

2025

Investing in Sport, Physical Activity, and Recreation

■ A TOOLKIT TO INFLUENCE DECISION-MAKERS





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FOR CANADIANS WITH A DISABILITY

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Introduction

This learning program is based on a toolkit created by the Active Living Alliance for Canadians with a Disability and adapted by the Canadian Fitness and Lifestyle Research Institute to help municipalities and organizations increase opportunities for people with **disabilities** to participate in sport, physical activity, and recreation. This sector is often referred to as SPAR. As a society that aims for more equitable and inclusive opportunities to increase physical activity levels, people with disabilities still face barriers to access and participation. As a result, despite some of the progress made through the design and delivery of accessible programs, policies, and facility design, people with disabilities continue to be less active than people who do not identify with a disability.

Municipalities and organizations play a key role in ensuring that people of all abilities, particularly those with **intersecting identities** (such as a racialized woman who uses a wheelchair and is under-employed despite having a college education), have access to opportunities to be active and engaged in all aspects of the community. Parks and recreation services, specifically, have a special relationship with members of the community due to their ongoing interaction with individuals and groups. They are well-positioned to identify and address barriers and respond with policies and practices that serve all members of the community, helping them feel safe, valued, independent, and engaged.

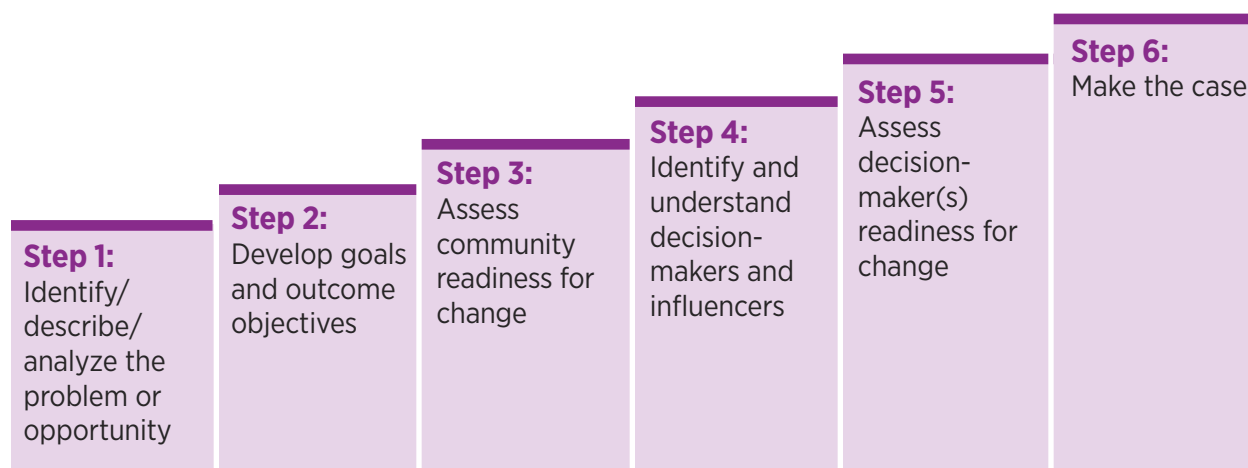
According to the [Government of Canada](#), a rights-based approach is guided by three key principles:

1. **Equality and non-discrimination:** All individuals are equal as human beings and entitled to human rights, without discrimination of any kind.
2. **Participation and inclusion:** All individuals are entitled to active, free, and meaningful participation in, contribution to, and enjoyment of civil, political, economic, social, and cultural development. The voices and interests of affected individuals are taken into account on issues that concern them and the development of their society.
3. **Transparency and accountability:** Individuals have access to information on policies, decisions and use of funds, and are empowered to hold those who have a duty to act accountable. State and non-State actors comply with their applicable obligations and responsibilities.

The learning program is comprised of six modules, intended to teach practitioners and citizens the six steps needed to “make the case” to the decision-makers in their municipality or organization as to how and why creating programs and policies that focus on inclusion and accessibility is a wise, responsible, and caring approach to take. This learning program was created based on interviews with both practitioners and decision-makers to reflect what both groups need to ultimately serve community members with a disability.

Each of the modules provides a description of the step; a summary of how to do the step; and recommended resources. We have also added, in each module, an example of how a community might apply each section of the six steps. The example used is fictional, but one that is a common issue in communities across Canada regarding accessible parks and trails. Step six, the final step, provides an outline of a Business Case which is the ultimate product or outcome of this process that is intended to be used to influence decision-makers. As Glossary terms first appear in the document, they are shown in purple and are hyperlinked to the Glossary.

The framework for this learning program involves the following six steps:



Before starting the process, it will be important to bring together some key individuals in a variety of roles:

A **Champion** from senior leadership to sponsor, act as a voice at the decision-maker(s) table, and/or support further development. Look for someone who brings some personal experience or connection to the issue at hand if possible. It will be key to recruit a Champion who is well-respected by his/her peers at the senior leadership table as this will be invaluable if, and when, influencing colleagues will be required. Lastly, commitment to the project for the time required will be necessary so look for someone who is willing to make that commitment and see the initiative through.

A **Project Manager** who will provide leadership to the operational details for the initiative on at least a part-time basis. This could be a community volunteer or a paid staff person or a shared role.

A small **Committee** with expertise on the topic, with knowledge of the process, as well as those with lived/living experience from the community.

While there are many components to influencing decision-makers, working your way through the process step-by-step will prepare you to make your case for an important upcoming decision. It will “come alive” and be much more relevant when a real opportunity presents itself. Check out the multitude of resources that have been provided. Some may resonate with and inspire you as you get started, while others will become more meaningful and practical as you work through the process.

Advocating for change takes time, effort, planning, ally- and partnership-building, and perseverance. Committing time to ensure that people of all abilities have access to physical activity, sport and recreation is a cause worth investing in. For more information, explore the many recommended resources provided.

STEP 1

Identify / Describe / Analyze the Problem or Opportunity

DESCRIPTION

The purpose of this step is to obtain a detailed understanding of the specific problem or opportunity, in this case related to persons with a disability. Answers to the following questions will help provide a thorough understanding of the problem and is often called a **Situational Assessment**. Often, taking a “problem-focused” perspective is key when approaching decision-makers, as the goal is to bring forward solutions to address issues and concerns. If the choice is to approach this from a strength-based perspective and identify opportunities, the questions below would reflect this shift in focus.

A) Causes of the problem (or identified opportunity)

- What is the origin or cause of the problem or identified opportunity?
- What has contributed to the development of the problem or opportunity?

B) Impact of the problem or opportunity

- What is the extent of the problem or opportunity in your community?
- What is the cost of this problem or opportunity?
- Is this problem a crisis? Why or why not?
- What would happen if this problem was NOT dealt with or the opportunity was not pursued?

C) Perception of the problem or opportunity

- Who else thinks it is a problem or opportunity?
- Who thinks it is not a problem or opportunity?

D) Possible solutions

- What has been done to try and resolve the problem or capitalize on the opportunity?
- How have other communities addressed this problem or opportunity?
- What are potential solutions to this problem or opportunity?
- Is there more than one possible solution to the problem or ways to satisfy the opportunity (i.e., changes to policies, changes to the environment, increased awareness and knowledge)?
- What are the costs and benefits of various possible solutions to the problem or opportunity?

SOURCE: The Health Communication Unit. PARC Policy Toolkit: A Toolkit for Developing and Influencing Physical Activity Policy. The Physical Activity Resource Centre, 2017.

HOW TO DO THIS STEP

A) Gather the information

Gather information from a variety of **qualitative** and **quantitative** sources, as local and directly related to your problem/opportunity as possible. It may be worthwhile to collect your own data / information rather than rely on data gathered by others. This could include conducting a survey, as an example.

Qualitative Data	Quantitative Data
<ul style="list-style-type: none">• Opinion polls• Community stories / testimonials• History of approach to the problem or opportunity• Anecdotal information from those affected by the issue(s)	<ul style="list-style-type: none">• Existing survey data, some of which is available at the provincial/territorial level• Community Health Status Data (via local public health agency)• Cost-benefit effectiveness data
Other Information	
<ul style="list-style-type: none">• Evaluation and research findings from studies undertaken• Review of organizational mandates that have addressed the problem/opportunity• Reviews of “best practices” (e.g., nccmt.ca)	

B) Apply the information

Apply the information gathered to answer the questions listed in the Description.

