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The Development and Implementation of the Off-Premise Outlet Density Expansion Initiative within Ontario's New Beer Framework: A Case Study

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Graduate Program in Health Information Science
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ABSTRACT

Background: In April 2015, the Ontario government announced the expansion of beer sales in up to 450 grocery stores, thereby substantially increasing access to alcohol. This policy was introduced despite a robust body of research demonstrating a positive relationship between increased outlet density, alcohol consumption, and consequent harm. **Methods:** This qualitative case study explored the role of health information, and the contexts and factors which shaped its use, in the development and implementation of Ontario's policy to expand alcohol outlet density. Kingdon's Streams Model (2011) guided a directed content analysis of policy-related documents (n=69) and transcripts from semi-structured interviews with a range of policy actors (n=11), including government policymakers, alcohol researchers, knowledge translation actors, and media personnel. **Results:** The grocery outlet expansion initiative was framed as an economic and consumer convenience initiative within policy-related documents. Moreover, many interview participants perceived that the decision to implement the expansion preceded stakeholder consultations. Thus, despite efforts to highlight concern regarding increases to outlet density, knowledge translation strategies by public health actors remained reactive and unpersuasive. Accordingly, the policy appears largely incongruent with pre-existing public health frameworks, including a Health in All Policies approach more broadly. **Conclusion:** Health information pertaining to outlet density appears to have had a minimal role in informing the development and implementation of Ontario's expansion policy. The Ontario government is encouraged to prioritize health considerations in future policy development to prevent potential unintended consequences to population health.

Keywords: Alcohol Policy; Outlet Density; Public Health; Health Information

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DEDICATION

This work is dedicated to my dad, who has taught me to think critically and keep fighting.

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GLOSSARY

Alcohol Policy	A provincial law, rule, or regulation informed by public interest group officials, and not private industry or related advocates
Control Policy	A provincial law, rule, or regulation which limits the physical availability of alcohol
Off-Premise Outlets	All licensed locations where alcohol may be purchased for off site consumption (e.g., the Liquor Control Board of Ontario [LCBO])
On-Premise Outlets	All licensed locations where alcohol may be purchased and consumed on site (e.g., bars, restaurants)
Outlet Density	A consolidated measure of alcohol access points (on-premise outlets, off-premise outlets, or both)
Physical Availability	The ease or convenience with which an individual is able to obtain alcohol

CHAPTER ONE

Introduction

On April 23, 2015, Ontario Finance Minister, Charles Sousa, introduced the expansion of beer sales to grocery stores as a major component of the *New Beer Framework* (see Appendix A). Presented as part of the 2015 Budget, the expansion initiative set the stage for an additional 450 beer retail outlets across the province, thereby substantially increasing access to alcohol. This policy was introduced despite the abundance of research linking increased alcohol outlet density to increased consumption and consequent harm (e.g., Babor et al., 2010; Giesbrecht et al., 2013; Livingston 2012; Stockwell et al., 2009).

Elsewhere, the Ontario government expresses an unambiguous alignment with the protection and enhancement of public health. At the highest level, mandate letters from the Premier to the Minister (Wynne, 2014a) and Associate Minister of Health and Long-Term Care (Wynne, 2014b) define government as a “force for good” (p.1) and specify the goal of “promoting healthier lifestyles for Ontarians through shared responsibility across government” (p.2). The provincial Mental Health and Addictions Strategy further mandates the Ministers to cultivate partnerships across government and systems to establish “healthier, resilient, and inclusive communities” (Wynne, 2014a, p.2). Finally, the Strategy charges them with building a “culture of health and community wellness . . . to help people stay healthy” in order to make Ontario “the healthiest place in North America to grow up, and grow old” (p.2).

At the program level, the Ministry of Health and Long-Term Care (MOHLTC) specifies mandatory minimum requirements for the delivery of core public health services through the Ontario Public Health Standards (MOHLTC, 2014). Requirements under *Prevention of Substance Misuse* stipulate that the 36 provincial health units utilize epidemiological data to

inform healthy public policy, and minimize the “frequency, severity, and impact of preventable injury and substance misuse” (MOHLTC, 2014, p.32). In the same document, “foundational standards” for *Knowledge Translation and Exchange* require practitioners and policymakers to remain informed of “best available research regarding the factors that determine the health of the population and support effective public health practices” (p.23). Finally, Ontario’s Public Health Sector Strategic Plan further identifies alcohol consumption as a “collective area of focus” in which to protect the health of Ontarians (Government of Ontario, 2013, p.17).

Taken together, these statements suggest that to adopt policies which may introduce negative, unintended consequences to population health is incongruent with the espoused health policy goals of government. Similarly, the implementation of such policies should not be justifiable in light of potential “offsetting” gains, such as job creation or increased government revenue.

Background

Strategies to Reduce Alcohol-Related Harm

The Canadian Low-Risk Drinking Guidelines (LRDGs) are designed to support moderate alcohol consumption and reduce alcohol-related harm. Developed by an independent expert group of addiction researchers, the LRDGs are both empirically and conceptually based (Stockwell, Butt, Bierness, Gliksman & Paradis, 2012), and have been federally approved as a core recommendation of the National Alcohol Strategy Working Group report (see National Alcohol Strategy Working Group, 2007). As such, the guidelines continue to inform low risk drinking practices (Stockwell et al., 2012) relevant to health professionals, policymakers, and the general public (Butt, Bierness, Stockwell, Gliksman & Paradis, 2011).

The LRDGs establish maximum consumption limits in relation to “standard drinks”, each of which contains 17.05 mL of ethanol, as found in 12 oz. (341mL) of beer, cider, or cooler at 5% alcohol by volume; 5 oz. (142 mL) of wine at 12% alcohol by volume; and 1.5 oz. (43 mL) of spirits at 40% alcohol by volume (Butt et al., 2011). The guidelines recommend that women limit consumption to a maximum of two standard drinks per day and ten per week, and men three standard drinks per day and fifteen per week (Stockwell et al., 2012).

By definition, drinkers who exceed the LRDGs are at increased likelihood of experiencing harm that spans more than 60 chronic and acute health conditions (Canadian Public Health Association [CPHA], 2011). These include neuropsychiatric (e.g., alcohol dependence syndrome, alcohol abuse); cardiovascular (e.g., ischemic heart disease, hypertension); gastrointestinal (e.g., liver cirrhosis, pancreatitis); mental illness (e.g., depression, anxiety); and suicide (Babor et al., 2010; CPHA, 2011). Further, a recent review of existing epidemiological and biological research by Connor (2016) confirmed a dose-response relationship between average alcohol consumption, and cancers of the oropharynx, larynx, oesophagus, liver, colon, rectum, and female breast. In addition, heavy per occasion (i.e., binge) drinking is associated with injury and death related to impaired driving and other accidents, concurrent substance use, physical and sexual violence, child abuse and neglect, and fetal damage (CPHA, 2011). Thus, alcohol-related harm extends beyond the drinker to virtually all members of society, including children.

In line with the LRDGs, alcohol control policies, most of which fall within provincial jurisdiction, moderate physical and economic access to alcohol, thereby affecting both supply and consumer demand (Babor et al., 2010; Campbell et al., 2009). Babor et al. (2010) define *alcohol policies* as “decisions made by government through laws, rules, and regulations, derived

from the legitimate purview of legislators and other public interest group officials, not from private industry or related advocacy groups” (p.6). Moreover, *physical availability* refers to the ease or convenience with which an individual can obtain alcohol (Osterberg, 2013). Policies which limit physical availability (often referred to as *control policies*) include price restrictions, minimum drinking age, and set hours or days of sale. In addition, control policies include limits on outlet density for both on-premise establishments (e.g., bars, restaurants) and off-premise retail outlets (e.g., the Liquor Control Board of Ontario [LCBO], the Beer Store). Measured as the number of outlets *per capita* or *per geographic region* (Campbell et al., 2009), outlet density is neither regulated nor legislated in Ontario (Giesbrecht et al., 2013). This is consistent with all Canadian provinces other than Saskatchewan, which restricts outlet density on a *per capita* basis (Giesbrecht et al., 2013).

Health in All Policies

Health in All Policies (HiAP) is an emerging approach to policy development whereby “public policies across sectors . . . systematically [take] into account the health implications of decisions, [seek] synergies, and [avoid] harmful health impacts in order to improve population health” (World Health Organizations [WHO], 2013, p.2). HiAP was most recently included as a central component of the WHO’s 8th Global Conference on Health Promotion (WHO, 2013), recognizing that government ministries operating in “silos” often present goals for which health considerations fail to take precedence. In such instances, while a policy may satisfy specific, immediate priorities of a non-health sector, it may concurrently introduce significant, unintended negative consequences to population health (National Collaborating Centre for Healthy Public Policy, 2010; WHO, 2013). This effect may be especially prevalent in larger, heterogeneous

policy environments (Wu, Ramesh, Howlett & Fritzen, 2010), and contexts in which commercial and vested interests exert pressure to influence narrowly-defined policy outcomes (WHO, 2013).

The WHO (2013) proposes six principles that HiAP, as a strategy for integrated policy development, should strive to achieve: 1) legitimacy (according to rights and obligations established by law); 2) accountability (of government toward citizens); 3) transparency (of policymaking processes and information use); 4) participation (of citizens in policy development and implementation); 5) sustainability (policies targeting present needs should not compromise future generations); and 6) collaboration (government ministries must work together in support of policies which foster health promotion and equity).

Although there is no explicit mention of HiAP within the Ontario Public Health Standards, they are thematically consistent with the emphasis on comprehensive, population-based health promotion strategies. In particular, Ontario's *Health Protection and Promotion Act* functions as the legislative mandate for the province's 36 health boards (MOHLTC, 2014, p.5), while the *Population Health Assessment* protocol further entails "monitoring . . . the health impacts of public health practice" (p.24). Despite growing attention to HiAP in Ontario (e.g., MOHLTC, 2011; Shankardass et al., 2011), its integration into policymaking processes remains inconsistent, thereby leaving room for public policies which may potentially introduce negative unintended consequences to population health.

Industry Role in Alcohol Policy Development

Notwithstanding that research findings suggest that policies governing the commercial sale of alcohol may affect population-level consumption, their development generally entails a power imbalance between health stakeholders and the vested interests that stand to profit from increased sales. In particular, the alcohol industry is a powerful, multi-national business complex

with significant financial resources and lobbying acumen (Babor, 2009). In many countries, despite its direct pecuniary conflict of interest, the alcohol industry is the dominant non-governmental presence in the policymaking arena, with significant capacity to influence agendas, legislators, and policy outcomes (Babor et al., 2010; Giesbrecht et al., 2006). Accordingly, the alcohol industry may represent a formidable barrier to the development of effective, evidence-informed policies, whereby constraining alcohol sales is necessary for harm prevention (Giesbrecht et al., 2006; Greenfield, Johnson & Giesbrecht, 2004; Ogborne, Giesbrecht & Room, 2006).

Babor (2009) identified several areas of interaction in which commercial interests have become increasingly involved in scientific alcohol research, including the funding of university-based scientists and centres; publishing scientific documents and supporting journals; and sponsoring scientific conferences and presentations. Such activities typically contribute little to scientific breakthrough or reductions in alcohol-related harm. Rather, they tend to focus on the “health benefits” of alcohol consumption while emphasizing individual drinker responsibility (Babor et al., 2010; Greenfield, Johnson & Giesbrecht, 2004). These strategies are used to shape public discourse on alcohol consumption, as well as health policy considerations (Babor et al., 2010). Moreover, industry efforts positioned as “corporate social responsibility” pave the way for self-regulation, as opposed to government regulation through evidence-informed control policies. Finally, the industry promotes ineffective, least-impact interventions (e.g., alcohol education) and, in so doing, directs policymaker and public attention away from population-level interventions informed by public health research (Caswell, 2009; Ogborne, Giesbrecht & Room, 2006). These efforts parallel those of the tobacco industry, which has relentlessly endeavoured to

control related discourse as the foundation upon which revenues have been retained through a “playbook” of strategies (see Brownell & Warner, 2009).

In recognition of the frequent role of industry in alcohol policy development, an independent coalition of 17 public health professionals submitted a formal Statement of Concern to the WHO Secretariat on February 5, 2013 (Caswell et al., 2013). In particular, the coalition called for the implementation of “stronger conflict of interest policies”, and the sanction of “partnerships with the commercial alcohol industry, its ‘social aspects’ organizations, and other groups funded by the commercial alcohol industry” (p.2).

Alcohol Policy Development: Knowledge Translation in Political Contexts

With few exceptions, public health research, including epidemiological surveillance, program and policy evaluation, and public opinion analysis, remains significantly underutilized in provincial alcohol policy development across Canada (Giesbrecht et al., 2006). Further, instances in which research-based evidence is referenced often occur through last minute consultations, in a *symbolic* manner, whereby policymakers endeavor to justify pre-established positions and vested interests (Dobbins, Jack, Thomas & Kothari, 2007; Giesbrecht et al., 2006). Thus, alcohol policies are rarely informed by wide-ranging, a priori impact assessments or background research. This deficiency may be particularly true for policies with substantial impact on alcohol sales and consumption rates, such as those related to outlet density and licensing (Ogborne, Giesbrecht & Room, 2006).

Literature examining broad contexts of public health policymaking has widely recognized the significant influence of commercial and other vested interests, political climate, and public sentiment among an array of inputs competing with research evidence (e.g., Liverani, Hawkins & Parkhurst, 2013; Orton, Lloyd-Williams, Taylor-Robinson, O’Flaherty & Capewell, 2011).

Although a number of knowledge translation facilitation strategies at the individual and organizational levels have been proposed, robust conclusions regarding their effectiveness remain largely unexamined (Lavis, 2006; Orton et al., 2011). This deficiency may be especially true in relation to alcohol policy, where knowledge translation initiatives, with explicit consideration of the interconnected roles of competing inputs, essentially remain all but non-existent.

