes. The mayor gave a speech and unveiled the smokefree sign. Photos were taken to use in local media.

In the days immediately following the launch a full-page advertorial was put in local newspapers. Details of the policy and reasons behind it were communicated to KCDC staff via email. Information on the policy was sent to all local supporters, sports clubs and schools, and was made available on a number of websites. Supportive letter

templates were drafted by a working group member, to provide the basis for others to write to local newspaper editors.

However, after the launch there was no media reaction. Media were invited to the launch but none attended. One member of the council was 'not sure whether there has been enough publicity, are people that aware [of the new policy]?' Others said that the media response 'had been very quiet'. Suggestions to explain this lack of media response included that 'unless it's bad news you don't get it' or 'it's not big news so it may have been that they just were not interested.'

Risks

Most interviewees did not see any problems arising in the future with the policy. However, some thought that the arrival of the winter sport season might present some questions. 'I think that [winter sports] is where any conflict may arise, when smokers who resent the fact that there are fewer places where they can do this. But having said that, as a follower of local rugby, the change [to smokefree].... club rooms was very noticeable and well received.'

Further work to be done

KCDC policies on hiring of council owned facilities were to be updated with their smokefree status. Smokefree branding and other resources were to be made available to event coordinators, to enable them to promote all events in KCDC owned parks as smokefree.

Evaluation

There were plans to repeat components of the pre-evaluation, at the same five parks on the Kapiti Coast, in 2009. One council staff member thought 'a post evaluation would be cool because we can then report back to our community and say we did this and it is well supported.'

Discussion

'Educational' smokefree outdoor policies are a successful re-emergence of voluntary and local authority smokefree policies in New Zealand. However, there are some differences from the voluntary creation of public and private indoor smokefree policies that occurred before legislation required them. Few premises in New Zealand, outside the health sector, became voluntarily smokefree before being required to,² and very few councils adopted smokefree interior bylaws.³

Even more important, the new SFOA are being created by using information and education, rather than legal force. Rather than paid officials with legal powers, the front line for SFOA in New Zealand is composed of parents at sports grounds and playgrounds, sports club officials, and those who see tobacco smoke and smoking litter in streets, beaches and parks as nuisance costs to themselves.²⁹ Thus the policies will take time to have full effect, as both community awareness of the policies, and the willingness to stand up to those who smoke in defiance or ignorance of the policies, will take time to grow. The effective communication of the policies (and the rationale behind them) are therefore crucial health sector and government tasks.³⁰⁻³²

Key findings, significance and national policy implications

Councils with existing smokefree park policies have a great deal of impact on whether other councils consider adopting a similar policy.¹⁹ Because of the communication between them, the number of councils that have policies, and their experiences with planning and implementing these policies, influence councils that have yet to make the decision to develop one of their own.¹⁹ The last four years has seen a ‘snowballing’ effect of councils in New Zealand adopting smokefree park policies.¹⁹ In order to maximise this, publicity about the policies needs to be spread nationally.

The options for this include a greater role by central government in encouraging SFOA. This could include further media campaigns about the effects on children of the public normalising of smoking,³³ and efforts to increase the media coverage of SFOA. District Health Boards (DHBs), in areas where councils have yet to decide on a smokefree policy, could give a greater emphasis on facilitating SFOA. Because of the relationship between public smoking examples and youth smoking uptake,⁷⁻¹⁰ this activity would tie directly to the achievement of central government required targets on the reduction of youth smoking. Thus central government could encourage DHB work in this area.

Facilitating a collaborative approach amongst health and community groups, and developing the SFOA policy in partnership with a wide range of groups within the community, are important principles to consider for any group considering a smokefree parks policy. We suggest that the public respond best to new policy that is supported by a range of voices within the community. The community are the ultimate enforcers of an educational policy, so the more depth of support for SFOA, the more likelihood of its success.