C) Refer back to the results

Refer back to the results of this Situational Assessment repeatedly throughout this planning process. Be sure to document your sources so these can be cited as you make your case.

Gather information from a variety of sources, as local and directly related to your problem/opportunity as possible.



EXAMPLE – PARKS AND TRAILS

All examples in this toolkit are fictional and meant to guide the reader through the thinking process of each step.

The Problem (framed as an opportunity): More individuals will be able to use the trails when they are more accessible and welcoming to people with different abilities.

A) Causes of the problem (or identified opportunity)

What is the origin or cause of the problem or identified opportunity?

- There is a lack of resources (financial, expertise) to change the physical and social environment of parks and trails in order to ensure that they are truly accessible to people with different disabilities.

Source of Information:

quantitative data, evaluation findings, community stories/
testimonials, research findings

What has contributed to the development of the problem or opportunity?

- Lack of prioritization of funding to address accessible parks and trails
- Lack of understanding about the importance of SPAR for people with disabilities
- An increased understanding about the health benefits and a subsequent desire to use parks and trails by people with disabilities has increased the demand for them to be more accessible.

Source of Information:

quantitative data, evaluation findings, research findings,
history of approach to the problem

B) Impact of the problem or opportunity

What is the extent of the problem or opportunity in your community?

- [Number or percentage of people] encounter barriers in their effort to access parks and trails.
- People with x types of disabilities are primarily affected.
- There is a x% demand by people with disabilities to access parks and trails.

Source of Information:

quantitative data, research findings, socio-demographic data,
community stories/testimonials

What is the cost of this problem or opportunity?

- Fewer opportunities to be active impact health care costs due to chronic disease, mental health, social health (social connectedness) **or** Increased opportunities to be active will decrease health care costs associated with chronic disease, mental and social health (cite economic values/impacts).
- Costs of lost revenue, if applicable, on a trail/in a park.
- Quality of life.

Source of Information:

community health status indicators, evaluation findings,
research findings, cost-benefit effectiveness

Is this problem a crisis? Why or why not?

- The issues impacting people with disabilities or the impact on the overall community would need to be considered to make this determination. For example, the community may be one that has a high proportion of people who identify with a disability for whom the parks and trail system is largely inaccessible. Being available and accessible could provide solutions to the health care costs associated with their disability or the societal implications of them not having a place to be active, unwind, de-stress, or live.

Source of Information:

quantitative data, evaluation findings, research findings, community stories/testimonials

What would happen if this problem was NOT dealt with or the opportunity was not pursued? / What costs are associated with not taking action?

- As our population ages, we will see more people with various levels of ability. We will be unable to serve a growing percentage of the community, if this is not addressed.
- Less usage, overall, of parks and trails making it harder to justify the money to be put into their upkeep.
- Our community would not be welcoming and inclusive of people with a variety of abilities. This could impact the community's workforce, for example.

Source of Information:

quantitative data, community health status indicators, evaluation findings, research findings, community stories/testimonials, cost-benefit effectiveness data, socio-demographic data

C) Perception of the problem or opportunity

Who else thinks it is a problem or opportunity?

- Community members with disabilities, friends and families of people with disabilities, physical activity promoters and advocates (including parks and recreation), public health, public officials.

Source of Information:

quantitative opinion, research findings, community stories/testimonials

*Who thinks it is **not** a problem or opportunity?*

- People who do not identify with a disability, public officials.

Source of Information:

quantitative opinion, research findings, community stories/testimonials

D) Possible solutions – To be completed based on answers in A-C

- *What has been done to try and resolve the problem or capitalize on the opportunity?*
- *How have other communities addressed this problem or opportunity?*
- *What are potential solutions to this problem or opportunity?*
- *Is there more than one possible solution to the problem or ways to satisfy the opportunity (i.e., changes to policies, changes to the environment, increased awareness and knowledge)?*
- *What are the costs and benefits of various possible solutions to the problem or opportunity?*

Source of Information:

Quantitative data, opinions, values data, Socio-demographic data, Community health status indicators, Community stories/testimonials, Evaluation findings, Research findings, Cost-benefit effectiveness data, “Best practices” synthesis and guidelines, organizational mandates, History of approach to the problem

RECOMMENDED RESOURCES

- Six Strategic Steps for Situational Assessment
- Analyzing Community Problems and Solutions
- Cause and Effect Analysis (Fishbone Diagrams) (requires Mindtools.com membership)
- Canadian Survey on Disability
- Impact of the 2020 COVID-19 Pandemic on the Movement Behaviours of Children and Youth with Disabilities and Recommendations for Building Back Better Healthy Movement Opportunities
- Accessible Canada Act
- Accessibility Services Canada
- Guide to serving on a municipal accessibility advisory committee
- NPRA Park and Recreation Inclusion Report

More individuals will be able to use the parks and trails when they are more accessible and welcoming to people with different abilities.



STEP 2

Develop Goals and Outcome Objectives

DESCRIPTION

This step establishes a plan for the results you are seeking. The step is divided into two parts: Goals and then Outcome Objectives. The purpose of this step is to be clear on the shared outcomes you are working towards. It is recommended that, based on the information gathered in Step 1, the committee set goals and outcome objectives.

A **goal** is a broad statement summarizing the ultimate direction or desired achievement of your solution, which may be focused on policy change (e.g., to increase the number of facilities with policies that support the inclusion of people with disabilities). A goal should NOT focus on a verb that describes an action to be taken. Goals tend to be descriptive, global statements of what is intended to change. Goals do not have a deadline and are not measurable in exact terms.

An **outcome objective** is a brief statement specifying the desired changes produced by a program. Depending on the accepted terms used by your group, changes may also be called results, impacts or effects. A strong Outcome Objective is S.M.A.R.T.:

- **Specific** – set real numbers; one outcome per Objective so, when measured, it is clear that it has been met or not
- **Measurable** – identify what will indicate success
- **Attainable** – aim for something that is challenging but possible
- **Realistic** – base the outcome on what you have the capacity to do
- **Time-Limited** – set deadlines, perhaps in phases

Objectives differ from Goals as outlined in this table:

Characteristics	Goal	Outcome Objective
Scope	General	Specific
Time	Not time-limited	Time-limited, relative to goals
Purpose	Set general direction (e.g., “to increase, improve, decrease or reduce...”)	Identify how much of what, should happen to whom and by when
Measureability	Need not be easily measurable	Measurable
Number	1 – 2 per program	Often multiple objectives for each goal and at each level of change
Link	Links back to strategic directions or population-level goals (e.g., OPHS ¹)	Links back to goals

SOURCE: Adapted from Public Health Ontario Planning Health Promotion Programs Introductory Workbook

Outcome objectives differ from Process objectives. While the former focuses on the results of the work done, a Process Objective describes the work to be undertaken, the actions. These would be worded as things such as “to create, to deliver, to develop” and would largely result in OUTPUTS – the things that result from your work. Having these occur does not mean that anything will necessarily change. Ensure you have focused on the outcomes of what you want to see accomplished. Your actions or strategies undertaken to achieve those outcomes represent your processes.

HOW TO DO THIS STEP

A) Review Situational Assessment

Review the results of your Situational Assessment in Step 1 to identify suggested directions for change with respect to addressing your problem/opportunity. Focus on one or two over-arching directions for change that guide the overall initiative. It is wise to consult with those who have a stake in the outcome to help generate ideas and have them invested and inspired in the process. Typically, a Goal begins with words such as “To increase...” or “To decrease...” that identify the direction of the desired change.

B) Generate Options

Start by generating a number of interesting and broad alternatives and then prioritize the choices to a small number of specific goals. This narrowing down of goals could be based on several criteria:

- Are the Goals shared by all on your team as something that will adequately address the identified problem(s)/opportunity?
- Could the Goals be acceptable to decision-makers?
- Is there evidence that the Goals have been effective elsewhere?

Source: [Planning Health Promotion Programs Introductory Workbook](#) (Public Health Ontario)

For each goal, identify the specific desired changes to generate Outcome Objectives.

Consider four components to an Outcome Objective:

1. **Who** do you want to change (the audience)?
2. **What** you want to change in the audience or the environment (desired outcome)?
3. By **how much**?
4. By **when** (the “T” in the SMART objective)?