High issue polarization – that is, divergent opinions regarding the framing and salience of a problem, as well as potential solutions – is negatively associated with *instrumental* research use (Contandriopoulos, Lemire, Denis & Tremblay, 2010), which entails policy decisions directly informed by relevant evidence (Dobbins et al., 2007). Moreover, as mentioned, heterogeneous policy environments present a significant barrier to integrated policymaking (Wu et al., 2010). In such instances, policy outcomes often reflect the preferences of those in power. This phenomenon, known as *satisficing*, results in policy implementation based on perceived acceptability among influential policymakers, while “the range of policy choices with potentially better results is never fully explored” (Wu et al., 2010, p.54).

Problem and Research Objective

The *Total Consumption Model* posits that increases in population-level alcohol consumption (expressed as *per capita* or *per drinker* consumption rates), are generally accompanied by increases in the prevalence of heavy drinkers (Schmidt & Popham, 1978). These increases further entail greater consumption across the entire population, ranging from the most modest drinkers (e.g., the 25th percentile) to the heaviest (e.g., the 95th percentile) (Babor et al., 2010). Critically important, therefore, is that increases in total consumption applies upward

pressure on the proportion of drinkers that exceed the LRDGs and, further still, on rates of alcohol-related harm.

In Ontario, the combined alcohol-related burden on health care, law enforcement, and lost productivity has been estimated at approximately \$5.3 billion annually (Rehm et al., 2006). Despite this figure exceeding direct provincial revenue from alcohol sales (Thomas, 2012), policies pertaining to alcohol retailing and distribution are increasingly being developed in concert with commercial interests or revenue-maximization goals. Accordingly, health constituencies face diminished roles as relevant policy actors and, as such, policies which increase access to alcohol through higher outlet density remain a significant concern.

As a policy for non-tax revenue generation introduced within the 2015 Budget, Ontario's grocery expansion initiative has yet to be analyzed from a public health perspective. This approach is central to population health promotion and protection, as mandated across both provincial and regional levels of policy development and service delivery. Thus, the aim of this research was to examine the role of health information, and the contexts and factors which shaped its use, in the development and implementation of the grocery outlet expansion initiative within the New Beer Framework.

Relevance to Health Information Science

This study is a direct examination of the ways in which health information informed the development and implementation of a policy which increases access to alcohol through the expansion of off-premise retail outlets. As such, it has capitalized on a ready opportunity to explore the beliefs and perceptions of key policy actors regarding the contexts and factors which determined *why* health information was used as it was. Moreover, it provides insight into the ways in which the outlet expansion initiative has been framed and communicated both within

specific policy networks, and to the public more generally. This study also explores knowledge translation processes across various stakeholder groups, and may contribute to future research efforts to refine existing strategies, or develop and evaluate new methods to inform healthy public policy. Finally, insight into the mechanisms of the policymaking process is useful for any future endeavours to implement an HiAP approach in Ontario.

Study Overview

This qualitative case study examined the development and implementation of Ontario's off-premise outlet expansion initiative within a policy environment defined by health promotion and protection. Kingdon's Streams Model (2011) served as the theoretical lens which informed a directed content analysis of two overarching sources of policy-relevant data: transcripts from a series of interviews with stakeholders anticipated to be directly or indirectly involved with the development of the policy, and publicly accessible documents related to the expansion initiative.

Formatted as a manuscript, chapter two presents a review the literature pertaining to off-premise alcohol outlet density, and details the methodology and methods used to conduct the study. Then, findings from the directed content analysis are presented according to Kingdon's Streams Model (2011). Chapter three discusses the implications of the research findings within the broader discipline of Health Information Science, and provides recommendations for future research.

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CHAPTER TWO

Introduction

In April 2015, the Ontario government announced its plans to initiate the phased introduction of beer sales in up to 450 grocery stores across the province. This policy was introduced despite a robust body of international research linking increased outlet density to higher rates of alcohol consumption and attendant harm (e.g., Babor et al., 2010). Moreover, the expansion initiative was developed and implemented within a broader context of health promotion and protection, as mandated to the Minister and Associate Minister of Health and Long Term Care (Wynne 2014a & 2014b). Similar requirements exist at the local program level, including those detailed within the Ontario Public Health Standards (Ministry of Health and Long Term Care, 2014), and Ontario's Public Health Sector Strategic Plan (Government of Ontario 2013). Accordingly, the goal of a health-oriented policy, as a minimum, would be to prevent any increase in overall alcohol consumption and, in the ideal, to effect a reduction in total consumption and related harm.

Health in all Policies (HiAP) is an emerging strategy for integrated, horizontal policy development (World Health Organization, 2013). As alcohol retailing and distribution in Ontario fall primarily within the jurisdiction of the Ministry of Finance, an HiAP approach would ensure that input from a range of health stakeholders would directly inform the development of related policies. However, in many countries, the alcohol industry is the dominant, non-governmental actor in the policymaking arena (Babor et al., 2010; Giesbrecht et al., 2006). Thus, as a powerful, multi-national business complex, the industry may significantly impede efforts aligned with HiAP, as policies which limit alcohol consumption are, by definition, in direct conflict with economic and commercial interests. Moreover, the divergent nature of the framing and salience

of alcohol-related problems often results in the last minute, symbolic use of relevant research evidence (Contandriopoulos, Lemire, Denis & Tremblay, 2010; Giesbrecht et al., 2006). As such, policy outcomes may narrowly benefit those in power, including commercial interests. This phenomenon, known as *satisficing*, typically results in policy implementation based on perceived acceptability among influential policymakers (Wu, Ramesh, Howlett & Fritzen, 2010).

Two key approaches comprise an overarching strategy to reduce alcohol-related harm in Ontario. First, the Canadian Low-Risk Drinking Guidelines (LRDGs) serve to inform health professionals, policymakers, and the general public of low-risk drinking practices (Butt, Bierness, Stockwell, Gliksman & Paradis, 2011; Stockwell, Butt, Bierness, Gliksman & Paradis, 2012). Those who exceed the recommended limits for the daily or weekly intake of “standard drinks” face an increased likelihood of experiencing more than 60 chronic and acute health conditions (Canadian Public Health Association, 2011). As well, alcohol control policies, such as limits to both on-and off-premise outlet density, aim to restrict the physical availability of beverage alcohol (Babor et al., 2010; Osterberg, 2013). Together, these two approaches pose significant implications for population-level alcohol consumption, as posited by the *Total Consumption Model* (Schmidt & Popham, 1978). More specifically, increases in total per capita or per drinker consumption following increased outlet density applies upward pressure on the proportion of drinkers who exceed the LRDGs and, accordingly, rates of alcohol-related harm.

Ontario’s grocery outlet expansion initiative has yet to be examined from a public health perspective, despite the aforementioned mandates pertaining to population health promotion and protection. Thus, the purpose of this research was to examine the role of health information, and the contexts and factors which shaped its use, in the development and implementation of the policy to increase off-premise outlet density as part of Ontario’s New Beer Framework.

Research Questions

This study was guided by four research questions:

1. What are the beliefs and perceptions of government policymakers regarding the role of health information in the development and implementation of Ontario's beer retail outlet expansion initiative?
2. What are the beliefs and perceptions among alcohol researchers regarding the role of health information in the development and implementation of Ontario's beer retail outlet expansion initiative?
3. What are the beliefs and perceptions among knowledge translation actors regarding the role of health information in the development and implementation of Ontario's beer retail outlet expansion initiative?
4. What are the beliefs and perceptions among media personnel regarding the role of health information in the development and implementation of Ontario's beer retail outlet expansion initiative?

Literature Review

Although grocery stores are privately owned and operated sales networks, Ontario presents an unusual alcohol policy environment in that the expansion initiative is not part of a shift toward increased system privatization. Such shifts typically entail “multi-dimensional policy changes” (Giesbrecht, Ialomiteanu & Mann, 2016, p.2) whereby controls such as limited outlet density, minimum pricing, and set hours of sale, are simultaneously relaxed through deregulation and open competition (Centre for Addiction and Mental Health [CAMH], 2004; Giesbrecht et al., 2013). However, the aforementioned social responsibility regulations (Appendix A) hold steady

these variables in Ontario, which are often linked to changes in alcohol consumption. This leaves increased retail outlet density as the sole change of significance.

Over a two-week period in June 2015, a high-level search was conducted to assess the scope of the literature. The search employed broad terms, including “alcohol control policy + outlet density restrictions”, “alcohol outlet density limits + population alcohol consumption” and “outlet density + alcohol control policy + Canada”. Searches specific to the public health impact of increased outlet density were also undertaken, including “increased outlet density + alcohol consumption + harm”. Approximately 15 articles were obtained, and the reference sections of each reviewed further.

The anomaly of Ontario’s highly-regulated alcohol policy environment has important implications, as there appears to be a dearth of literature examining the impact of increased outlet density in contexts where other controls are maintained. Accordingly, primacy was given to measures of the overall impact of specific control policies, including restrictions on outlet density. In so doing, two peer-reviewed studies and one book were included in the present review.

A second literature search was conducted in July 2016, and additionally included the academic databases Scopus and CINAHL. The above phrases were used for key word searches, and modified using Boolean search modes, as required. As well, an author-based search was conducted through Scopus, as a number of individuals are understood to be seminal contributors to alcohol research, including that related to alcohol policy. The search was limited to the English language, and included publications since the year 2000, so as to keep the process manageable.

A cautionary approach was taken with regards to the literature deemed relevant or applicable to Ontario's alcohol policy environment, as much of the findings come from alcohol retail and distribution systems wherein at least some degree of deregulation has occurred. Thus, while a total of 11 studies were originally collected, only three systematic reviews were included.

Systematic Reviews

Campbell et al., (2009) conducted a systematic review to assess the effectiveness of restricting alcohol outlet density to reduce harm caused by "excessive" alcohol consumption, including heavy daily drinking, and binge drinking (five or more drinks per occasion for men, and four or more for women). "Outlet density" included *per area* or *per population* measures of both on-and off-premise venues at which alcohol was available. The review covered 88 peer-reviewed journal articles, books, and government reports published until 2006. Both primary evidence (e.g., time-series analyses, outcome measures before and after privatization) and secondary evidence (e.g., cross-sectional studies) were considered.

The authors noted a gap in literature pertaining to a public health impact directly associated with changes to outlet density. Further, simultaneous changes across numerous control policies were cited as significant impediments to isolating the singular impact of policy changes to outlet density on alcohol consumption. Accordingly, the policy environments of most reviewed studies did not reflect that of Ontario's.

These constraints notwithstanding, Campbell et al. (2009) concluded that increased outlet density is associated with increased alcohol consumption and attendant harm. Recognizing the potential for revenue loss following density reductions, the authors further noted, "even in the absence of published data . . . it should be expected that the cost of restricting access to alcohol by limiting the number of outlets is likely to be small relative to the societal cost of excessive

alcohol consumption” (p. 567). The authors suggested that future research should include case studies to “guide policy decisions regarding alcohol outlet density in other communities”, (p.567) including considerations of the potential unintended consequences of increasing outlet density.

A second systematic review by Popova, Giesbrecht, Bekmuradov & Patra (2009) yielded similar results. The review included 59 peer-reviewed sources published from 2000-2008, and focused specifically on the impact of changes to a) hours and days of sale, and b) alcohol outlet density (AOD) on overall alcohol consumption, drinking patterns, and alcohol-related damage. The policy measures were described as “particularly potent in controlling consumption and damage from alcohol” (p.501). Much of the reviewed literature overlapped with that of the review by Campbell et al., (2009), with findings demonstrating a “generic convergence” (p.501) with the seminal works of Holder & Edwards (1995), and Babor et al. (2010).

Popova et al. (2009) note “substantial changes” (p.500) to alcohol systems across Canadian jurisdictions to consistently include increases in outlet density. Regarding the prevention of associated harm, the authors report that provincial liquor board mandates are “narrowly restricted” (p.500) to social responsibility measures, which typically fail to limit overall alcohol sales and effectively reduce heavy alcohol consumption. Accordingly, it was concluded that increased access to alcohol can be expected to contribute to a growing alcohol-related burden.

In light of the above, the authors recommend a “precautionary approach” (p.514) including: a) a moratorium on increasing access to alcohol; b) implementation and evaluation of “most effective” interventions; and c) a centralized role for health and safety stakeholders in the development and implementation of alcohol control policies.

Finally, Gmel, Holmes and Studer (2016) provided a critical review of recent evidence, including the systematic reviews by Campbell et al. (2009) and Popova et al. (2009). The authors

noted that, while Popova et al. (2009) found virtually *any* measure of outlet density to be associated with their three outcome measures, the review failed to account for variability in the strengths of study designs. Moreover, they noted that the primary evidence examined by Campbell et al. (2009) contained “unexplainable differences in findings” (Gmel, Holmes & Studer, 2016, p.41), whether among the same geographic units (e.g., neighbourhoods) or topic areas (e.g., privatization). As well, many of the time-series analyses were dated, thereby “potentially reducing their explanatory power in the situation of increased market liberalism” (p.41). Finally, the authors note that study designs and outcome measures of the existing body of research were too heterogeneous for meta-analysis.

In addition to the foregoing critique, Gmel, Holmes and Studer (2016) conducted a systematic review on 65 peer-reviewed articles published from 2009-2014. While the authors concluded there to be a degree of association between outlet density and alcohol-related harm, they note that, for a number of reasons, their review “does not permit any concrete recommendations for policymaking” (p.50). For example, high variability in the findings were attributed to differences in aggregates of geographic units, measures of density, dependent variables, and statistical models. The authors further highlight discrepancies “even within the same geographic region or across studies by single research groups where comparable methodologies were used” (p.50). Accordingly, a number of important recommendations for future research were put forth. For example, conclusions which recommend density reductions should clearly specify outlet type, as the authors posit, “it may be that very specific circumstances of outlet types play a role across different study locations” (p.50). As well, the authors note the importance of assessing the generalizability of findings so as to better convince policymakers of the likely impact of a particular intervention.