Educational SFOA policies have worked well in New Zealand so far,^{5, 19} and appear to be well supported and received by the public.^{17, 34-37} Although a legislative approach may be more effective in the long term, experience in New Zealand has shown that there may be resistance among decision-makers to adopting SFOA by a legislative approach.³⁸ It is possible that educative policies for SFOA could be the first step in a staged approach towards legislative bans.³⁹ Once most councils have educative policies, government could consider making nationwide legislation (at least for playgrounds) as the next step, to protect children in areas without SFOA policies.

Educational smokefree policies depend a great deal for their success on media coverage and word of mouth. Health workers, councils and government need to devise ways to increase this. One possible way could be annual awards to the council that has made the most progress in reducing smoking at playgrounds and/or sports grounds, as measured by trends in observed smoking and butt counts.^{5, 34} NGOs, and local and central government agencies could be involved in such activities.

The lessons from Kapiti

By using a wide stakeholder working group to create educative SFOA policies, it appears that councils are more likely to get ‘local buy in’. A ‘collaborative approach’ appears to have been a great way of tackling the development of this policy. In Kapiti this resulted in a cooperative working relationship between the council and public health workers.

This study has focused largely on the preparations before a final policy decision, a decision largely ensured by the thorough preparation. While the setting was small scale, as with the introduction of smokefree national and regional policies,⁴⁰⁻⁴² sympathetic officials and politicians, evidence of public support and good preparation were important. The Kapiti community appears to have been largely ready for the change, with a high ‘community readiness’ level.^{43, 44} Further lessons are evident below in the Recommendations section.

Recommendations for future projects

Timing the approach to council (planning and electoral cycles)—Health advocates and promoters need to be aware of what stage of the planning and budget cycle the council is in. Ideally council should be approached at the times when they invite submissions from the public (for annual or longer term plans). This way the council can plan what resources (financial and staff time) need to be allocated to such a project.

A strategy that worked well for this group was surveying the council candidates during the campaign period before local elections. This can provide some powerful information on what sort of support there is among individual councillors, and point to some useful allies.

Parks and Reserves staff participation—Although parks and reserves staff were drawn on for feedback once the practicalities began to arise, it would have been ideal if this group had been invited to participate from the beginning. A smokefree parks policy will affect their jobs, and they may wish to have involvement in the planning and be kept up to date with the policy progress.

Stakeholder and interested parties participation—One way of increasing interest in the policy, and increasing the impact of the launch, would be to spread information widely about how the process was progressing. This information could be sent to any organisations that might be interested, such as local sports clubs, and the local branches of NGOs like the Asthma Society and the Heart Foundation. Because they may be affected, and/or could provide support, there is a need to inform these groups of the prospect of smokefree parks in the local area, and then to keep those people in the loop. This could be helped by direct communication, such as sending them a summary of achievements and plans at the end of each meeting.

Maori participation—The Smokefree Councils Implementation Kit suggests that Maori representation is necessary on working groups to promote SFOA.⁵ It would have been better to have had Maori involvement from the beginning, ideally on the working group. Such involvement could provide greater assurance of policy success, as well as being better for the long term Treaty relationships of a council.

Limitations of the research and suggestions for future research—Every council is to some degree unique in its structure and processes, due to differences in institutions and context. As this research investigated the experience of one council, not all of the findings will be relevant to others.

The experience of other councils has a great impact on councils considering the adoption of smokefree park policies.¹⁹ It is therefore important that when new SFOA policies are considered, time is taken to ensure that sufficient pre and post evaluation

of new policies are done. This can be added to the information now available to councils from the experience of others,⁵ to help make the arguments for having smokefree park policies more convincing.

Research into community change for smokefree policies also suggests that policy process evaluation can be valuable during the change.^{44, 45}

Conclusion

The smokefree parks and playground policy for KCDC was facilitated using a participatory approach involving public health groups, and was developed collaboratively by public health and KCDC. The KCDC appears to have adopted a SFOA because of demonstrated public support, the relative simplicity and low cost of the policy, and because of the alignment with desired community outcomes.

Competing interests: One of the authors (GT) has undertaken work for health sector agencies working in tobacco control.

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