When setting the details for each outcome objective, consider the realistic availability of resources (human, physical, and financial) to support the activities that will be required to accomplish the desired outcomes in the established timeframe. It may be necessary to scale back the “how much” or extend the timeline given available resources.

When setting the details for each outcome objective, consider the realistic availability of resources.



EXAMPLE – PARKS AND TRAILS

All examples in this toolkit are fictional and meant to guide the reader through the thinking process of each step.

Goals

People who experience disability have increased access to trails and parks in Community X.

OR

Trails and parks in Community X are accessible and welcoming to people who experience disability.

Outcome Objectives

- 1) By [date], 3 municipal trails and 2 municipal parks will serve as pilot sites to implement measures to become more/fully accessible.
- 2) By [date], x % of municipal trails will feature signage indicating how people with disabilities can navigate the trail.
- 3) By [date], x % of parks will feature accessible equipment for children and adults.
- 4) By [date], x% of community centres will provide an adapted equipment loan program.
- 5) By [date], x% of trails and parks will have implemented accessible features and programming based on results of pilot tests.
- 6) By [date], city council will have written and implemented a city-wide policy directing all parks and trails to adapt their spaces for people with disabilities to the extent possible.
- 7) The Municipality of x, will have a policy in place by January of 2026 that states how all people with a disability, and their caregiver if appropriate, are included in recreation initiatives and parks.

Other outcome objectives (changes) could include:

- The development of standards for new parks
- Requirements for developers and municipalities
- Equipment upgrades
- Commercial/Retail outlets ensuring sidewalks
- Availability of bike racks
- Availability of accessible crosswalks.

RECOMMENDED RESOURCES

- [Planning Health Promotion Programs Introductory Workbook](#). Public Health Ontario – Step 3 Worksheets
- [Writing SMART Objectives](#). Government of Canada. Includes examples and suggested wording based on the intent of the objective (knowledge/awareness; attitudes/values; skill development)

STEP 3

Assess Community Readiness for Change

DESCRIPTION

In this step, planners are looking to gauge the degree to which various leaders within communities and organizations would be supportive, and unsupportive, of the proposed changes. Ultimately, you are looking to engage those who are supportive and understand and address the “counter-arguments” that will be voiced by those who do not support the proposed changes.

Community or organizational readiness is the degree to which a community or organization is ready to take action on an issue. That readiness can range from none at all (the community has never even heard of the issue in question) to already having successful programs in place and making headway. Community or organizational readiness has some specific characteristics that are important for community builders/change agents to understand:

- *Community or organizational readiness is issue specific.* A community or organization can be ready to address one issue, while being at the very earliest stages of readiness related to another.
- *Community or organizational readiness can vary across dimensions.* A community or organization may be more ready to address an issue in some ways than in others. It may recognize that an issue is a problem, for instance, but be unable to envision how to implement a solution.
- *Community or organizational readiness can vary across different segments of the community.* Some groups (e.g., those directly affected by the issue) may be far more ready to deal with it than others. However, as we'll see, there are some ways to help move communities or organizations toward higher levels of readiness.
- *Understanding community or organizational readiness is essential knowledge for addressing an issue.* You can easily thwart efforts to address an issue by trying to push a community or organization into something it's not ready for. People will only support what they see as reasonable, logical, and doable. You may be proposing something that's all of those, but if the community's or organization's perception is otherwise, the effort is unlikely to be successful.

An understanding of community or organizational readiness allows you to tailor an intervention or strategy to what the community or organization is willing to accept and support. By taking small steps forward – by setting goals that necessitate a stretch for people, but not so great a stretch as to be beyond their current ability and understanding of the issue – you can make steady progress.

SOURCE: Community Readiness. Community Toolbox, University of Kansas: [Chapter 2. Other Models for Promoting Community Health and Development](#) | [Section 9. Community Readiness](#) | [Main Section](#) | [Community Tool Box \(ku.edu\)](#)

Community or organizational readiness can be described by nine different levels:

- 1) **No awareness.** The issue is not generally recognized by the community or leaders as a problem.
- 2) **Denial/resistance.** At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.
- 3) **Vague awareness.** Most feel that there is a local concern, but there is no immediate motivation to do anything about it.
- 4) **Pre-planning.** There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.
- 5) **Preparation.** Active leaders begin planning in earnest. The community offers modest support of their efforts.
- 6) **Initiation.** Enough information is available to justify efforts. Activities are underway.
- 7) **Stabilization.** Activities are supported by administrators or community decision-makers. Staff are trained and experienced.
- 8) **Confirmation/expansion.** Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.
- 9) **High level of community ownership.** Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. The model is applied to other issues.



Community or organizational readiness is the degree to which a community or organization is ready to take action on an issue.

HOW TO DO THIS STEP

The answers to the following questions will help you decide whether the time is right in your community or organization for a SPAR policy development initiative. Alternatively, work may be required to undertake more awareness and education about the issue or focus on changes to the environment that make it more supportive of your goal(s) before advocating for a policy outcome.

- Which community leaders, elected officials, citizens, or groups will be supportive or unsupportive of this policy change initiative?
- What is public opinion on the issue and/or policy?
- If the policy you are seeking was put into place today, who would care? Who would be affected? In what way?
- What reasons to oppose this policy will be put forward by those affected? Are they contestable? Are they true? How can you refute these arguments?
- Are there educational and awareness programs in your community that focus on your problem/opportunity? How long have they been running? How successful have they been? How popular are they?
- Has the problem/opportunity been a recent focus in the media?

Alternatively, or in addition, use the [Policy Readiness Tool](#) to gain insight on the level of readiness a community or organization must move forward on changes, and what the scope of those changes could be.

If, following the community assessment, there is confidence that the initiative can move forward, proceed to the next step. However, if the results indicate a lack of readiness, loop back to Steps 1 and 2 and re-strategize about how to build more support.



Work may be required to undertake more awareness and education about the issue or make the environment more supportive of your goal(s).

EXAMPLE – PARKS AND TRAILS

All examples in this toolkit are fictional and meant to guide the reader through the thinking process of each step.

Which community leaders, elected officials, citizens or groups will be assumed to be supportive or unsupportive of this policy/program/practice change initiative?

- **Supportive:** People with disabilities; family/friends who support people with disabilities; organizations dedicated to people with disabilities (e.g., CNIB, local disability support organizations); public health; parks and recreation; older adults; older adult organizations; elected officials who support accessibility; service groups (e.g., Lions clubs); adapted equipment manufacturers/suppliers/retail; other businesses that support accessibility (e.g., businesses that manufacture signs); the business community at large; local transit; mental health organizations.
- **Unsupportive:** People without a disability or a connection to someone with a disability; elected officials with limited interest in or familiarity with accessibility, parks, recreation, trails; elected officials who may support accessibility but do not support budgetary spending given the potential number of people requiring access.
- **Others:** Some perspectives may need to be better understood on this issue – media, schools, youth organizations, faith community, financial institutions.

What is public opinion on the issue and/or policy?

Public opinion would be sought by implementing a co-design approach engaging individuals with lived experience and using a variety of tools including:

- Community survey (mailed, on a municipal website, through mailing lists of different organizations including those mentioned above)
- Public consultation sessions (town halls, focus groups, pop-up / ad hoc opportunities at public gatherings/special events). It would be important to get the perspectives of those with disabilities or who support people with disabilities and those without a disability or connection to someone.
- Information sought would include:
 - General awareness of the issue
 - Understanding of other accessibility initiatives taking place in the community
 - Solicited thoughts on how to address the issue
 - General responsiveness to the proposed solutions/changes (potential policy)
 - Reaction of those with disabilities toward the proposed solutions/changes (potential policy)
 - Understanding of whether or not the proposed changes would lead to increased use of parks and trails by people who identify with a disability

If the policy you are seeking was put in place today, who would be affected and in what way?

- Persons with disabilities interested in trails and park use would have increased access, the potential to improve physical and mental health, and social connectedness.
- Organizations that support people with disabilities provide opportunities to increase their clients' engagement in the community, decrease isolation/loneliness, enhance physical and mental health.
- Organizations involved in physical activity promotion would have additional opportunities to increase physical activity levels for people with disabilities.
- Parks and Recreation departments provide opportunities to increase parks and trail use; additional work required to prepare accessible parks and trails.
- Municipalities/Municipal councils provide additional funds to be allocated to increasing accessibility.