Alcohol Control Policies: Restricting Outlet Density

Xuan et al. (2015) examined a state “policy environment” comprised of 29 alcohol policies and found that those limiting physical availability accounted for an effect magnitude of approximately 90 per cent. Of this impact, taxes and outlet density accounted for approximately one half. Moreover, outlet density demonstrated a strong independent association with binge drinking (five or more drinks per occasion for men, and four or more for women). Of note, the policy environment construct was developed using an Alcohol Policy Scale, validated by the Centers for Disease Control and Prevention through longitudinal and repeated cross-sectional generalized estimating equation (GEE) models. Over a five-year period, the researchers observed temporal relationships between policy implementation and subsequent drinking-related outcomes, thereby introducing the likelihood of causal rather than associative relationships (Xuan et al., 2015).

These findings are consistent with previous conclusions regarding the impact of physical availability control policies. In their seminal text, Babor et al. (2010) systematically rated the effectiveness of 42 international alcohol policies according to three major criteria: the *consistency* of scientific research demonstrating reduced alcohol consumption or related harm; the *breadth* of available evidence supporting the impact of a particular intervention; and the extent to which an intervention has been *cross-tested* across diverse contexts. Restrictions on outlet density were rated as one of the “strongest” among 42 strategies for reducing alcohol-related harm, ranking third after alcohol pricing and taxation. In relation to the *consistency* criterion, outlet density ratings indicated evidence of moderate effectiveness at reducing consumption and alcohol-related problems. In terms of *breadth*, sufficient literature had been

generated to permit integrative literature reviews and meta-analyses; and in relation to *cross-testing*, supportive findings were found across several countries (Babor et al., 2010).

In similar fashion, Giesbrecht et al. (2013) employed a scorecard approach to compare the implementation of 10 policy dimensions to assess the alcohol policy environment within each Canadian province. Each dimension was weighted to reflect variation in its overall potential for harm reduction in relation to *scope* (i.e., the number of people potentially impacted) and *effectiveness*. Physical availability, including restrictions on outlet density, received a top rating of 15 out of a possible 25 points, ranking second only to pricing policies (Giesbrecht et al., 2013). Furthermore, the authors recommended that provinces adopt regulations to establish outlet density according to population size (i.e., *per capita*) or, as a minimum precaution, seek citizen input regarding the number and location of new outlets at the municipal level.

In summary, the above systematic reviews conclude there to be at least some degree of negative public health impact associated with increases to outlet density. Importantly, the review highlights a dearth of literature examining any public health implications directly associated with changes to outlet density. As well, there appears to be a number of methodological issues surrounding this body of research, which may have important implications for the findings. Finally, the reviews provide little insight into the contexts and factors that have contributed to policy decisions, including detailed accounts of government structures, the policy actors involved, and the roles of health stakeholders versus commercial interests. This notwithstanding, three systematic measures of alcohol control policies concluded limits to outlet density to be highly effective in reducing alcohol consumption and related harm.

Theoretical Lens: Kingdon's Streams Model

This study was guided by Kingdon's Streams Model (2011) - an empirically-based theory

which serves as an explanatory framework for two important policy processes: 1) why one subject or problem, versus any conceivable other, ascends to prominence on the policy agenda; and 2) why only a few related policy alternatives or solutions are seriously considered for implementation.

While this framework can reasonable extend to the entire policymaking process (Zahariadis, 1999), it is noted as especially pertinent to two distinct pre-decision components: setting the *governmental agenda*, defined as “the list of subjects or problems to which government officials and . . . people closely associated . . . are paying some serious attention at any given time” (Kingdon, 2011, p.3); and *alternative specification*, which “narrows the large set of possible alternatives to that set from which choices are actually made” (p.196). The remaining choices present within the *decision agenda*, or, “the list of subjects that is moving into position for an authoritative decision” (p.202).

The Streams Model was deemed appropriate as the theoretical lens for the present research, as it provides rich insight into the inner mechanisms of a policy environment to discern *how* and *why* an agenda changes. It may additionally account for the state of an existing agenda at any given time. To do so, Kingdon (2011) calls to attention three distinct, yet simultaneously interactive *process streams*, as follows:

Problem Stream

An existing condition may come to be identified as a problem following a perceived need for change. Kingdon proffers three means through which individuals become aware of a condition:

- *Systematic indicators* of magnitude or change, as demonstrated through routine monitoring or commissioned studies;

- *Focusing events* such as disasters or crises – especially those which parallel robust indicators, or reinforce pre-existing perceptions of a problem; and
- *Feedback* which contrasts intended versus actual policy performance, including failure to meet goals, or unanticipated consequences.

Kingdon further posits three interpretive lenses through which an existing condition may be translated into a problem:

- *Values*, which may lead to a perceived discrepancy between an observed versus ideal condition;
- *Comparison* of existing conditions to other jurisdictions; and
- *Classification* of a condition into one category over another, subsequently structuring the perception and definition of a problem, as well as the response.

Of note, problem definition is a highly perceptual and interpretive process which is crucial to setting the governmental agenda (Kingdon, 2011).

Policy Stream

The policy development process is likened to a primeval soup, wherein a theoretically infinite number of proposals continuously interact to become *mutated* and *recombined*. Thus, focus must be upon “the conditions under which ideas survive” (p.124), rather than their origins.

Three criteria may shape the policy proposal selection process:

- *Technical feasibility* suggests that all functional elements of a proposal have been addressed to the extent that implementation appears viable;
- *Value acceptability* indicates the degree of compatibility across principles of ideology, equity, or efficiency, among relevant policy actors; and

- *Future constraints* on a proposed idea, including budgetary costs, public sentiment, and political receptivity, are anticipated to be minimal.

The policy and political streams function as independent, yet concurrent forces within a policy environment. This is due, in large part, to the role of *specialists* within a given problem area, including researchers, academics, and interest groups. Such specialists function as “hidden participants” (p.200) with “proposals they would like to see seriously considered” (p.122). Thus, a vast range of policy proposals precedes any consideration of the above selection criteria, as *policy entrepreneurs* – individuals who invest time, reputation, and money in the interest of a range of favourable returns – advocate certain policies by *softening up* general and specialized communities.

Kingdon (2011) cautions against overlooking the *substance* of ideas in light of external pressure from advocates; proposals are typically scrutinized through cost-benefit analyses, or argumentation and rationalization required to overcome intellectual binds. Such methods entail “working through problems and proposals, in contrast to working through them by lobbying or mobilizing of numbers of people” (p.125). These processes become intertwined with the aforementioned selection criteria to permit a narrow set of proposals for serious consideration. Thus, *diffusion of ideas* leads to emerging consensus within a policy community whereby, following a degree of *persuasion*, specialists come to recognize a problem, and settle on viable policy solutions (Kingdon, 2011).

Political Stream

The political climate is comprised of a number of internal forces which may substantially impact the governmental policy agenda:

- *Public mood* encapsulates a discernable direction in thinking or attitude which extends beyond the aforementioned policy communities. Changes to general sentiment ultimately influence government receptivity to certain agenda items, and may be communicated via interest group leaders, party activists, or general and specialized media;
- *Organized political forces* deemed “visible participants” (Kingdon, 2011, p.200) include business and industry representatives, government personnel as lobbyists, and union, labour, or public interest groups. These stakeholders may act to promote or preserve favourable policy outcomes, with those who demonstrate “superior political resources, such as group cohesion, their advantage in electoral mobilization, and their ability to effect the economy” (p.151) considered to be dominant actors;
- *Turnover of key personnel* may result in a shift in the prioritization of certain agenda items, or a disregard of issues previously considered pressing. Kingdon (2011) describes ideological changes as “easily recognizable products” (p.154) of policy actor turnover; and
- *Questions of jurisdiction* call to attention “battles over policy directions” stemming from various positions, interests, and expectations within operational boundaries. Fragmented policymaking may confine potential items to the attention of few, thereby preventing the diffusion of ideas throughout the broader policy arena.

Whereas actors in the policy stream seek consensus through persuasion of the virtue of a proposal, Kingdon (2011) highlights *bargaining* as a key mechanism within the political stream. As such, “coalitions are being built through the granting of concessions in return for support of the coalition” (p.159). Those who miss the *bandwagon* are denied the potential benefits of a policy outcome. While active efforts among organized forces are central to shaping policy

alternatives, their impact on agenda setting is noted to be significantly less powerful than that of public mood and elections.

Coupling and Policy Windows

Rather than adhering to a linear model whereby policy solutions are formulated subsequent to problem recognition, proposals are understood to be pervasive within the policy stream. On occasion, events in the problem or political stream present a *policy window* as a brief opportunity for action. In such instances, *partial coupling* may entail linking solutions to pressing problems, or opportune political events to policy alternatives. While partial coupling typically sets the governmental agenda, a complete convergence of all three streams significantly increases the likelihood of an item reaching the *decision agenda*. For this to occur, not only must conditions within each stream be ideal, but action must be taken within the markedly limited duration of an open policy window.

Methodology

This research employed a qualitative case study design as a means of empirical inquiry which “investigates a contemporary phenomenon in depth”, and whereby contextual conditions are considered “highly pertinent to [the] phenomenon of study” (Yin, 2009, p.18). As such, the *phenomenon* serves as the unit of analysis (i.e., the *case*) (Miles & Huberman, 1994), and may be bound in scope through limitations to participant inclusion, geographic area, and relevant timeframe (Yin, 2009). Moreover, a *contemporary* phenomenon is one which permits the use of direct observation and participant interviews and, accordingly, necessarily distinguishes the case study from similar approaches such as the historical method (Yin, 2009). These data sources are situated within a larger body of evidence, including policy documents, research reports, archival records, or autobiographical documents (Baxter & Jack, 2008; Berg, 2007). Rowley (2002)

notes, “each source has its strength and its weakness, and the richness of the case study evidence base derives largely from this multi-faceted perspective” (p.23).

Similarly, *contextual* considerations are central to the phenomenon of interest, and further distinguish the case study from experimental methodologies for which variables beyond the unit of analysis are controlled through direct and systematic manipulation (Darke, Shanks & Broadbent, 1998; Yin, 2009). As described by Simons (2009), the case study entails “an in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular event, project, policy, institution, programme or system in a ‘real life’ context” (p.21).

This research set out to examine the role of health information, and the contexts and factors which shaped its use, in the development and implementation of the outlet density expansion initiatives within Ontario’s New Beer Framework. In light of the definition put forth by Yin (2009), the scope of the unit of analysis was defined and bound as follows:

- **Phenomenon:** the role of health information which, based on the mandates of the Ontario government, would be reasonably expected to have informed the New Beer Framework’s expansion initiatives;
 - **Timeframe:** approximately 20 months, following the appointment of the Premier’s Advisory Council on Government Assets (i.e., April 2014), through to expansion implementation (i.e., the sale of beer in grocery stores in December 2015);
 - **Participants:** government policymakers, alcohol researchers, knowledge translation organizations, and media personnel.

Finally, Yin (2009) notes the case study methodology to be especially pertinent to research which seeks to explore the *how* or *why* of a particular phenomenon. The author further recommends that theoretical specification be embedded from the outset of the case study design

to serve as a “sufficient blueprint” (p.36) for the research. Thus, within the present study, questions of a how and why nature were addressed implicitly through application of Kingdon’s Streams Model (2011). In particular, the *role* of health information (i.e., *how* health information was used) was presumed to have been shaped by the *contexts* and *factors* surrounding the expansion policy (i.e., *why* it was used as it was). As previously detailed, the Streams Model is especially appropriate for research which necessitates rich insight into the mechanisms of a policy environment.

Sampling and Recruitment

Purposive sampling was used as a method of non-random participant selection based on stakeholder qualities anticipated to be relevant to the present research (Tongco, 2007).

Participants were selected according to at least one of three criteria:

1. The participant was directly involved with the development or implementation of, or dissemination of information pertaining to, the outlet expansion policy;
2. The participant’s affiliated organization included a public health mandate to develop or foster healthy public policy;
3. The participant was directly involved with the development or implementation of, or dissemination of information pertaining to, past alcohol policy issues of a similar nature.

These criteria were established in the interest of recruiting policy actors anticipated to best address the research question corresponding to his or her designated stakeholder group:

government policymakers (i.e., actors indicated within published policy documents or news sources), *alcohol researchers* (i.e., authors of peer reviewed, published research), *knowledge translation actors* (i.e., authors of official letters disseminating health information to

policymakers, or individuals identified according to high-level roles within public health organizations), and *media personnel* (i.e., those who have reported on the expansion policy).

Stakeholder groups were informed by Kingdon's Streams Model (2011), and their inclusion within the study intended to present a range of perspectives in terms of "visible" and "hidden" participants (i.e., those involved in *agenda setting*, *alternative specification*, or both). Consistent with the definition of "alcohol policies" by Babor et al. (2010), participation among actors within the alcohol industry (e.g., brewer representatives) was not sought.

Recruitment was initiated in January 2016, at which time each candidate participant was contacted via his or her publicly accessible email address (n=48), and provided with a scripted invitation and Letter of Information (Appendix B). One follow-up email was sent to individuals who did not respond within two weeks following initial contact. Those who agreed to participation (n=11) signed and returned scanned copies of the consent form (Appendix C), and indicated their preferred time and place for the interview.

Sample

Eleven participants were recruited between January and March 2016, and included four government policymakers, two alcohol researchers, four knowledge translation actors, and one journalist. Two participants were involved with the development and implementation of the grocery expansion policy through direct consultation, and one through information dissemination. Furthermore, each of the eleven participants had a direct role in developing or reporting on past alcohol policies of a similar nature. Finally, only one professional role did not entail a mandate related to developing or fostering healthy public policy (see Table 2).

Table 1: Sample Characteristics

Stakeholder Group	Participant Role & Relevant Inclusion Criteria
Government Policymakers	Member of Provincial Parliament ^{2,3}
	Member of Provincial Parliament ^{2,3}
	Bureaucrat ^{1,2,3}
	Bureaucrat ^{2,3}
Alcohol Researchers	Alcohol Researcher ^{2,3}
	Senior Scientist ^{2,3}
Knowledge Translation Actors	Manager ^{2,3}
	Policy Analyst ^{2,3}
	Chief Executive Officer ^{1,2,3}
	Chair ^{2,3}
Media	Journalist ^{1,3}

Note: (1) Participant directly involved with the outlet expansion policy; (2) Affiliated organization included mandate to develop/foster healthy public policy; (3) Participant directly involved with past alcohol policy issues of a similar nature; A Member of Provincial Parliament (MPP) is an elected official of the Legislative Assembly of Ontario who represents an electoral district within the province.

Data Collection

Semi-Structured Interviews

Participant interviews were semi-structured through use of an interview guide designated for each of the four stakeholder groups (Appendix D). As such, questions were delivered in a predetermined and consistent manner, while permitting a degree of additional conversation and

participant input (Berg, 2007). Moreover, individual questions were developed in consideration of Kingdon's Streams Model (2011) in that each was relevant to either the problem, political, or policy stream. Thus, each interview guide informed its corresponding research question pertaining to the role of health information, as perceived by each stakeholder participant.

Four telephone and six face-to-face interviews were conducted between January and March 2016, and ranged in duration from 25 to 90 minutes. In addition, one participant declined to be interviewed, preferring instead to provide written responses to the interview questions.

Each interview was audio-recorded, and supplemented with hand-written field notes pertaining to information for subsequent follow-up (e.g., policy development consultation dates, the dissemination of health-related documents). This process further entailed documenting emergent and consistent themes across interviews so as to inform later data analysis. Following completion, interviews were transcribed verbatim using Microsoft Word 2015, and accuracy ensured by listening to each audio recording during the initial coding process.

Policy Documents

Publicly accessible policy documents relevant to each stakeholder group were collected to a) establish an event timeline for the development and implementation of the expansion policy; and b) supplement and corroborate interview material with relevant sources regarding positions and perspectives of key policy actors, and the ways in which the policy issue had been framed and communicated.

Collection of policy documents produced by government, alcohol researchers and knowledge translation actors was conducted through a scoping search of organization websites, including that of the Ontario Government, Centre for Addiction and Mental Health (CAMH), Ontario Public Health Association (OPHA), Canadian Centre for Substance Abuse (CCSA),

Registered Nurses Association of Ontario (RNAO), Association of Local Public Health Agencies (alPHa), Mothers Against Drunk Driving (MADD) Canada, Cancer Care Ontario (CCO), Canadian Cancer Society (CCS), Addictions and Mental Health Ontario (AMHO), Mental Health Commission of Canada (MHCC), and each of Ontario's 36 public health units. An additional grey literature search was conducted using the Canadian Health Research Collection Database, accessible through the Western University Libraries system.

A separate search for media publications was limited to the Toronto Star for its prominent coverage of Queen's Park, as well as the Globe and Mail and National Post for their frequent focus on provincial events. These particular sources further permitted consideration of a range of ideological alignments and, in turn, varied presentations of the policy issue. Moreover, as syndicated news sources, the inclusion of regionally-based media was deemed redundant, thereby allowing the breadth of document retrieval to remain manageable. Thus, media articles were obtained through the Canadian Newsstand Major Dailies Database, accessible through the Western University Libraries system. The scope of the search was limited to relevant press releases, editorials, and opinion editorials published between January 1st, 2014 and January 30th, 2016. These parameters ensured collection of publications pertaining to pre-policy events (i.e., coverage pertaining to the *problem*), as well as policy development and implementation (i.e., coverage pertaining to *politics*, or to *policy* alternatives). A total of 120 policy documents were initially collected; only those directly related to the development and implementation of the expansion policy were included in the analysis (n=69) (see Table 3 in Appendix E).

Data Management and Analysis

Berg (2007) defines content analysis as “a careful, detailed, systematic examination and interpretation of a particular body of material in order to identify patterns, themes, biases, and

meanings” (p.303). Accordingly, interview and policy documents were uploaded to NVivo 10 qualitative software for *directed* content analysis, whereby the theoretical lens was established as the initial coding scheme (Hsieh & Shannon, 2005). In particular, the operational constructs of Kingdon’s *problem*, *political*, and *policy* streams served to guide the open coding process, which required “analyzing the data minutely” to ensure “theoretical coverage [was] thoroughly grounded” (Berg, 2007, p.153). This process necessarily entailed combined use of both predetermined and emerging codes (Creswell, 2014; Hsieh & Shannon, 2005). More specifically, *manifest content*, “comparable to the *surface structure* present in the message” (Berg 2007, p.308) served to designate data into broader stream categories (i.e., *problem*, *politics*, or *policy*). In addition, *latent content*, “comparable to the *deep structural* meaning conveyed by the message” (p.308) was inductively coded into subcategories, so as to “further refine, extend, or enrich the theory” (Hsieh & Shannon, 2005, p.1283). As such, subcategories aligned with mechanisms specific to a particular process stream. For example, following the introduction of the expansion policy, a “lack of negative feedback” perceived by interview participants was thought to be indicative of *public mood* in the broader *political stream*, and thus coded accordingly. However, this response was further interpreted according to its political resonance following *turnover of key personnel* (i.e., new Liberal leadership), and as a calculation of *future constraints* (i.e., public sentiment) within the broader *policy stream*. Thus, inductive coding permitted sub-categorization of latent content across the predefined process streams.

Following the initial open coding, the high volume of descriptive codes was aggregated into broader categories within each of the process streams. In so doing, relationships within and across each stream became readily apparent. For example, multiple sources indicated the expansion policy was framed as a means of *increasing accessibility*, *improving selection*, and

improving choice. Accordingly, these codes were collapsed into a broader *enhanced convenience* category within the problem stream (i.e., expansion served to solve these issues, which were deemed problematic). This process ensured that emerging themes remained grounded in the theoretical lens and, accordingly, served to inform the role of health information in the development and implementation of the expansion policy.

Stakeholder interviews were conducted concurrent with the analysis of both the completed interview transcripts, and policy documents. In so doing, emerging themes and patterns served to modify slightly the semi-structured interview guides, and often necessitated that sources be revisited for recoding.

Upon completion of analysis, there was a strong sense that saturation had been achieved in that additional data merely confirmed existing findings (Berg, 2007; Houghton et al., 2013). Kingdon's Streams Model (2011) will guide the discussion of the findings derived from the directed content analysis (Hsieh & Shannon, 2005)

Establishing Trustworthiness

A number of measures ensured the rigour of the qualitative case study, as per the criteria put forth by Lincoln and Guba (1985). To establish the *credibility* of the research, or, "the value and believability of the findings" (Houghton et al., 2013), purposive sampling was used as a method of non-random participant selection (Tongco, 2007), and data from participant interviews supplemented with a number of policy documents. This method of triangulation is a significant benefit of the case study design (Houghton et al., 2013), whereby "findings are strengthened by the convergence of information" (Darke, Shanks & Broadbent, 1998, p.286). As well, NVivo 10 served as a database through which data were systematically managed and

analyzed (Baxter & Jack, 2008; Darke, Shanks & Broadbent, 1998), with coding independently reviewed by the thesis supervisor.

In addition to credibility, the *dependability* criterion for qualitative rigor refers to “stability after discounting conscious and unpredictable (but rational and logical) changes in findings during repetitions of the study” (White & Marsh, 2006, p.38). An audit trail was created using NVivo 10 qualitative software so as to document the rationale for specific ideas, decisions, and conclusions (Houghton et al., 2013). This process was supplemented with comprehensive notes regarding methodological and analytical decisions, thereby enhancing transparency pertaining to the *how* or *why* of particular conclusions.

Self-reflexivity was exercised from the outset of the study as a means of reflecting on “personal background, culture, and experiences [which] hold potential for shaping [researcher] interpretations. . . ascribed to data” (Creswell, 2014, p.186). Particularly pertinent during this process was consideration of my past role as a research assistant at the Centre for Addiction and Mental Health (CAMH), and direct involvement with reporting on alcohol control policies. As such, it was important for me to clearly distinguish the research *aim* – that is, to explore the *role of health information* in the development and implementation of the expansion policy. In so doing, I made every effort to remain aware of my personal views regarding the expansion initiative, and separate them from the research process accordingly. Similarly, as a graduate student in a health-related discipline, efforts were made to reduce a perceived sense of social desirability among some interview participants. More specifically, at times I felt it necessary to provide a degree of rationale for certain interview questions by contextualizing them according to the research aim. This approach was generally effective in facilitating candid discussion, as it was then understood that there were no “right” or “wrong” answers. Further, it allowed for a

broader range of perspectives regarding the role of health information, rather than a narrower, preconceived notion of its *expected* use.

The third criterion for establishing rigour, *transferability*, encompasses the applicability of the findings to other contexts, “while still preserving the meanings and inferences of the completed study” (Houghton et al., 2013, p.16). As context is understood to be central to the case study phenomenon (Baxter & Jack, 2008), findings necessitate thick descriptions of context and data (Houghton et al., 2013, p.16). Accordingly, this research incorporated multiple policy documents so as to establish a rich interpretation of the policy issue. Moreover, the findings are supplemented with quotations from semi-structured interviews (i.e., raw data). In so doing, readers are better able to make alternative interpretations and, further still, informed decisions regarding the degree of transferability (Houghton et al., 2013).

Finally, Rowley (2002) calls to attention the process of analytical (rather than statistical) generalization, whereby pre-existing theory serves as a template “to compare the empirical results of the case study” (p.20). Thus, Kingdon’s Streams Model (2011) serves as the theoretical lens through which findings from the present study may be contextualized and compared (White & Marsh, 2006).

Ethics

Data collection commenced following approval from the Western University Non-Medical Research Ethics Board (NMREB) (No. 107275) (See Appendix F). Anonymity and confidentiality of all participant data were ensured through the removal of personal identifiers from interview transcripts, and storage of all study documents on a password-protected Western University server.

An amendment to the Ethics Protocol seeking to extend data collection beyond publicly accessible policy documents was approved by the NMREB on April 8th, 2016. In particular, the researcher sought permission to submit a Freedom of Information (FOI) request to the Cabinet Office privacy coordinator. This process was deemed necessary upon learning of a non-disclosure agreement which precluded the identification of stakeholders invited for pre-policy consultation with the Premier's Advisory Council on Government Assets. As such, details of public health input, or related health information which directly informed the policy's development, remain undisclosed. Accordingly, the FOI request was submitted to the Cabinet Office on April 11th, 2016. Due to the nature of the request, however, access to relevant documents was not obtained in time for inclusion within the present study.

Findings

The following presents broad thematic categories according to the problem, policy, and political streams of Kingdon's Streams Model (2011). Sub-categories are comprised of key operational constructs within each process stream, and collectively establish the contexts and factors which shaped the role of health information in the development and implementation of Ontario's grocery expansion initiative. Data from policy documents, media sources, and participant interviews are included.

1.0 Problem Stream

1.1 Systematic Indicator: The Drummond Report

Following the 2011 Ontario Budget commitment to eliminate the deficit by 2017-18, Premier Dalton McGuinty appointed the *Commission on the Reform of Ontario's Public Services* (hereafter, "the Commission") to investigate the province's projected economic outlook. Chaired by TD Bank chief economist, Don Drummond, the Commission was guided by a five-part

mandate, from which three should be noted: a) “once the budget is balanced, ensure a sustainable fiscal environment”; b) “ensure that the government is getting value for money in all its activities”; and c) “do not recommend tax increases” (Drummond, Giroux, Pigott & Stephenson, 2012, p.11).

The final report, often referred to as *The Drummond Report*, was released with 362 recommendations on February 15th, 2012. The Commission noted its overarching message to be “profoundly gloomy” (Drummond et al., 2012, p.80), whereby “decisive, firm and early action is required to get off [the] slippery, and ultimately destructive slope” (p.14). This position was reflected in two major assessments. First, as outlined in the 2011 Budget, the measures intended to eliminate the deficit by 2018 were deemed largely insufficient. Second, a *Status Quo Scenario*, whereby existing government policies or programs remained in place, projected the deficit to more than double to \$30.2 billion by 2018. As such, net public debt would total \$411.4 billion, or, “equivalent to just under 51 per cent of the province’s GDP” (p.2). Accordingly, the Commission posited a *Preferred Scenario*, having noted, “we can no longer assume a resumption of Ontario’s traditional strong economic growth and the continued prosperity on which the province has built its public services” (p.1). Thus, while cuts to program spending took precedence among recommendations, Government Business Enterprises (GBEs), including the Liquor Control Board of Ontario (LCBO), were highlighted as valuable sources of non-tax revenue (Drummond et al., 2012). Accordingly, the Commission advised against GBE divesture to avoid “a lump-sum payment to the province at the expense of future revenue streams” (p.56). Instead, the report outlined opportunities to enhance LCBO returns, as follows:

“Recommendation 17-2: While continuing to promote socially responsible consumption,

undertake initiatives to enhance Liquor Control Board of Ontario's profits, including...[to] more aggressively pursue store expansion" (Drummond et al., 2012, p.111)

The Commission stipulated "pervasive and speedy" implementation of all recommended reforms, "or at least some reasonable facsimile in fiscal terms" (Drummond et al., 2012, p. 493). Accordingly, the LCBO initiatives were included within each Ontario budget following the Drummond Report (see Table 4 in Appendix G). As one interview participant explained:

In the last couple of budgets there were specific things about expanding alcohol, so I had to make sure to let [our members] know that this is on it's way. So, circle the wagons, rally the troops. [Knowledge Translation Actor #2]

Similarly, two participants described the Ministry of Finance and fiscal policy as central to alcohol retailing in Ontario, as well as the development of related policies:

Alcohol policy tends to be determined by the Liquor Board, which is basically the Ministry of Finance, and the producers. And, to some extent, the Cabinet has a role somewhere. [Alcohol Researcher #2]

Here in Canada, typically all monopolies report to finance ministers. So, you know, the revenue is the bottom line. [Alcohol Researcher #1]

1.2 Returns on Government Business Enterprises: Introducing Limited Competition

The Premier's Advisory Council on Government Assets (hereafter, "the Council") was appointed in April 2014 to "maximize the value and performance of government business enterprises" (Clark et al., 2014, p.19). Accordingly, the Council worked alongside Finance Minister, Charles Sousa, who, in September 2014, was mandated by the Premier to:

- "Advise the Premier's Advisory Council on Government Assets on ways to maximize the value of . . . the LCBO; and

- Improve the province’s existing beer retailing system by reducing red tape and allowing new opportunities for retailing” (Wynne, 2014c, p.4).