**What reasons to oppose this program/policy/practice will be put forward by those affected?
Are they contestable? Are they true? How can you refute these arguments?**

- The main reason will likely be budget. Though some modifications would be low cost (e.g., adding signage for those who are visually impaired, purchasing mobi-mats for use on sand), many would require moderate to significant funding (e.g., purchasing several pieces of equipment for loan such as specific wheelchairs for trails, paving or levelling certain parts of a trail, accessible playground equipment).
- Determining if they are contestable would require doing an analysis of the cost savings and other social benefits accrued against the costs of the changes required. It would also require addressing human rights legislation.
- Consider these ways to refute the argument:
 - The majority of changes that are made to the parks and trails for people with accessibility issues will benefit almost all community members.
 - Doing a cost-benefit analysis of improving the physical, mental and social well-being of a proportion of the community.
 - Doing the right thing! Disability is less about the individual's ability or disability but rather how our communities are designed to exclude people or put up barriers to their participation. Not acting to ensure inclusion and accessibility is a human-rights issue.
 - We are all better when all are welcome and supported.

Are there educational and awareness programs in your community that focus on your issue?

- If yes, identify them and gather information about them; partner with those who have created these programs and resources.

How long have they been running? How successful have they been? How popular are they?

- Communities would list all of the programs and services available to people with disabilities outlining the outputs and outcomes.

Has the problem/opportunity been a recent focus in the media?

- If yes, who has made it the focus? What are their issues and solutions? Is there a way to align them with your interests? Has the issue been raised in your community or elsewhere?
- If no, put together a communications strategy that raises the issues, rationale and proposed solutions/opportunities. Has the issue been raised in your community or elsewhere? What are other communities doing about this? What stories have they to share?

RECOMMENDED RESOURCES

- [Spectrum of Public Participation](#). The International Association for Public Participation (www.iap2.org) [Spectrum_8.5x11_Print](#) (ymaws.com) – Inform, Consult, Involve, Collaborate, Empower.
- Policy Readiness Questionnaire – 11 questions that help to identify whether a community or organization is an Innovator, the Majority, or a Late Adopter (as explained in the Diffusion of Innovation theory in the introduction to this step). Strategies to influence each of these levels will differ. [Start the Questionnaire – Policy Readiness Tool](#)
- How to Perform a Change Readiness Assessment (with Tips). [How to Perform a Change Readiness Assessment \(With Tips\) | Indeed.com Canada](#) – geared to assessing readiness at the organizational level.
- [Getting Public Support for Addressing Community Health and Development Issues](#). Community Tool Box, University of Kansas.
- [Assessing Community Needs and Resources](#). Community Tool Box, University of Kansas.
- Community Readiness. Community Tool Box, University of Kansas: [Chapter 2. Other Models for Promoting Community Health and Development | Section 9. Community Readiness | Main Section | Community Tool Box \(ku.edu\)](#)

Put together a communications strategy that raises the issues, rationale and proposed solutions/opportunities.



STEP 4

Identify and Understand Decision-Maker(s) and Influencers

DESCRIPTION

Now that you have set your Goals and Objectives and have a good sense of the degree to which the community supports your initiatives, it is time to prepare your strategy to bring decision-makers on-side to your proposed change(s). The purpose of this step is to decide which decision-makers will be the focus of your support-building efforts and who or what would effectively influence them.

The first component of this step is to identify who, in fact, will be making the decision regarding your request. Understanding what their decisions are based on is the second aspect and, where necessary, it may be necessary to identify and mobilize those who can influence these decision-makers as the third component to bringing them on side with your proposed change(s).

HOW TO DO THIS STEP

This step has three components:

- A) **Identifying Decision-Makers**
- B) **Understanding Decision-Makers**
- C) **Identifying & Mobilizing Influencers**

A) Identifying Decision-Makers

This may not be as straightforward as it might appear. There could be:

- One single decision-maker, such as the CEO of an organization
- A group of decision-makers who will likely need to either reach consensus or at least have the majority of members support a position. A Board of Directors would operate like this.
- A hierarchy of decision-makers at a variety of levels within an organization (e.g., Senior Leadership Team will need to approve prior to the CEO, after which Council will need to approve it).

B) Understanding Decision-Makers

Once the decision-maker(s) have been identified, it will be time well spent to understand the basis for their decisions. Individuals are motivated by different things. The more tailored your approach when “making the case”, the more likelihood of getting the desired response. Think of this as “reconnaissance”. Presented here are a few different frames for understanding decision-makers.

In general:

- Look to how decisions have been made in the past. What has been successful in influencing decisions? Who has been influential with others?
- Understand the current structure/process in the municipality or organizations on how to move the issue forward. You may have relationships already that you can leverage.
- Sit on the parks and recreation community advisory group, wellness coalition (or other similar group), attend organization meetings, or municipal Council meetings to observe the mechanics of their decision-making. Watch for who influences who. Whose opinion is actively sought out or listened to? Whose input is typically not respected as much?

(i) The Predominant Orientation for Decisions

To help in identifying how decisions have been made in the past and determine which of the following is predominant in the decision-maker you are attempting to influence, this framework may be useful.

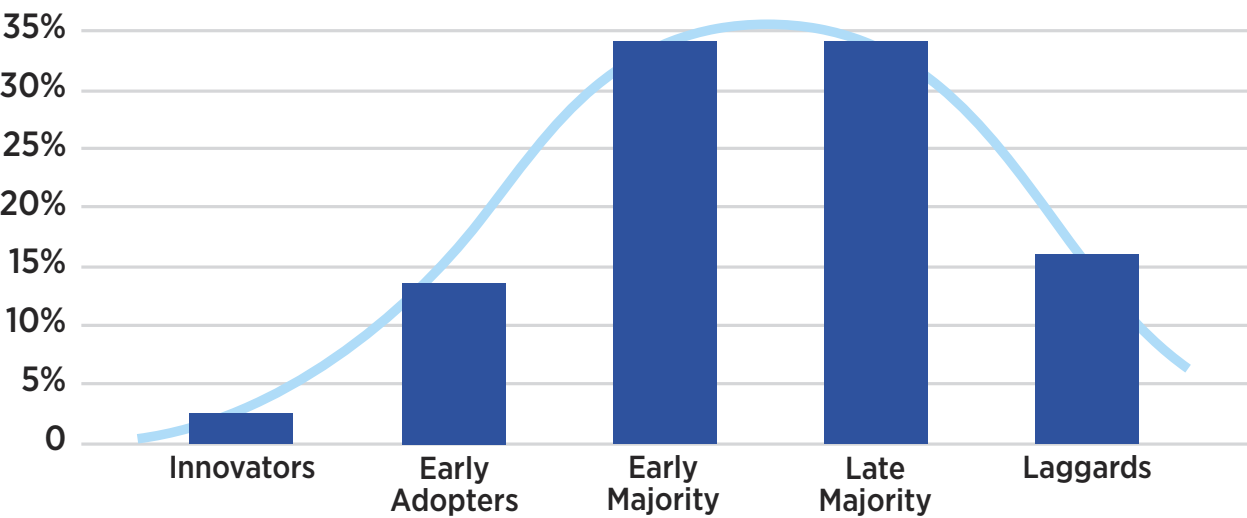
- **Status-oriented** decision-makers are highly concerned about generating positive media coverage, a positive profile and/or avoiding unfavourable perceptions by others.
- **Mission-oriented** decision-makers hold strong views about what their “business” **should** be doing and make decisions based on what their fundamental purpose or mandate is.
- **Process-oriented** decision-makers are most concerned with engaging people in the decision-making process through various ways of consultation to gain input. The decision made is then a reflection of what was heard, which may not reflect the views of the individual decision-maker but reflect the “views of the people”.

(ii) The Diffusion of Innovation Categories

A core concept underlying the influencing of decision-makers is the Diffusion of Innovation Theory, which addresses “how ideas, products, and social practices that are perceived as ‘new’ spread throughout a society or from one society to another. It describes the process by which an innovation is communicated through certain channels over time among the members of a social system.”

SOURCE: Theory at a Glance: A Guide for Health Promotion Practice. [Theory at a Glance: Application to Health Promotion and Health Behavior \(Second Edition\) \(cancer.gov\)](#). p. 27

When looking to increase the number of people in a community in support of a particular idea, those already in favour of it can be influential in bringing others alongside. A typical “bell curve” illustrates this.



Each segment of the Diffusion curve could be described as:

- **Innovators (2.5%)** – These are people who want to be the first to try the innovation. They are venturesome and interested in new ideas. These people are very willing to take risks and are often the first to develop new ideas. Very little, if anything, needs to be done to appeal to this population.
- **Early Adopters (13.5%)** – These are people who represent opinion leaders. They enjoy leadership roles and embrace change opportunities. They are already aware of the need to change and so are very comfortable adopting new ideas. Strategies to appeal to this population include how-to manuals and information sheets on implementation. They do not need information to convince them to change.
- **Early Majority (34%)** – These people may not necessarily be leaders, but they do adopt new ideas before the average person. That said, they typically need to see evidence that the innovation works before they are willing to adopt it. Strategies to appeal to this population include success stories and evidence of the innovation's effectiveness.
- **Late Majority (34%)** – These people are skeptical of change and will only adopt an innovation after it has been tried by the majority. Strategies to appeal to this population include information on how many other people have tried the innovation and have adopted it successfully.
- **Laggards (16%)** – These people are bound by tradition and very conservative. They are very skeptical of change and are the hardest group to bring on board. Strategies to appeal to this population include statistics, pressure from people in other adopter groups, and fear appeals as a very last resort and only if appropriate.

Those that fall into the Innovators and Early Adopter categories can be very influential in bringing others on board.

Utilize the Diffusion of Innovations Theory to determine whether each decision-maker is an Innovator, Early Adopter, in the Early Majority, in the Late Majority, or a Laggard. This assessment can be based on prior patterns of behaviour. Consider questions such as:

- Do they tend to take a leading role when new ideas are presented OR wait to see how others proceed first before joining in OR resist change as long as possible?
- Do they tend to be a risk-taker or take more of a cautious approach to their decisions?

(iii) The 4H Model

This approach can be particularly useful when dealing with a group of decision-makers, such as a committee or Board, as it involves the inclusion of several different aspects into one “pitch” to address different types of decision-makers. Include information for the:

- **Head:** to appeal to the logical and rational thinkers who tend to gravitate towards facts.
- **Heart:** to appeal to those who tend to react to emotional and caring messages.
- **Hands:** to appeal to those who are looking for something practical and hands-on such as tools, models, examples, or stories from elsewhere, especially when evaluated and found to be effective.
- **Health:** to appeal to the importance these people put on the well-being of those affected.

(iv) Unique Description of Attitudes, Habits, & Interests

Otherwise known as a psychographic profile, this understanding of the unique attitudes, habits, and interests of an individual or a group provides a collection of values and behaviours that provide insight into what is important to them. It is a means of segmentation which can lead to tailored approaches that relate to their segment. This can be accompanied by demographic data (such as age, ethnicity, and education) to understand how to approach decision-makers. The kinds of things to learn about include items related to Personalities, Lifestyles, Interests, Opinions/Attitudes/Beliefs and Values.

- How do they choose to spend their discretionary income and their leisure time?
- To what networks, clubs, or organizations do they belong?
- On what topics do they have strong opinions?
- What hobbies do they have?
- What type of vacations do they take?

The data that helps inform these profiles could come from a variety of sources such as surveys/questionnaires, focus groups, Website analytics, and social media.

C) Identifying & Mobilizing Influencers

Now that you have determined who the decision-makers are and you have gathered as much information about them as possible to understand what motivates them, the next strategy that could be employed to bring them on-side with your proposed solution could be the engagement of individuals who can influence their opinion. A strategic approach will help you tailor the “ask” to each decision-maker.

These influencers could be individuals (e.g., a trusted colleague), a specific group of people who have a particular interest in the decision being made (e.g., a parent’s group who are advocating for their children with common needs), or a larger, more public group (e.g., the media or the general membership of the decision-maker’s constituency).

Influential people are those in your community whose opinions are respected, whose insights are valued, and whose support is almost always needed to make any big changes. Generally, they’re regarded as having a finger on the pulse of the community, able to express the point of view of the public (or some significant portion of the public) and usually having some influence over community opinion.

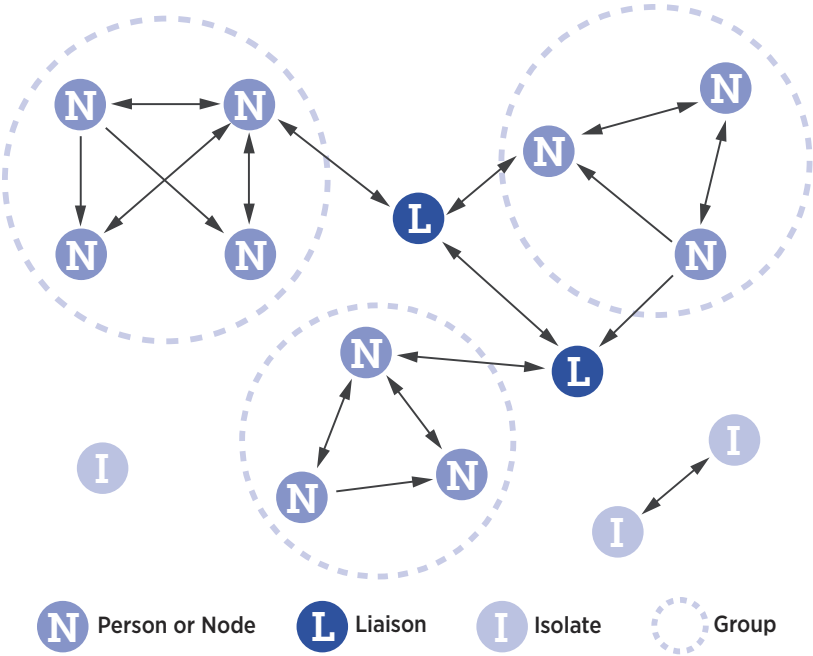
An influential person may be a formal leader, such as a city commissioner or a well-respected minister, but may also be someone whom people in the community look up to and respect, like the owner of a well-loved local restaurant, or a young mother whose activism has earned the trust of the people in her neighbourhood. As you might imagine, there are many benefits in having people like these supporting your initiative.

SOURCE: Involving Key Influentials in the Initiative. Community Tool Box. [Chapter 7. Encouraging Involvement in Community Work](#) | [Section 6. Involving Key Influentials in the Initiative](#) | [Main Section](#) | [Community Tool Box \(ku.edu\)](#)

Two approaches to identify Influencers are presented here for consideration:

(i) Social Network Analysis (SNA)

This is the process of investigating social structures through networks. The graphs that are generated depict how people in a network are connected. The people in the network are called “nodes” and the relational analysis establishes the links or ties between them. The graph is called a sociogram and it helps to identify clusters of people and the nodes within each cluster that are the influencers. Planners looking to reach large groups of people can maximize their effectiveness by enlisting the influencers and relying on them to, in turn, reach into their networks. The sociogram will also illustrate nodes, or people, who are isolated without links to others. Intentional efforts will be needed to reach these individuals. Examples follow.



SOURCE: Adapted from the work of Dr. Tom Valente

During the COVID-19 pandemic, public health professionals used SNA to model the spread of the virus. The interactions between individuals were mapped as a network, helping identify super-spreader events and informing public health interventions.

With respect to influencing municipal decision-makers, SNA could be applied in helping to identify the clusters that exist among members of the decision-making group (e.g., Municipal Council) and then understanding who the influencers are within each cluster. Focusing your efforts on these individuals can, in turn, enlist their support in reaching out to their own clusters.

(ii) Psychology of Persuasion

Robert Cialdini is the creator of the six “Principles of Persuasion” that are described in more detail in Step 5. One principle is specifically related to the role of an Influencer with a decision-maker: “Likeability”. The more likeable the messenger is, the more likely the decision-maker is to agree with them. Likeability can relate to things such as common interests, being “nice” (e.g., smiling), being respectful (e.g., on time, appropriately dressed, courteous) and/or bringing a sense of humour.

Reference: [Dr. Robert Cialdini’s Seven Principles of Persuasion | IAW](#)

EXAMPLE – PARKS AND TRAILS

All examples in this toolkit are fictitious and meant to guide the reader through the thinking process of each step.

A) Identifying Decision-Makers

In order to determine which situation you are dealing with, consider the following actions:

- Review Minutes of meetings in which decisions have been made.
- Talk to “gatekeepers” in the organization such as a City Clerk or Administrative Assistants to executives.
- Talk to local business owners or members of the Chamber of Commerce who work closely with decision-makers in government or industry.
- Speak to individuals with disabilities and/or organizations who serve people with disabilities as to who they would identify as key decision-makers. Learn more about their experiences and approaches related to past issues.
- Speak to members of the media as to who they reach out to or are contacted by regarding various issues.
- Identify those who have a specific role related to finance.