In light of the above mandate, the Council noted, “it was impossible to consider the LCBO’s place in the beverage alcohol sector without acknowledging the Beer Store... as [a competitor and comparator]” (Clark et al., 2014, p.21). Similarly, Premier Wynne accounted for the Beer Store’s inclusion within the scope of the GBE review, despite its private ownership:

There was an inherent unfairness in the model of the Beer Store that had evolved over time... The changes that Ed Clark [Chair of the Council] has proposed and that we are adopting will address some of that unfairness. [Wynne, 2015]

Released in November 2014, the Council’s Initial Report provided an overall assessment of Ontario’s three major alcohol retail entities (the LCBO, the Beer Store, and off-site wine retailers), and included broad opportunities to *introduce limited competition* “without undermining the fundamental economics and advantage of the monopoly system” (Clark et al., 2014, p.4).

1.3 New Sales Channels: Ontario Grocery Stores

Following approval of the Council’s initial direction, Premier Wynne authorized Phase 2 of the review, wherein “obtaining greater financial returns from the system was important, but secondary to . . . priorities of supplier fairness and consumer benefit” (Clark et al., 2015, p.17). Accordingly, the review process, which sought to “reframe” Ontario’s existing alcohol retail and distribution system (p.16), was guided by five principles, of which three should be noted: “enhanced customer experience and convenience” by improving access to beer; “increased competition” among existing quasi-monopolies; and secured “financial benefits to the province”

while maintaining prices below the Canadian average (p.16). The grocery expansion initiative was subsequently introduced within the Council's Final Report in April 2015.

In discussing the degree of competition proposed in the Initial Report, the Council noted jurisdictional comparisons to have demonstrated a “troubling pattern” (Clark et al., 2015, p.16). Specifically, following increases in private sales channels across British Columbia, Alberta, and Quebec, “retail and distribution costs increased, consumer prices went up, and, in some cases, government tax revenues declined” (p.16). These “important consequences and implications” (p.28), provided impetus for *limited* retail competition beyond the LCBO and Beer Store. As noted by Premier Wynne:

What the member opposite is saying is that he thinks, basically, we should just open up the distribution network, and beer should be available everywhere. Just be careful, because when you look at other jurisdictions where that has happened, what you see is, the beer price goes up about five dollars for a two-four. [Wynne, 2015]

The Council's Final Report concluded that beer sales in grocery stores “allows for a high level of access for consumers” (Clark et al., 2015, p.35), and affords a choice of “whether to shop at an LCBO store for the experience, at a [Beer Store] for larger pack sizes and greater value, or at a grocery store for one-stop shopping convenience” (p.35). Although such expansion permits a “relatively high density of retail outlets” (p.38), it would be within the confines of existing social responsibility regulations, so as to “*not encourage* increased consumption” (p.36) [italics added]. As noted by Premier Wynne, “I’m as concerned as anyone about responsible drinking and so all of what we’re doing is within the parameters of the social responsibility that is already in place” (Benzie, 2015a, p.1).

1.4 Defining the Problem: The Role of Health Information

The narrow scope of the policy issue was of concern to one knowledge translation actor, who explained, “there wasn’t a health focus on what was happening. The financial aspect of it was overriding anything that was happening”. A second knowledge translation actor further noted:

When it’s all about money, you make your arguments from that perspective, and dollars and cents from one side of the ledger to the other. It makes sense. You can make an economic argument. It’s much harder to make public health arguments, and look at unintended consequences. [Knowledge Translation Actor #2]

Similarly, there was a perceived disconnect between economic and health agendas:

The problem is that, obviously there are many different ministries that are trying to...well, one arm is trying to raise money for the government, but there are other arms that are trying to mitigate harms. [Knowledge Translation Actor #4]

I get confused because clearly what Ed Clark and those folks have been doing is one particular agenda that I see so far away from any kind of public health or social policy agenda, that it doesn’t even compute. It’s not having the same conversation in my head. It’s just not congruent. [Knowledge Translation Actor #1]

When questioned about the goals of the expansion initiatives, a fourth knowledge translation actor responded, “...the driver in this is economics. You know, there’s no public safety benefits to this, that’s for sure.” Similarly, an alcohol researcher explained:

I don’t think this was framed as, ‘here’s a health issue and here’s a way of solving a health issue’. I don’t think this was framed as, ‘well, here’s a drinking and driving

issue, and here's how we try to reduce drinking and driving.' I don't think it was framed as, 'here's how we can reduce alcohol-related violence.' I mean, I don't think these things were on the table. [Alcohol Researcher #2]

Regarding the extent to which the government's stated goal to reduce heavy alcohol consumption informed the policy development process, another alcohol researcher posited:

I can't imagine it would not have been considered, but from a point of view of belittling the concern and, you know, making sure it didn't derail the interests that were being represented in pushing for greater convenience. [Alcohol Researcher #1]

Finally, one knowledge translation actor described the development and implementation of the expansion initiatives to be a case where "decisions are made by, for example, other parts of government that have huge population impacts, but that's not the perspective that they're taking." The disconnect between ministry agendas was summarized by one alcohol researcher:

If you started from a health and safety perspective, you just wouldn't make a product which is killing thousands of Canadians each year, and thousands of Ontarians as well... Tens of thousands admitted to hospital each year because of the use of this product... You wouldn't make it more convenient, and normalize it increasingly.

[Alcohol Researcher #1]

2.0 Political Stream

One knowledge translation actor described change to Ontario's alcohol retail and distribution system as an issue which "comes up over and over again", adding, "this is the first time it has actually become government policy". Particularly noteworthy among past efforts is Premier McGuinty's 2005 appointment of the Beverage Alcohol System Review Panel

(hereafter, “the Panel”) to review the roles of the LCBO, Beer Store, and off-site wine retailers as major provincial assets.

Released July 18th, 2005, the Panel’s final report recommended that government withdraw its role in alcohol wholesaling and retailing, and instead auction fixed-term licenses to private retail outlet (such as grocery stores). The Panel further recommended inclusion of the Beer Store and off-site wine retailers in the auction processes, adding, “if they choose not to participate...allow them to continue current operations under a new licence for 10 years” (Lacey, Boniface, Dumyn & Labarge, 2005, p.5). In so doing, the government could retain existing revenue streams, and accrue an additional \$200 million “regularly and permanently” (p.3).

The social responsibility components of the system overhaul included minimum pricing, set hours of sale, point-of-sale staff training, and regulatory inspection and enforcement. As well, the re-bidding process notably served to “maintain approximately the present total number of outlets province-wide and limit the number of outlets in geographic zones” (p.3).

The Panel’s report was rejected by Finance Minister, Greg Sorbara, who explained, “we believe the public interest is best served by maintaining public ownership of the LCBO” (Howlett, 2005, p.1). Sorbara further cited potential “revenue implications” following divestiture of government wholesaling, and “significant weaknesses” regarding government seizure of the Beer Store and off-site wine retailers under the proposed model (p.1).

2.1 Turnover of Key Personnel

Following Dalton McGuinty’s resignation in 2012, Kathleen Wynne assumed office as the Premier of Ontario on February 11th, 2013. Nearly a year after the Drummond Report, Wynne launched the implementation of the Commission’s 2012 LCBO expansion recommendations.

Of note are the similarities between the expansion initiatives implemented by Premier Wynne in 2015, and the recommendations put forth by McGuinty's 2005 Review Panel. As noted in the Council's Initial Report, "... the beverage alcohol [sector has] been studied intensively over several decades . . . most strategic and transformational recommendations have not [been implemented]" (Clark et al., 2014, p.22). Thus, while retaining ownership of the LCBO, the New Beer Framework (and the expansion initiatives therein) was branded by the Wynne government as "the biggest shakeup of the sale of alcohol in Ontario since the end of Prohibition" (e.g., Sousa, 2015b). A number of interview participants noted the political resonance of expanding beer sales to grocery stores:

[Expansion] doesn't cost [the Liberals] anything from their budget, it garners goodwill, and it's politically popular if you aren't really thinking about all the nuances. So, you know, it falls in the easy win category for them. [Knowledge Translation Actor #1]

I think it was more about the government doing something so that it can say it has done something. And it's something noticeable – when was the last time government did something that was particularly noticeable? [Journalist #1]

Government won't lose office by making alcohol more available. [Alcohol Researcher #1]

2.2 Addressing an Inherent Unfairness: The Role of Visible Actors

In his October 17th, 2014 speech, Ed Clark noted, "a core argument made by proponents [of privatization] is that government entities cannot be improved because the different interest groups will always persuade politicians . . . to back down when changes hurt their interests" (Ministry of Finance, 2014a, p.5). Accordingly, Clark explained further that the successful

implementation of the Council's initial recommendations necessarily required that government "resist pressure by interest groups who have benefitted from the status quo" (p.3).

Less than two months later, a December 9th article by Toronto Star reporter, Martin Regg Cohn, made public a confidential non-competition agreement between Brewers Retail Inc. (i.e., the Beer Store) and the LCBO (i.e., the provincial government). Established under the Harris government on June 1st, 2000, the agreement effectively granted the Beer Store a monopoly on sales of volume-discounted 12-and-24 cases of beer, in addition to exclusive recycling rights for all alcohol containers. Combined with various other stipulations for on premise beer sales, the Beer Store held approximately 80 per cent of the beer market at the end of 2014. As such, the LCBO accounted for most of the remaining 20 per cent, while just under two per cent of the market went to craft brewers (Cohn, 2014a).

Release of what was publicly referred to as the "sweetheart deal" followed months of increasing media scrutiny of the Beer Store. As explained by Cohn, "my own interest was the unfairness, historical anomalies, and the lousy service at the Beer Store – which enjoyed a quasi-monopoly in volume sales bestowed upon them by successive governments" (Cohn, 2016, p.1). Moreover, criticisms of the Beer Store's foreign-ownership preceded the Council's appointment in April 2014, as well as Finance Minister Sousa's "red tape" mandate in September 2014:

Nothing fills my inbox faster than Ontario's private monopoly and its government enablers . . . Judging by the head of foam overflowing from my inbox, politicians ignore this nasty brew of anti-competitive behaviour at their peril. [Cohn, 2014b]

Unfortunately, for any adult seeking the right to choose where and when to purchase beer, Wynne has joined a long list of politicians who just can't say no to the trio of

big foreign-owned brewers . . . that owns the Beer Store. [“Let Ontarians buy beer”, 2014]

During participant interviews, one journalist explained, “[The Beer Store] is foreign-owned, and that really sticks in people’s craw, big time. You wouldn’t go to Brazil and have a Canadian-owned monopoly on beer - it’s bizarre”. The same participant further noted, “I think when the media would write about how a foreign-owned monopoly was selling beer to Ontarians, that was really non-helpful to the Council. I know it wasn’t, because Clark said so”.

Shortly after the reveal of agreement between the Beer Store and the LCBO, the Toronto Star published an article titled “How the Beer Store Lobby Wins Friends and Influences Politicians” on December 26th, 2014 (Cohn, 2014c). In it, Cohn called to attention political donations upwards of \$525,000 across all three parties on behalf of the Beer Store and beer industry unions in 2013-14. Moreover, the article highlighted use of brewer-owned venues by various MPPs, in addition to beer donations for political fundraisers (Cohn, 2014c). The article further noted, “Wynne’s spokesperson argued that contributions from the beer lobby are only a small proportion of what other donors give, adding ‘we know there are changes that need to be made at The Beer Store regardless of political contributions made to all three parties’” (p.2).

When questioned about the role of health information in framing and reporting on the grocery expansion initiatives, one journalist explained, “we probably didn’t look through [the health prism] as much as maybe some health people would have liked us to”, adding:

The consumer angle was really hard to resist, to be honest with you. And it has been such a political hot topic in Ontario for so many years . . . On something like [the expansion], which is a little less complicated, frankly, than straight health policy . . . this was kind of an easy one to write about and to frame because it was about

consumer choice and, really, we're adults. Can we not just buy beer when we buy our potato chips? [Journalist #1]

2.3 Stakeholder Bargaining: Appeasing Vested Interests

The Council's Final Report noted consultations with more than 30 stakeholders over Phase 2, including "individual brewers, brewers' associations, representatives of restaurants and bars, as well as representatives of grocery chains and independent grocers operating in the province" (Clark et al., 2015, p.12). Moreover, regarding their role in reshaping the provincial alcohol retail and distribution system, the Council explicitly acknowledged "the business-like manner in which [the Beer Store] and the management of the owner-brewers approached the process" (p.12).