B) Understanding Decision-Makers

EXAMPLES

(i) The Predominant Orientation for Decisions

Status-oriented: Present the issue as one that significantly impacts the most vulnerable in our community – those with disabilities, of all ages, and older adults, specifically. Being perceived as leaders of a community who do not care for those who need care and consideration the most could lead to unfavourable perceptions by other members of the community.

Mission-oriented: Appeal to leaders by advocating for them to adhere to the values and principles of the municipal corporation, most of which espouse the need for equity, access and inclusion, and at the very least, use language about representing all citizens in a community.

Process-oriented: Provide these decision-makers with the information collected at other phases of this process and/or seek their participation in gathering the information at the beginning of the process. Including them or having them lead the process provides an opportunity for them to be seen in a proactive, leading role.

(ii) The Diffusion of Innovation Categories

Innovator: Present the issue (with facts, stats, etc.) to this leader and suggest that they take the lead in addressing the issue. They could choose to spearhead the issue, catalyze staff to take the lead or fully support those who have identified the issue to take the next steps.

Early Adopter and Early Majority: Present the issues to this leader and provide them with a number of solutions (case studies, stories, etc.) that they may want to implement. Highlight the inclusive practices currently in place.

Late Majority and Laggard: Consider focusing your efforts on increasing awareness and knowledge of the issue and/or re-directing your efforts to those who fall into one of the other categories and may have more influence on these types of leaders. Highlight what the community is already doing and the successes that have been realized. Review the rationale for why similar projects have been done – either for people with disabilities or other citizens that could be used as a model or as the rationale for acting on this issue.

(iii) The 4H Model

Head: to appeal to the logical and rational thinkers who tend to gravitate towards facts. Present stats and facts that address return on investment (e.g., the health care costs of ensuring all members of society are enjoying health and well-being).

Heart: to appeal to those who tend to react to emotional and caring messages. Provide stories about people with disabilities, caregivers, etc. who have not had access to parks and trails, the benefits they are not enjoying as a result, and the ways in which their quality of life would improve, as well as the benefits to the community as a whole.

Hands: to appeal to those who are looking for something practical and hands-on such as tools, models, examples or stories from elsewhere, especially when evaluated and found to be effective. Provide the individual, and family stories related to those experiencing disability. Further provide these leaders with the ways in which other communities are working towards accessibility.

Health: to appeal to the importance these people put on the well-being of those affected. Position the issue with an emphasis on health and seek out, initially, those on a council whose focus is on health, well-being and quality of life. These leaders may also have an interest in the environment/nature-based activities.

(iv) Unique Description of Attitudes, Habits and Interests (Psychographic profile)

Depending on the description that you assemble, you may or may not have a straight-forward path to engaging them on the topic. Leaders who are actively engaged in and enjoy nature-based activities, such as hiking, walking their dog or taking their children to the park and actively participating with them, may react to the reality that others, with different circumstances/abilities are not able to enjoy the same hobbies and activities, and corresponding benefits, as they do. There are ways to shift the conversation to address inclusion and accessibility regardless of a leader's interests.

C) Identifying & Mobilizing Influencers

There are many different networks that can help you address an issue of improving access to trails and parks. Identify people who have contacts within the broad disability/accessibility realm. Perhaps they network with a variety of disability organizations (local, provincial/territorial, national), do research in the area of disability, or have community connections with others who do work in the area of disability.

There is a growing network of individuals and organizations who are passionate about outdoor recreation (including walking, snowshoeing, hiking, bird watching), and unstructured, risky and nature-based play that would have access to people and information that you need to influence decision-makers. Government relations and policy experts can provide excellent advice about how to access and understand disability legislation in different provinces and territories.

RECOMMENDED RESOURCES

- Grandjean, Martin (2015). [“GEPHI – Introduction to Network Analysis and Visualization”](#),
- Influence at Work. [INFLUENCE AT WORK | Dr. Robert Cialdini Influence Training & Keynotes](#)
- [Science of Persuasion](#).

STEP 5

Assess Decision-Maker(s) Readiness for Change

DESCRIPTION

Once the decision-maker(s) and their motivations and influencers have been identified, the time is right to understand where they stand on your issue and related Goal(s) and Objectives. This will help to determine further strategies necessary to gain their support, if needed. Combine where each individual decision-maker sits on the issue with the type of decision-making process. For instance, if the decision will be made by one person, efforts to influence that one person are warranted. However, with a group of decision-makers who will be voting on the decision such that the majority passes it, it will be key to know who is already in favour, who is solidly NOT in favour, and who is “on the fence” with the potential to be influenced.

HOW TO DO THIS STEP

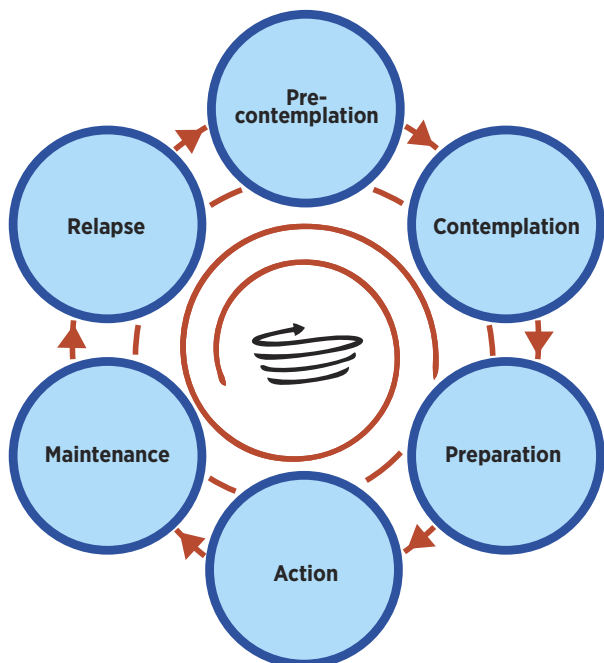
Three potential strategies to assess how ready a decision-maker is to support the request being made are shared here:

A) Policy Readiness Tool

Talk to people who are familiar with the decision-maker(s) you have identified to answer the 11 questions in the [Policy Readiness Tool](#). One adaptation will be needed in the Tool – in each statement, replace “community or organization” with “decision-makers”. The responses to these questions will identify them as Innovators, in the Majority or as Late Adopters, as outlined in the Diffusion of Innovation Theory. See pages 7, 12 and 16 in the [Policy Readiness Tool](#) for additional strategies.

B) Stages of Change

The Stages of Change (Transtheoretical Model) provides another perspective on which to assess an individual's readiness for change. This theory identifies behaviour change as needing to progress through six stages.



- 1) **Pre-contemplation** – No intention of changing behaviour
- 2) **Contemplation** – Aware a problem exists but with no commitment to action
- 3) **Preparation** – Intent on taking action to address the problem
- 4) **Action** – Active modification of behaviour
- 5) **Maintenance** – Sustained change; new behaviour replaces old
- 6) **Relapse** – Fall back into old patterns of behaviour

SOURCE: Based on the work of J. Prochaska and C. DiClemente

Knowing where your decision-maker is in the stages can help to identify what strategies could be effective in moving them along the change continuum and increasing the likelihood that they will support the case you are making. For example, if in Pre-contemplation, they are not even aware of your issue, so information and education efforts are likely indicated. However, they may be quite aware and ready to take action on your topic (Preparation stage).

If this is one of the approaches selected, once the STAGE of change has been determined, consider learning more about the 10 PROCESSES of change that identify strategies that can be used to move people from one stage to the other, and decrease the likelihood of relapse. The Processes are really the essence of the model in that they describe the interventions or approaches to support movement from one stage to another. For more information on these Processes, consult [Processes of Change – Cancer Prevention Research Center \(uri.edu\)](#).

C) Readiness Ruler

This tool comes from the field of Motivational Interviewing and involves a series of three questions that can be asked directly of the decision-maker if you have access to the individual or others who know them could be polled.



Question 1: On the scale of 0-10, with 0 being not at all ready to support this issue, and 10 being extremely ready, how ready are you now to support this issue?