In light of the political involvement of the Beer Store and its affiliates, there was some disagreement regarding the extent to which said vested interests benefitted from the policy outcome. As one knowledge translation actor directly involved with consultations explained:

At the end of the day, the question should be, 'who won'? And if you ask me, my opinion is the beer industry won, because all of a sudden they got access to 450 retail locations very heavily populated by women that don't go into their current store inventory. And so, they got greater access in the marketplace. [Knowledge Translation Actor #3]

A journalist who reported on the expansion initiative provided a contrasting perspective:

The big brewers – Molson, Labatt, and Sleeman, I think the win that they had is that they aren't out of business altogether, in terms of the Beer Store itself. They capitulated to everything the government wanted. [Journalist #1]

Moreover, a number of participants acknowledged increased tensions between the Beer Store's three owner-brewers and the provincial government. As one knowledge translation actor noted, "[Brewers Retail Inc.] made sure that the public knew that they were not happy that there would be any changes". For example, in February 2015, the Beer Store owners approached the government with a prospective lawsuit in the interest of preserving their monopoly (see Cohn, 2015). Similarly, in March 2015, Labatt, Molson-Coors, and Sleeman declined to attend the Liberal's annual fundraising dinner, at which a table for 10 cost \$15,500 (see Ferguson & Benzie, 2015). Accordingly, one interview participant described Ed Clark's role as a mediator between the Beer Store and the provincial government:

It was very smart of the government to assign Clark, who is a very sharp Bay Street guy, very socially liberal, but also a great believer in government intervention . . . He can't be bribed or bought off by [vested interests]. [Journalist #1]

Thus, notable provisions of the grocery expansion initiatives include the Beer Store's continued monopoly on volume sales, and extended role as the Ontario Deposit Return Program (ODRP) service provider (worth more than \$30 million annually) (Clark et al., 2015). Moreover, a one per cent levy on grocers exceeding the original \$1 million cap on beer sales will be paid "to [Brewers Retail Inc.] to compensate them for lost revenue from cannibalized Beer Store sales" (Benzie, 2015b, p.2).

Similar bargaining processes appear to have taken place with competing vested interests. For example, as explained by Premier Wynne:

Ed Clark looked at the assets in this province and realized that the inherent unfairness could be addressed – craft brewers, for example, around the province

were telling us repeatedly that they couldn't get access to shelf space and that they couldn't grow their market shares. [Wynne, 2015]

Accordingly, the government allocated 20 per cent shelf space to Ontario craft brewers as part of the grocery expansion initiative. As noted in the 2015 Budget, "Ontario benefits from a thriving craft beer industry. The government remains committed to supporting Ontario's craft beer industry by reducing red tape and expanding retail opportunities" (Sousa, 2015, p.83).

Finally, the Council's Final Report noted that the grocery licensing processes should aim to ensure "fair representation of privately-owned grocers", and "a diversity of grocers to prevent the creation of a new monopoly" (Clark et al., 2015, p.9). As of December 2015, 46 chain and 14 independent grocers had been licenced to sell beer (Office of Premier, 2015a). Regarding the licensing process, one participant described the United Food and Commercial Workers (UFCW) (i.e., the union which represents Loblaws employees) as an "effective lobbying lever", adding:

The government did not want a war with the unions. Unions are very important to the Liberals – they're big donors, they deliver votes on elections and, philosophically, that's where they're at. So Loblaws made that point – that was a really key one for the government. [Journalist #1]

2.4 Public Sentiment

When asked if the grocery expansion initiative was implemented in response to public demand for greater access to beer, one bureaucrat noted in a written response, "there was a range of opinions regarding the number and location of beer retail outlets prior to the launch of the review". Moreover, as a second bureaucrat stated:

I can guarantee you that basically every time policy is contemplated, there's extensive stakeholder and public consultations. So these things are done with the

view of the public being happy. And consultations are key to understanding what the people want. [Government Policymaker #2]

This response appeared to align with a general perception among participants that, while polling was likely conducted by the Council, details pertaining to the methods and results were not made publicly available. As explained by a journalist:

[The government] spend a lot more money on the research than anyone else can afford to. They really bore down on trying to get to the cause of the answer. We don't get access to their polling, but they polled extensively on this. [Journalist #1]

Results from non-government polls provided mixed messages regarding changes to Ontario's alcohol retail and distribution system. For example, on December 19th, 2013, the Ontario Convenience Store Association (OCSA) funded a study by Angus Reid Public Opinion which indicated that "69 per cent of Ontarians" supported introducing competition through private beer retailing (OCSA, 2013). However, that same day, a poll funded by UFCW (i.e., the union which represents employees of the Beer Store) reported that 76 per cent of the 1,008 Ontarians surveyed were satisfied with the status quo (UFCW, 2013). In the same poll, 66 per cent opposed the sale of alcohol in convenience stores, and 81 per cent indicated "there is already enough access to alcohol in retail outlets" (UFCW, 2013, p.1). More recently, results from a Forum Research report published in the Toronto Star found that 64 per cent of 881 randomly-selected survey respondents supported the proposed expansion of alcohol retailing in Ontario, and 33 per cent indicated they would purchase beer from grocers, versus 20 per cent from the Beer Store (Benzie, 2015c).

When questioned about the methods the Council used to conduct their polling, including *who* specifically was surveyed, and *how* participants were selected, one MPP responded, “they would never share [that information]”, noting further:

[Public demand] is their main argument. So they have polls so that they can say ‘the majority’. But they will not share with us how it was done, because the way you ask the questions, who you ask them to, and when you ask - you may get very different answers. [Government Policymaker #3]

Similarly, one knowledge translation actor explained, “the answers depends on who you talk to. So if you ask somebody like me, who lives in downtown Toronto, do you really want [more convenience]? I would say no, not really”. Thus, a shared perception among participants was that, rather than responding to public demand for greater access or convenience, the government capitalized on a lack of negative feedback:

The sense from the Premier to Clark was, I’m not getting a lot of pushback from the public. [Knowledge Translation Actor #3]

From what I can figure out, they let out some trial balloons in saying, ‘we’re thinking of doing this’, and they got, to a large extent. . . well, they didn’t get any negative feedback. [Alcohol Researcher #2]

When you look at the economic benefits of doing this, and probably public support or, at worst, indifference . . . I don’t think there are too many people violently opposed. [Knowledge Translation Actor #2]

I’ve received no significant communication from constituents either in favour or against the [expansion]. [Government Policymaker #4]

2.5 Political Climate: The Role of Health Information

In terms of the roles of visible actors within the alcohol policy arena, one alcohol researcher explained, “there’s something strange about alcohol that makes both the government and the media be quite flippant about it. They’re dismissive, and cavalier, and protective”. This outlook was reflected in various media outlets:

Sometimes, the private sector works under very different incentives than the public sector. And if you know how to harness those incentives, that can lead to far better outcomes. [“Privatization: Ontario has a drinking problem”, 2015]

There is no sign of drastic changes to many of the nonsensical restrictions that underline Liberal’s convictions that Ontarians can’t be trusted to handle alcohol purchased outside the intense scrutiny of regulators. [“National Post View”, 2015]

This is not the Apollo moon landing. It’s putting some beer in a fridge.

[“Ontario’s new beer strategy”, 2015]

Thus, responses to the expansion initiative were generally consistent with the ideological stance of the media outlet in which they were published. More specifically, both the Globe & Mail and the National Post frequently criticized the grocery expansion as being overly regulated and non-competitive. Combined with the Toronto Star’s prominent focus on the Beer Store’s foreign ownership, political activity, and quality of service, all three media outlets notably lacked a health-oriented approach to the expansion coverage.

When asked how media in general framed the policy issue, one journalist explained, “booze is actually not bad for the economy. Or for restaurateurs, or shop owners. And I think that concern outweighed any health concerns”. The same participant further noted, “any outcry from [public health] was kind of half-hearted, I thought. Like it was perfunctory, more than

anything...”. Conversely, one alcohol researcher explained, “the media has done a terrible job of reporting on the issue”, noting further:

They haven’t done an in-depth analysis of [the policy], as far as I can tell. They haven’t tried to figure out why [the Council] chose this system over another. Why grocery stores? And what are the consequences – health, safety, and otherwise? It’s precedent setting – especially the latter. I think anything that’s appeared in the media on this last point has . . . been generated by the public health community.

[Alcohol Researcher #2]

Similar sentiment was expressed with regards to the government’s approach to the expansion initiative. One knowledge translation actor explained:

Just in the language used in the government promotion of the new beer in grocery stores initiative. The language is around convenience and choice, and even some of the graphics they have on their website. I mean, it looks like alcohol is the fifth food group, which has raised a lot of red flags for my nutrition colleagues.

[Knowledge Translation Actor #4]

In accounting for the perceived flippancy among government and media stakeholders, a number of participants noted the appeal to a public perception of alcohol as a legal and, therefore, relatively benign product. Moreover, participants postulated that much of the public subscribes to a model of individual drinker responsibility. For example:

Decision makers either don’t believe, or don’t think that the other side, the health and safety issues, are very important. They’ve probably bought into, to a large

extent, the model that alcohol problems are mainly determined by freewill, genetics, and bad behaviour. [Alcohol Researcher #2]

I think if you just steamroll ahead and you feed into a popular understanding of alcohol as a benign thing that we take for granted, it's legal, and so what harm could it possible do, you know, without really engaging in all those other questions. [Knowledge Translation Actor #1]

I think alcohol is still very much seen as an addictions thing, rather than a broader health issue. [Knowledge Translation Actor 2]

Similarly, one alcohol researcher discussed a generally negative perception regarding stakeholders who oppose increased access to alcohol:

It's like anytime you do research to show there might be a negative consequence, you're blamed for being moralistic, somehow you're making a judgment, you're restricting people from freedom. No, all you're doing is conducting research and reporting the findings. [Alcohol Researcher #1]

Finally, the role of the Ontario Ministry of Health and Long-Term Care (MOHLTC) in the development and implementation of the grocery expansion initiatives remains unclear. One knowledge translation actor described efforts to establish “informal connections” with the Ministry to “inform and raise awareness for the need for health to be at the table”. However, it was further noted “as far as I know, I don't think [MOHLTC] was involved [in the policy's development]”. This perception was shared with one alcohol researcher, who explained, “we don't know to what extent [the MOHLTC] was involved in these decisions”. Moreover, one

MPP described efforts to identify the bureaucratic level involved in the decision making processes:

They tell us that the Ministry of Health was involved, but they never identified who that would be . . . we ask questions, I go to committee, I meet a lot of people that work within the Ministry of Health, I get briefings . . . and through none of the means available to me was I able to identify that. [Government Policymaker #3]

Instead, the MOHLTC appears to be contributing to the ongoing development of the Provincial Alcohol Policy – for which the announcement followed the implementation of the expansion initiatives (see Office of Premier, 2015b). As noted by one knowledge translation actor, “interestingly enough, the [MOHLTC] are leading that process so, somewhere along the line, health is now kind of leading the consultation”.

3.0 Policy Stream

Premier Kathleen Wynne appointed the Council to “review and identify opportunities to modernize government business enterprises” (Ministry of Finance, 2014b, p.1) according to three guiding principles: a) “The public interest remains paramount and protected; b) decisions align with maximizing value to Ontarians; and c) the decision process remains transparent, professional, and independently validated.” (p.1).

Officially introduced within the 2014 Budget, the Council’s mandate entailed “[getting] the most out of key government assets to generate better returns and revenues for Ontarians” (Sousa, 2014, p.164). The policy process extended just over 20 months (see Table 5 in Appendix H), with findings intended to inform the 2015 Budget (Sousa, 2014).

3.1 Technical Feasibility: Stakeholder Consultations

The Council's Final Report notes consultations with more than 30 stakeholders over the course of Phase 2, during which time plans to implement the initial proposals were finalized (Clark et al., 2015). It marks the first instance in the policy process that "representatives of a number of social responsibility and public health organizations" (p.12) are explicitly noted to have been consulted.

Interview participants provided disparate accounts as to whether said consultations occurred before or after the decision to implement the expansion initiatives. As such, the role of health stakeholders in formulating the policy remains unclear. For example, as one bureaucrat explained, "I know very much that public health and health promotion was heavily involved in the development of the policy. Quite hand-in-hand, basically." A second bureaucrat noted the Council's recommendations had been informed by "health and social responsibility groups including CAMH, MADD, Cancer Care Ontario, and public health organizations". In addition, one knowledge translation actor reported having been consulted: "I probably had four or five meetings with [the Council] to discuss various aspects of the Framework... They were all after the decision the Premier made – that they were going to do this". Other interview participants also perceived that the decision to expand beer sales preceded consultations:

It sounds as if the decision was pretty close to being made, and then some consultation was done. It wasn't, you know, here's four or five options, let's have a consultation and see what people think about these options. And then we'll go to the drawing board and think about the pros and cons of different options. [Alcohol Researcher #2]

I think the government had kind of made the decision, really. I think there was a hope that the public would agree and embrace it. [Knowledge Translation Actor #4]

At the end of the day they ignore you because you're sitting out there saying, 'don't make any changes'. Well, they made the decision to make the change. [Knowledge Translation Actor #3]

One alcohol researcher noted this approach to decision making to be consistent with alcohol policy development in general: “usually these decisions are made without any reference to health aspects, or it's done in a tokenistic way. It's often lip service paid to health and safety concerns”.

Other interview participants expressed similar sentiments:

I think that this is the cynicism of the world, and I don't think it's me alone, I think a lot of our members share it too. In a lot of cases, the decision gets made, and then the consultations happen, but they're not really for anything. Just to keep up appearances. [Knowledge Translation Actor #2]

I don't think [health stakeholders] were involved. Even the way that Wynne talked about [the Provincial Alcohol Policy] ... even that seemed a little bit half-baked.

Like it was kind of packed on at the end. [Journalist #1]

3.2 Increased Access within an existing Public Health Framework

Further to the perceptions regarding the sequence of stakeholder input, interview participants disagreed about whether the expansion policy was developed according to a broader public health framework. One bureaucrat noted, “the expansion of beer sales to grocery stores . . . [was] developed and implemented with due regard for [the] impact on health promotion and consumption”. Similarly, a second bureaucrat stated, “...the policy was informed by public

health initiatives. And this is standard public policy”. However, this detail was disputed by one MPP in particular:

I don't know of any action by the government to frame this in a way that could provide more public health opportunities, or provide a stronger public health system regarding increased access to alcohol. I haven't been shown that the government took that into consideration in a serious manner. [Government Policymaker #2]

This sentiment aligned with a written response following reports of the early stages of the expansion plan. In a formal letter addressed to Minister Sousa, Association of Local Public Health Agencies (alPHA) President, Dr. Penny Sutcliffe, stated:

The Ontario Public Health Standards set out requirements that oblige our members to evaluate the impacts of alcohol consumption and develop health promotion and protection strategies to prevent them. The related 2011-2013 Accountability Agreements between our members and the [MOHLTC] include the % of adults exceeding the Low Risk Alcohol Drinking Guidelines as a monitoring indicator. The decision to expand alcohol availability by allowing sales at grocery stores amounts to a situation where the Government's own actions are at odds with what it expects us to achieve. [Sutcliffe, 2015]

Similarly, following the release of the Council's Final Report, Deputy Director of the CAMH Addictions Program, Wayne Skinner, responded:

Half the money that Ontario makes on alcohol sales currently comes from people who have an alcohol use disorder... Why do we want to weaken current public

policy in order to increase alcohol sales revenues, when half of current alcohol revenue comes from people experiencing harms from drinking? [Skinner, 2015]

Thus, the meaning behind the Council's guiding principle that "the public interest remains paramount and protected" (Ministry of Finance, 2014b, p.1) remains somewhat unclear.

However, there is some indication that the Council's interpretation of "public interest" pertained to "improving customer convenience, choice and shopping experience... in a controlled and socially-responsible way that does not erode the efficiencies of the current system and raise prices for consumers" (Clark et al., 2015, p.16).

3.3 Diffusion of Ideas: Issues of Transparency

In light of the requirement that Phase 1 of the Council's review remained transparent, and that this commitment was broadened during Phase 2, one knowledge translation actor noted, "the process seemed kind of closed. It wasn't as transparent as it could have been". Similarly, in a formal letter addressed to Premier Wynne, Registered Nurses Association of Ontario (RNAO) Chief Executive Officer, Dr. Doris Grinspun, stated "our experience to date is that the process seems rushed, lacking in rigour and deficient in transparency" (RNAO, 2016, p.2).

The perceived lack of transparency surrounding the development of the expansion initiatives may have stemmed from a non-disclosure agreement pertaining to the Council's consultation processes. For example, as one knowledge translation actor explained, "you had to sign a confidentiality agreement with the government – that you weren't to share the decisions or make them public. So, I'm not sure, you know, because of the confidentiality agreement, who else was being consulted". When asked about the extent to which this agreement aligned with the requirement for transparency, one bureaucrat explained:

It's pretty much common practice. It's not a matter of hiding things, but it allows people the opportunity to speak more freely. It also allows the government to not be restricted in the questions they ask. [Government Policymaker #2]

This explanation aligned with the perceptions of a knowledge translation actor invited for consultation following the decision to expand beer sales:

[The Council] couldn't share with other stakeholders what I said. So we'd go into these meetings and have quite a frank discussion, and then the government would decide how they would use that information. [Knowledge Translation Actor #3]

Thus, there was some perception that the non-disclosure agreement was intended to prevent access to the actual details of the consultations, rather than the policy process itself:

Transparency is on every step of how you come across a decision. So you're transparent as to who's on the panel, you're transparent about the questions you've received, and you're transparent about who you consulted with. But what you're not sharing necessarily is what did [name] say to the Premier. [Government Policymaker #2]

This response appeared to account for experiences presented within the Hansard transcripts. For example, on October 22nd, 2014, Ontario NDP leader, Andrea Horwath, explained:

We have records that show that besides meeting with the Premier, Ed Clark met with Ministers Chiarelli, Duguid, Matthews, and Sousa, but the section of the memo that lists the key themes of those meetings has been removed. [Horwath, 2014]

Similarly, on May 4th, 2015, NDP Finance Critic, MPP Catherine Fife, noted, “the lock-up on beer. . . we’ve never seen anything like that, and we’ve never been locked up over a banker’s report” (Fife, 2015). Within the same transcript, she further notes:

We had to [freedom of information] in the interest of transparency and accountability. We did so, but we wanted to see the actual reports. We wanted to see what the consultants said because the taxpayers paid for it. . . We, to date, have not seen any of that.

Finally, on September 30th, 2015, NDP leader, Ms. Horwath, described receiving partial access to the Council’s consulting contracts, “we didn’t find out what they said. So we have part of the equation, but not the substance. . . Where are the facts? Where is the evidence?” (Horwath, 2015).

Horwath further emphasized the result of her party’s efforts:

[The response] goes on to say ‘access to reports submitted to the Council by third party consultants and correspondence. . .regarding possible recommendations for modernizing government business enterprises is denied’ because it would ‘inform and reveal the advice’. [Horwath, 2015]

While a bureaucrat described the use of non-disclosure agreements to be “standard practice, not only in Ontario, but across governments”, one knowledge translation actor involved with the consultation processes noted, “It’s the first time I’ve ever experienced it”. A second knowledge translation actor previously involved with the development of similar alcohol policies explained, “I’ve never had to sign a non-disclosure agreement, or anything like that”.

3.4 Formulating Alternatives: The Role of Health Information

Multiple interview participants noted knowledge translation efforts among themselves or their affiliated organizations to be *reactive* in that the dissemination of relevant health information followed the announcement of the expansion initiatives:

The beer in the grocery stores actually came totally out of nowhere. It was very quick. It was sort of announced, so we had to react. We had to communicate with the government like, thanks, you know, for dropping this on us. So, in the case of the New Beer Framework, we were very much reactive. [Knowledge Translation Actor #2]

We became aware that the government intended to open up sales of beer, initially to grocery stores, and were basically put into a kind of reacting mode. [Knowledge Translation Actor #4]

If a policy moves very quickly, and it's internal, then, you know, any effort is going to be reactive. [Alcohol Researcher #2]

One MPP described public health actors' efforts to have required that they "[force] their way into that discussion", noting further:

[Public health actors] tried to bring [the health angle] forward, but that's where it ended. I mean, do they have good knowledge about this issue? Yes, absolutely. Have they done their homework? Yes, absolutely. Have they been consulted in a meaningful way to share? No, absolutely not. [Government Policymaker #3]

Similar sentiment was expressed by one knowledge translation actor, who further attempted to account for the perceived imbalance in stakeholder consultations:

There's processes where government has predetermined what they're doing, and they go through a stakeholder process that, you know, if they're not getting pushback from the public, and the people that elect them aren't pushing back, I don't think the public health community has a lot of swing. [Knowledge Translation Actor #3]

In terms of knowledge translation, a shared perception regarding the roles of policy stakeholders emerged. In particular, the dissemination of health information was described as a process in which health stakeholder input occurred only at the discretion of policymakers. As one alcohol researcher noted, "we try and explain the relevance [of health information] for policy creation. What we do is we just put stuff out in the public domain". This view aligned with other interview participants, including one who suggested a general lack of awareness regarding knowledge translation mechanisms beyond information dissemination:

We just pulled together some examples of things that people could use, whether it was letters or factsheets that they could share with local MPPs... just to kind of raise awareness of the issue. [Knowledge Translation Actor #4]

Who knows where these things go, right? All of the machinations that go on at Queen's Park are beyond mysterious to us. [Knowledge Translation Actor #2]

Thus, policymakers were perceived as gatekeepers with the ability to determine which health information is used to inform the development of public policy:

Translation in the active sense is only done by the policymakers, the decision makers themselves. We're not putting things into action. [Alcohol Researcher #1]

Education... has a role to play, but perhaps it's not the key dynamic. We have to be looking at the political realm, and who's driving the decisions. Who has power?

Follow the money. [Knowledge Translation Actor #1]

Moreover, evidence pertaining to the relationship between outlet density and alcohol consumption was contested by some interview participants, while supported by others:

The central idea behind most of our communication on this is, increasing availability leads to increased consumption, which leads to increased health impacts.

[Knowledge Translation Actor #2]

Anybody who works in public health knows that if alcohol becomes more available, the problems related to alcohol go up. Everybody knows that. [Government Policymaker #3]

What I've seen does not support increased consumption based on access. In jurisdictions across the country that have broader access to alcohol, I have not seen increased consumption. [Government Policymaker #2]

However, one alcohol researcher cautioned against minimizing the potential for unintended consequences:

It's a normal lament no matter how much research is done in other places with similar issues. Somebody always says, 'well that was there and then, this is a different time, a different place, it won't apply here'. Or they'll pick one example which they think disproves the point – 'well, Quebec did this and [unintended consequences] didn't happen'. [Alcohol Researcher #1]

This alcohol researcher further explained, “the best thing to do is to look impartially across the whole literature. Look at meta-analyses as well. You can’t just have before-and-after comparisons – those are really simple”.

Finally, the extent to which health information was used to inform specific components of the expansion initiative remains unclear. For example, when asked how the caps on outlet density and revenue were established (i.e., 450 outlets and \$1M per grocery chain), one MPP responded, “I don’t know. I can’t say if they were arbitrary, or if they are meaningful in any way, shape, or form”. Similarly, a second MPP explained, “there’s a lack of understanding and a lack of communication about how [each cap] was arrived, and what will happen moving forward”. This uncertainty extended to the consideration of the Low Risk Drinking Guidelines during the expansion policy development:

I can’t answer that question, I don’t know. [Government Policymaker #2]

I don’t know that they were [used]. I don’t have any knowledge that they were.
[Government Policymaker #4]

I talked to the people in public health, I talked to the people in mental health... none of them have ever been consulted in a way where daily or weekly limits have ever been brought forward, or taken into account. [Government Policymaker #3]

With regards to the Council’s mandate to uphold existing social responsibility mechanisms, one alcohol researcher stated, “I can only speculate that there’s a social responsibility side that may have been enhanced through the consultations.” As such, two knowledge translation actors responded to the likelihood with a cautious optimism:

They're rolling [the expansion] out with LCBO oversight. So the hours of sale are uniform... limiting sales to six packs or less. I mean, they're not ideal, but at least they're small steps to control. [Knowledge Translation Actor #4]

I think this is a situation where, given this decision, this is probably as good as it gets for us. [Knowledge Translation Actor #2]

Discussion

The expansion of beer sales to grocery stores appears to have been framed as an economic issue. While Kingdon (2011) generally advises against efforts to establish the true origin of policy ideas due to their perpetual and malleable nature, the evolution of the retail beer outlet expansion initiative is unambiguously delineated within each Ontario Budget from 2012-2015. Moreover, the expansion process was initiated almost immediately following the 2012 release of the Drummond Report, which arguably served as a systematic indicator (Kingdon, 2011) through which both the provincial government and the general population realized the magnitude of Ontario's economic vulnerability. Thereafter, the government rapidly pursued the Commission's recommendation to "aggressively" expand the number of LCBO outlets, as the business enterprise was, and continues to be, recognized as a valuable source of non-tax revenue. In this regard, expanding sales to grocery stores represents a "reasonable facsimile in fiscal terms" (Drummond et al., 2012, p.493).

Similarly, results of the review commissioned by Premier Wynne may be viewed as a systematic indicator through which the "inherent unfairness" of Ontario's existing alcohol system was formally introduced and communicated. The focus of phase two of the review was notably economic, even as it assigned primacy to maintaining beer prices below the Canadian average. Accordingly, jurisdictional comparisons with other provinces provided impetus to

introduce “limited competition” via the expansion of beer sales to select grocery stores, ultimately doubling the number of dedicated beer retail outlets. In so doing, a new revenue channel was created without major disruption to the existing quasi-monopoly system and, equally important at the political level, without increasing taxes or minimum beer prices.

While the expansion was largely framed by the government as an opportunity for enhanced convenience and shopping experience, these putative justifications are necessarily subsumed by a greater commercial orientation toward increased alcohol sales. In response, the government has expressed confidence in its social responsibility regulations as effective measures to offset the potential for increased harm to the public.

The extent to which the expansion initiative was implemented as a response to public demand for enhanced convenience or access remains contentious. Rather, in a number of ways, political resonance appeared more likely to have motivated the policy decision. To begin, there is a matter of timing. Kathleen Wynne assumed premiership and, shortly after, attained majority government, one year after the release of the Drummond Report. As noted by Kingdon (2011), the turnover of key personnel often results in a shift in the prioritization of certain agenda items, and the year following such change may set the stage for new policy direction. As well, visible participants (e.g., industry) appeared to play a substantial role in establishing the political climate surrounding beer sales. Moreover, major media outlets increasingly decried the foreign-ownership of the Beer Store, its virtual monopoly on beer sales, and ostensibly poor customer service. From here, national news sources called for increased competition through an open market comparable to other Canadian provinces. Further adding to pressure for change was the media’s exposure of the historic “sweetheart deal” between the LCBO and the Beer Store, supplemented by articles revealing the extent of political donations and considerations provided

to government members by the beer industry. Collectively, these events arguably provided further impetus for changes to Ontario's existing alcohol retail system.

Both the beer and grocery industries represented powerful organized political forces in the development and implementation of the expansion initiative. In particular, the Beer Store and its owner-brewers appeared as dominant policy actors with the ability to deploy significant financial resources and lobbying acumen. Kingdon (2011) notes that such stakeholders have the ability to prevent serious consideration of proposals which threaten existing benefits of the status quo. Additionally, in recognition of their potential for local economic development, competing vested interests, most notably Ontario craft brewers, were appeased through greater retail market access. Finally, as the employees' union for both the Beer Store and Loblaws, the United Food and Commercial Workers (UFCW) was perceived as a Liberal ally that could not be overlooked, and thus became an important "policy lever".