Question 2: Why are you a “x” (their response to Q1) and not an 8 or 9 ?

Question 3: What would it take to move you to an 8 on this scale?

EXAMPLE – PARKS AND TRAILS

All examples in this toolkit are fictional and meant to guide the reader through the thinking process of each step.

When determining your approach based on the stage of change of your decision-maker(s), consider the following actions that could be taken for each stage:

Pre-Contemplation – The decision-maker does not have accessibility or trail or parks or outdoor recreation, or any combination thereof, on their agenda. They may be aware of some basic issues but have no intention of addressing the particular issue related to making parks and trails more accessible. For this stage, some activities include:

- Creating and implementing a community-wide communications campaign including social marketing and social media activities highlighting the importance of accessible trails and parks
- Beginning the process of determining the awareness and readiness of the community to address the issue
- Researching best practices on the topic and seeking the assistance of those who have successfully implemented similar strategies or policies
- Creating a network of influencers whose assistance will be needed
- Meeting with decision-makers directly to help them be curious and do some research. The issue may not be on their radar and they may not have considered that they are/could be a champion

Contemplation – When your decision-makers have indicated an awareness of the issue and willingness to know more, present them with a business case. Think about their priorities, biases, characteristics and other information collected to date to help increase their receptivity to the proposal. Present solutions that do not require major expenditures such as universal design solutions. For more information about Universal Design, refer to the [Disability-Friendly Inclusive Municipality Model. From Concept to Reality \(Page 14\)](#).

Preparation – With the intention to take action, provide a number of practical, fully costed projects that can be undertaken. Put in place a detailed plan with goals, objectives, actions, timelines, resources, responsibilities and evaluation. Be realistic in the number of projects/actions you can undertake at one time.

Action – Begin undertaking the agreed upon projects. Include and implement the comprehensive evaluation. Use both quantitative and qualitative indicators as well as disaggregated and aggregated data to demonstrate success and areas for improvement.

Maintenance – Continue to add projects that increase accessibility to trails and parks. This includes seeking other partners to help fund and implement new projects, providing upkeep of the parks and trails, continuing to promote the new accessible features, continuing to evaluate your efforts. Continue to review the operations and implementation of the actions.

Relapse – Be prepared for a time when funding to accessible projects is questioned or taken out of the budget. This is the time to provide success stories from the community, the cost-benefits analysis (if this is practical at this point in the process) and other sources of information that put the issue of accessibility back on the agenda. There may be an opportunity to address the issue in different ways (e.g., not just through infrastructure but through programming, awareness campaigns, policy development).

At a number of points in this model, one could also consider:

- Inviting decision-makers to do a walk/wheel/ride-about, participating in an activity that shows them, first-hand, the challenges that exists. Invite them to engage when new initiatives are being considered
- Explore current policies / bylaws or accepted practices.

■ **RECOMMENDED RESOURCES**

- [PolicyReadinessTool-April2016FINAL.pdf](#)
- [Disability-Friendly Inclusive Municipality Model. From Concept to Reality.](#)

STEP 6

Make the Case

DESCRIPTION

The plans and work done to date culminate in this step that compiles everything into a “pitch” or request of the decision-maker(s) asking for support for your initiative. This may be a one-time approach or, more likely, involve a longer-term strategy to influence their decision. This will likely result in some form of document (e.g., a Briefing Note, a presentation, a proposal). This step will integrate much of the preceding information. Several things will need to be taken into consideration when Making the Case, and an Action Plan leading up to this may be useful.

- In what order should information be provided to a variety of levels within the organization (if appropriate)?
- When is the best time to approach the decision-makers?
- Who is/are the most effective messenger(s) to bring the case forward?
- What are the key messages that will be most persuasive with the decision-maker(s)?
- What will you include as the rationale for your request? This should include tailored “so what’s” that are relevant to the decision-maker(s).

There are general guidelines that will apply to a very large number of persuasion situations, both written and oral.



HOW TO DO THIS STEP

Based on the steps provided so far, several options have been presented that allow for understanding decision-makers and then tailoring the approach to make your case accordingly. Here, each approach is explained in more detail with respect to how to integrate these concepts into your plans to “make the case”.

- A)** Based on your assessment of what drives the decisions made in the past (see Step 4), tailor your strategy accordingly.
- If one or more of your decision-makers are motivated by **STATUS**, focus efforts on ways to improve their profile, have them “look good” in the eyes of others (e.g., colleagues – do they want to be seen as leaders or innovators among their peers).
 - If their orientation is one of **MISSION**, draw the links explicitly between your request and its ability to further existing goals and objectives of the organization.
 - If **PROCESS** is what motivates them, be sure to include the details of how people (constituents, partners, staff and/or Board members) were consulted and what their input was regarding the decision.
- B)** Building on the **Diffusion of Innovation** theory (see Step 4), and where your decision-maker(s) fall on the Early Majority, Late Majority, or Laggard continuum, there are five attributes that can be effective in speeding up the process and increasing the extent of the diffusion:
- **Relative advantage** – illustrate how the innovation (your “ask”) is better than what it will replace or how overall conditions will improve, and for whom.
 - **Compatibility** – describe how the innovation addresses the needs and interests of the intended audience.
 - **Complexity** – describe the innovation in the simplest way possible; ensure it is easy to use/implement.
 - **Trialability** – consider including an opportunity for them to try the innovation first before committing completely. This could be a small first step or a pilot phase.
 - **Observability** – Are the results of the innovation observable and easily measurable?
- C)** If you developed a **Unique Description of Attitudes, Habits, & Interests** (or the Psychographic Profile) regarding your decision-maker(s), consider developing a Persona that describes the intersection between demographic and psychographic information. This Persona can identify how to tailor the “case” based on the prediction of the user (decision-maker) experience to the pitch. Of particular value in a Persona is the identification of the needs and interests of the decision-maker(s) – often known as “pain points” – and the history of the decision-making experiences that lend insight. Multiple Personas may be necessary when there is a group of decision-makers.

D) Principles of Persuasion

While your specific persuasive tactics will almost always vary from occasion to occasion, there are, nevertheless, general guidelines that will apply to a very large number of persuasion situations, both written and oral. Below are some of them. Not everyone will apply to your setting, nor is it necessary to use every one that does, but, more often than not, when these guidelines are used thoughtfully, your persuasive attempt is more likely to be successful:

- **Know your facts.** Better yet, master your facts; have them at the tip of your tongue or at least in a notebook close by your side. Be able to document any claims you make in a level-headed, non-condescending, but also not-overly-humble way. You've researched the evidence; others should know what it says. This is key to being a credible communicator.
- **Know your audience.** How many audience members are there? What kinds of people are they? What is their current opinion on the issue? What is the basis for their opinion? Where do they get their information? What are their own needs and interests? What arguments are most likely to persuade them? You don't have to persuade every single audience member, or even try. But, the more you know about your audience in advance of your persuasive attempt, the better you will be able to design effective arguments specifically for them.
- **Express the similarities between you and your audience.** Bring out your common goals, values, beliefs, and experiences, because similarity between communicator and audience increases persuasiveness. The similarities you convey shouldn't be invented; they should be genuine, and stated sincerely. A few broad examples:
 - We all want our kids to grow up in a safe community in which people of all abilities can participate.
 - We share the same values as you do with respect to inclusion for all in the community.
- **Utilize opinion leaders.** These may also be some of the pre-determined influencers. Even if you have mastered your facts and expressed your similarities, you may not be as credible a communicator as others who have more visibility or stature in your community. For most community issues, and probably for your issue too, one can identify opinion leaders (or Influencers) – people who are well-respected and/or well-liked where you live, and whose opinion is likely to matter to your target audience.
- **Make a strong opening.** The opening (of a speech, of a letter, of a brochure, of a proposal) is when audience attention is at its highest, and when its opinion is the most flexible. Use your opening to capture attention and shape opinion. In oral persuasion, a good first impression, including a nonverbal one, is essential. In both oral and written persuasion, a starting sentence or two outlining your main argument and stated with confidence will assuredly help. This is a potential place for humour. Appropriately used, it can break the ice and establish good rapport with the audience.
- **Get to the point.** Perhaps not in the very first line, but very soon thereafter. It's a fast-paced world most people live in. If you wait too long, you can lose people's attention. When you lose attention, few will be persuaded. Make your main points concisely then summarize them at the end.

- **Offer a benefit (or a few) supporting your position.** Maximize the benefits of your stance as best you can. The benefits should be customized to your audience – that same audience that you have already studied. If your audience is mostly motivated by economic security, speak to dollars and cents. If they are most spurred by community pride, or crime in the streets, or (fill in the blank), speak to that. In a nutshell, identify the benefits with the greatest appeal to your audience, and use them accordingly.
- **Inoculate your audience against counter-arguments they may hear from the other side or create for themselves.** It's often best to anticipate and rebut opposing arguments in advance, unless you believe your audience will never hear other points of view, or there is very little possibility of resistance or opposition. For example, "Our opponents will tell you this, that, and the other, but our evidence supports just the opposite ..."
- **Ask for an action step.** In community work, it's often not enough that someone is persuaded by your argument; you also want them to act once the argument is presented to them. You want them, for example, to join a committee, commit to funding or support your cause in the community. Now is the best time to make that action request. Researchers studying volunteering have asked people this question: "What led you to volunteer for (X)?" The response most commonly given is "Somebody asked me." In other words, people will help you if you ask.
- **Make the action step(s) clear.** What is it exactly that people are being asked to do? Yes, you want them to support you, but precisely how? Make your action request unambiguous and specific. S.M.A.R.T. Outcome Objectives will assist with this.
- **Make the action step(s) simple.** The requested action should be easy to understand and feasible to implement.

Offer a benefit (or a few) supporting your position. Maximize the benefits of your stance as best you can.



- **Have a variety of action steps available.** Offer the decision-maker a variety of actions they could take to support your cause. If someone cannot attend meetings, could they write a short letter, or drop a few leaflets on the block, or even just stay on the mailing list? You might want to request the largest action first. Be sure to:
 - **Obtain a commitment to take the step.** If someone makes a commitment, effectively saying "Yes, I will do it," that increases the likelihood that the action step will indeed be taken. Commitments tend to be more effective when they are made publicly, in the presence of others; the person making the commitment feels more accountable. But even private commitments – especially if written, as in a pledge – are usually better than no commitments at all. What's more, those making and fulfilling smaller commitments are more likely to make larger commitments later on, compared to those who have committed nothing. This supports the desirability of obtaining even modest commitments when you can.
- **Use models, in addition to opinion leaders.** Models, in this sense, are people who have taken the desired action, have benefited from it, and are willing to say so publicly. An effective model need not be an opinion leader; he/she can be a family member, a co-worker, a neighbour down the street, or anyone else the target person knows, likes, and respects. Models are peers working with you to influence your target audience. If that model publicly performs the desired action, or says that she has gained from it, that is likely to have positive persuasive impact.
- **Repeat the message as necessary.** Especially if the content of the message is unfamiliar or new. The idea is not to overkill, or to make a nuisance of oneself – repetition can be overdone – but to make sure that the message and the requested action have fully registered. Persuasion can take time. Your audience members may not be prepared to respond on the first, second, or third exposure; they may need to see or hear your message on many more occasions before it sinks in and they are ready to act. Repeat as needed, be patient, and make repetition your ally. In the world of government, political consultants frequently employ a similar three-part strategy for winning local elections and campaigns: (a) target your likely voters; (b) give them your message; and (c) give it to them again.
- **Thank the target person / decision-maker(s).** "That's great! We really appreciate it!" Even if no commitment is made, thank the person for listening, and for the consideration given. Verbal approval, even a 'thank you' is reinforcing; it strengthens the likelihood that more commitments (both first-time commitments and subsequent ones) will be made and actions will be taken in the future.
- **Follow up.** Ensure the committed action has in fact been taken. This can be done in a friendly and polite way: "Have you been able to...?"; "Did you have a chance to...?" For human beings, there is a natural distance between intention and action; your role here is to help bridge it. When the action has been taken, thank the target person once again.
- **Keep the target person informed.** "Your support meant that a new program can be developed for youth with disabilities in our community," "Because of you, we were able to involve three additional families this season." People like to know that their actions have made a positive difference.

SOURCE: Adapted from: *Using Principles of Persuasion. Community Toolbox.*

CASE STUDY EXAMPLES

The following section provides some resources that illustrate many of the concepts presented in this resource. You can use these as guidance to build your own proposal or policy.

- [Municipality of the District of Shelburne Inclusive Recreation Policy Statement](#)
- [Inclusion Policy \(Town of Halton Hills\)](#)
- [Disability-Friendly Inclusive Municipality Model \(European Union\)](#)
- [Physical Activity at the Workplace: Literature review and best practice case studies](#)
- [Building the “Business Case” for Hiring People with Disabilities: A Financial Cost-Benefit Analysis Methodology and Example.](#)
- [9 Steps to Create a Persona - A Guide with Examples \(uxpressia.com\)](#)
- [General Strategies for Encouraging Policy Change – 13 strategies in a text document or as an infographic](#)

RECOMMENDED RESOURCES

- [Supporting the Policy-Making Process \(Public Health Ontario\)](#)
- [Building the “Business Case” for Hiring People with Disabilities: A Financial Cost-Benefit Analysis Methodology and Example](#)
- [Financial Assistance to Support Physical Activity within the Community](#)
- [Connelly, C., & Fisher, S. \(2021\). Why it makes good business sense to hire people with disabilities. *The Conversation*.](#)
- [Fact Sheet and Infographic. \(English and French\). Canadian Disability Participation Project](#)
- [Let’s Talk: Advocacy and health equity](#)
- [How to Write a Business Case](#)
- [Example 2: Rural Community Recreation Project: Increase Access to Technology for People with Disabilities – Mission \(Goal\) is to eliminate barriers to recreation participation for adults with disabilities living in Henderson and Rocky Mount and surrounding areas by increasing awareness and access to recreation through assistive technology and training.](#)

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Glossary

People with disabilities

Disability means “any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment – or a functional limitation – whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person’s full and equal participation in society.” <https://www.canada.ca/en/employment-social-development/programs/accessible-canada/act-summary.html>

According to the World Health Organization (WHO), “disabilities are not defined in terms of specific categories of individuals, but rather as the interactions between people and the societies in which they live.” https://www.who.int/health-topics/disability#tab=tab_1

Intersecting identities

Intersecting identities refers to the fact that an individual’s identity consists of multiple, intersecting factors, including but not limited to gender identity, gender expression, race, ethnicity, class (past and present), religious beliefs, sexual identity and sexual expression. Identity can shift throughout one’s life. This concept is different from the term *intersectionality* which, while similar, looks at how interconnected categorizations of individuals create overlapping and interdependent systems of discrimination or disadvantage.

Sources:

<https://www.oregon.gov/deconference/Documents/Pharoah%20Bolding%20-%20Intersectionality%20vs.%20Intersecting%20Identities.pdf>

<https://www.gov.scot/publications/using-intersectionality-understand-structural-inequality-scotland-evidence-synthesis/pages/3/#:~:text=Crenshaw%20provided%20the%20following%20definition,among%20conventional%20ways%20of%20thinking.%22>

Situational Assessment

A situational assessment is a systematic process to gather, analyze, synthesize and communicate data to inform planning decisions. Information from a situational assessment can be used to inform the goals, objectives, target audiences and activities of a health promotion strategy.

Source: <https://www.publichealthontario.ca/-/media/documents/F/2015/focus-on-situational-assessment.pdf>

Qualitative data

Detailed descriptions of situations, events, people, interactions, observed behaviours, direct quotations from people about the experiences, attitudes, beliefs, and thoughts and excerpts or entire passages from documents, correspondence, records, and case histories.

Source: Patton, M. (1990). *Qualitative evaluation and research methods* (pp. 169-186). Beverly Hills, CA: Sage.

Quantitative information

Simply, quantitative data is represented numerically. Quantitative research builds accurate and reliable measurements that allow for statistical analysis. Because quantitative research focuses on data that can be measured, it is very effective at answering the “what” or “how” of a given situation. Questions are direct, quantifiable, and often contain phrases such as what percentage? what proportion? to what extent? how many? how much?

Source: Bob Matthews and Liz Ross, *Research Methods: A Practical Guide for the Social Sciences* (Harlow, UK: Pearson Education, 2010), 45 (from <https://journals.ala.org/index.php/ltr/article/view/6325/8275>)

Counter arguments

An argument against another argument, idea, or suggestion

Source: <https://dictionary.cambridge.org/dictionary/english/counter-argument>