There are notable similarities between the 2015 grocery expansion initiative implemented by Premier Wynne, and the recommendations put forth by former Premier McGuinty's 2005 Beverage Alcohol System Review Panel. As the designated mediator between the Beer Store and Ontario government amidst growing tensions, Advisory Council Chair, Ed Clark, appears to have facilitated the necessary bargaining processes among vested interests. As such, his blueprint for the implementation of what may have largely been a pre-determined policy emerged. While Kingdon (2011) notes the significant impact of public sentiment on government receptivity to certain agenda items, there remains evidence of widespread indifference to the grocery expansion initiative beyond the political sphere.

The role of hidden participants in the policy development process is markedly less apparent. In particular, there was no explicit indication of proactive participation or input by

public health stakeholders in the policy documents analyzed for this research project. Furthermore, there was some consensus among interview participants that finalization of the policy preceded any stakeholder consultations which may have occurred. Accordingly, those who provided input appeared to have done so after the fact, and when the likelihood of significant change was low. These findings suggest that policymaking at the government-level remains highly fragmented, with “siloes” ministries operating at notably restricted capacities. Ultimately, these processes appear misaligned with any form of Health in All Policies (HiAP) approach, as specified by the WHO (2013), or reviews commissioned by the MOHLTC (e.g., Shankardass et al., 2011). Accordingly, future efforts to monitor the potential impact of ongoing increases to outlet density are encouraged.

The above confluence of events and circumstances surrounding the New Beer Framework would account for the implementation of an economically-oriented policy which is largely incongruent with pre-existing public health frameworks, including related provincial government and organizational mandates. This outcome may further speak to the extensive nature of policy variants within the policy stream (Kingdon, 2011). That is to say, the selection and development of an existing policy solution may afford greater weight to certain stakeholder groups, such as industry, just as it may preclude input from others, such as public health experts. Findings from this study undoubtedly suggest that certain voices were more influential than others in terms of informing the policy development process.

Kingdon (2011) notes the duration of the policy process to typically extend over many years, during which time components are repeatedly modified and scrutinized to ensure a technically feasible outcome. However, among those who may wish to examine the grocery expansion initiative, the government’s use of a non-disclosure agreement has substantially

impeded an understanding of the diffusion of ideas among those directly involved. Consequently, there is little available evidence that health information pertaining to outlet density was identified, considered, and prioritized in the development of a viable policy solution. Rather, over a 20-month period, the government appeared to “gauge the receptivity to an idea” (Kingdon, 2011, p.129) through a series of speeches, press releases, and commissioned reports. This, in addition to a noteworthy degree of persuasion regarding both the consumer and economic benefits of the expansion initiative, rendered future constraints to implementation to be minimal (Kingdon, 2011).

Whether Ontario has adopted an alcohol policy framework consistent with similar health issues may best be considered by examining tobacco policies and related processes. Both alcohol and tobacco have addiction potential and are responsible for significant levels of first-and second-hand harm. However, the alcohol policy framework in Ontario appears to lack many of the key factors that, notably, have made tobacco policy effective in reducing the prevalence in smoking. As noted by Cunningham (1996), the success of tobacco control initiatives are largely due to political will, bureaucratic support and expertise, and effective advocacy outside government. In contrast, evidence from the present case study suggests there is little political leadership with respect to setting goals akin to a reduction in the prevalence of smoking. Moreover, bureaucrats appear misaligned with parallel outcomes for alcohol, and may lack the requisite expertise to develop effective strategies and counter industry misinformation, both of which are deemed necessary by Cunningham (1996). Lastly, the advocacy sector, apart from having been consulted largely after the fact, has not been entirely successful in its efforts to ensure that the most effective control policies are adopted. As such, the substantial body of health information regarding the harm to population health associated with increased alcohol

outlet density appears to have been largely peripheral in the development of Ontario's expansion initiative.

Study Limitations

Findings from qualitative case studies are often considered limited in terms of their generalizability across contexts. However, the use of Kingdon's Streams Model (2011) allows for the results of this research to be compared to other work which has employed the same, or a similar, theoretical lens. Furthermore, the findings presented here are not necessarily intended to be applicable across contexts, as the nuances of specific alcohol policy environments are in themselves understood to be inherently restrictive. As such, results from this study are useful to alcohol policy development in highly-regulated jurisdictions, similar to that of Ontario's.

In addition, the inability to obtain a Freedom of Information request may have limited access to potentially significant data related to the role of health information in informing the expansion policy. Similarly, the relatively small sample size of 11 participants should be noted. However, a range of policy actors across the four stakeholder groups were interviewed for this study, and all held relatively prominent positions of employment. Moreover, participant interviews were supplemented with a number of relevant policy documents, thereby adding to the credibility of the findings.

Conclusion

The purpose of this qualitative case study was to examine the role of health information, and the contexts and factors which shaped its use, in the development and implementation of the policy to expand beer sales to Ontario grocery stores. As an economic-based policy, there is little evidence to suggest the expansion initiative was informed by health information, or a fully-articulated cost-benefit analysis. Similarly, findings suggest that consultations with health

stakeholders were seemingly rare, with much of this input having been provided following the decision to increase outlet density.

The findings of this study have several important implications for future alcohol research, knowledge translation initiatives among public health stakeholders, and a Health in All Policies approach to government-level policymaking. These will be discussed in detail in Chapter 3.

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CHAPTER 3

Discussion

This qualitative case study identifies a number of contexts and factors which shaped the role of health information in the development and implementation of Ontario's grocery outlet expansion initiative. To begin, there is evidence in support of either a problem or political window permitting the policy idea to ascend to the governmental agenda. However, the selection of a pre-existing policy in light of a predictable policy window appears to have resulted in a degree of manipulation of the policy process, so as to ensure the confluence of the three process streams. These factors may account for additional key findings, including interview participants' perceptions that the decision to implement the policy preceded stakeholder consultations; the largely reactive knowledge translation efforts among public health actors; the lack of transparency surrounding the policy process; and the relatively short duration of the policy's development and implementation. In addition, ineffective knowledge translation efforts among public health actors highlight an existing dichotomy between knowledge producers and knowledge users. This appears to be especially pronounced in polarized political climates, and government bodies wherein siloed policymaking occurs. These findings suggest that until a Health in All Policies (HiAP) approach is implemented in Ontario, the preferences of vested interests, both government and commercial, may continue to override many health stakeholder efforts to inform the development and implementation of public policy. The following details these key findings.

Predictable Policy Windows: Implications for the Confluence of Process Streams

Zahariadis (1999) offers two hypotheses related to Kingdon's Streams Model (2011). First, the author posits that the *consequential* coupling of process streams occurs when a *problem*

window opens, thereby necessitating an appropriate solution. Thus, within the context of the present policy analysis, the Drummond Report called to attention Ontario's worsening economic state, and recommended the expansion of Liquor Control Board of Ontario (LCBO) outlets as a means of increasing non-tax revenue (Drummond, Giroux, Pigott & Stephenson, 2012). The progression of this initiative to eventually include grocery stores secured a parallel channel for revenue generation, or, "a reasonable facsimile in fiscal terms" (Drummond et al., 2012, p.493). Similarly, Zahariadis (1999) notes, "in the course of coupling [streams], solutions and the problem are marginally redefined to ensure a good fit" (p.83).

The second of Zahariadis' hypotheses suggests that *doctrinal* coupling occurs when a *political* window opens, thereby requiring a suitable problem to justify a pre-existing solution (1999). While the grocery expansion initiative was largely framed as an opportunity for enhanced convenience or access, the Advisory Council's Final Report indicates that, in 2015, 86 per cent of Ontarians lived within a five-minute drive of a beer retail outlet (Clark, Denison, Ecker, Jacob & Lankin, 2015). Clark et al. (2015) note this figure to be higher in urban areas, to which the expansion initiative is limited. Moreover, despite government claims of public support for the policy, the lack of transparency surrounding the polling processes was noted among many of the interview participants of this study. Zahariadis (1999) states, "[incoming government] will seek to emphasize that policies are adopted because the public demands change" (p.83). The author further explains that, due to the time and resources typically required to address potentially serious issues, it is easier to "find" or "invent" a problem to legitimize an existing policy idea (Zahariadis, 1999, p.83).

While there is evidence in support of both hypotheses, it is the likely role of a pre-existing policy which is perhaps most pertinent to the present research context. That is to say, the

grocery expansion initiative implemented by the Wynne government in 2015 is consistent with the recommendations put forth by then-Premier McGuinty's 2005 Beverage Alcohol System Review Panel (see Lacey, Boniface, Dumyn & Labarge, 2005). As noted by Kingdon (2011), an item is significantly more likely to rise to the *decision agenda* when all three process streams become coupled. Thus, regardless of whether the expansion initiative ascended to the *governmental agenda* via a problem or political window, the properties of all three streams were favourable enough to become "coupled as a single package" (p.182), thereby permitting a *decision* to be made.

This notwithstanding, the properties of each stream appeared to be somewhat inconsistent with what Kingdon (2011) deems *separate* and *independently operating* processes. This issue becomes readily apparent in consideration of the 2015 Budget, which served as a *predictable policy window* (i.e., one which is cyclical) (Kingdon, 2011) through which the expansion policy was implemented. Zahariadis (1999) explains, "the different properties of opportunities indicate that each window has a differential impact on coupling" (p.82). Thus, it is important to consider that, as indicated in the 2014 Budget, the findings of the Advisory Council's review were, from the beginning, expected to inform the 2015 Budget (Sousa, 2014). However, the feasibility of this process is questionable if, in fact, "the rise of an item is due to the joint effect of several factors, none of which dominates or precedes the others" (Kingdon, 2011, p.189). Accordingly, it is important to question whether any explicit, proactive objection to a substantial increase in off-premise outlet density would have impeded the required coupling of the three process streams. Were this the case, the desired policy outcome may not have been deemed viable in the context of either a problem or political window.

To ensure a favourable outcome for one or more stakeholder arguably requires at least some degree of manipulation of the policy process. Consistent with findings of the present case study, doing so calls to attention three potential implications:

- Certain stakeholders may be excluded from the development and implementation of a policy;
- Stakeholder inclusion may be selective (sometimes despite a conflict of interest); and
- Relevant evidence may be overlooked or selectively incorporated.

This is consistent with what McHugh, Perry, Bradley and Brugh (2014) describe as “commonly identified features of the policy making process, including bargaining . . . and covert decision making” (p.9). This approach would account for additional key findings of the present case study, including:

- A general consensus among study participants that the policy decision preceded health stakeholder consultations;
- The largely reactive knowledge translation efforts among health stakeholders interviewed for this study;
- A notable lack of transparency regarding the role of health information in the policy’s development; and
- The 20-month duration of the policy process, which entailed a rapid succession of approvals and implementation.

These findings may have significant implications in terms of the policy process. More specifically, if the policy stream is understood to comprise a theoretically infinite number of proposals which continuously interact to produce variants of ideas (Kingdon, 2011), it may be unlikely that the actual evidence which informed a pre-existing policy is considered during its

later implementation. Arguably, this would be an even greater issue in the context of siloed policymaking, where the *diffusion of ideas* tends to be confined to specific ministerial jurisdictions (Kingdon, 2011). Thus, whether the grocery expansion initiative occurred in the context of the *consequential* or *doctrinal* coupling of process streams (Zahariadis, 1999), it was clearly deemed a viable *fiscal* policy. Accordingly, the following addresses knowledge translation efforts among public health stakeholders, and their implications for the implementation of a Health in All Policies approach in Ontario.

The Knowledge Translation Gap in Alcohol Policy Development

A number of alcohol researchers and knowledge translation actors interviewed for this study described their professional roles to entail the production of research evidence, or the dissemination of relevant health information into the public domain. In addition, findings revealed many instances in which formal letters addressed to high-level government personnel were disseminated by public health stakeholders or affiliated organizations. While these strategies serve as a means to highlight concerns regarding the direction of a policy initiative, they leave the uptake of relevant health information to the discretion of policymakers. This dynamic arguably underscores an existing dichotomy among policy actors which, consistent with literature pertaining to *high issue polarization* (e.g., Contandriopoulos, Lemire, Denis & Tremblay, 2010), appears to be especially pronounced in the alcohol policy arena.

Giesbrecht et al. (2006) note the active dissemination of evidence to policymakers to entail specialized functions which are typically beyond the expertise of alcohol researchers. Similarly, the *Two Communities Theory* posits that knowledge producers (i.e., researchers) and knowledge users (i.e., policymakers) come from distinct professional environments and, as such, frequently experience incompatible cultures, values, timelines, and goals (Kothari & Wathen,

2013). While these factors undoubtedly fuel the gap between the production and dissemination of health information and its uptake to inform related policies, a third consideration may be especially pertinent to the present case study. As authors McHugh, Perry, Bradley and Brugha (2014) explain, “there is a risk of policy fatigue or burnout among stakeholders who regularly engage in policy formulation but see little return on their investment in terms of demonstrable change” (p.9). Taken together, these circumstances may account for the limited pushback from public health stakeholders following the government’s decision to expand beer retailing. As such, *hidden participants*, such as academics, researchers, or analysts, who typically have a role in generating policy alternatives or solutions (Kingdon, 2011), appeared to have little impact on the policy direction once it was announced. Similarly, Giesbrecht et al. (2006) note a more general absence of champions or advocacy coalitions to assist in cultivating public support for evidence-informed alcohol policies, even within the growing commercial-orientation of alcohol retailing and distribution. Finally, Babor et al. (2010) conclude that the extent to which health stakeholders are able to influence alcohol policy is largely contingent on their political sway, as well as the ways in which alcohol-related problems are framed by policymakers.

Findings from the present case study suggest that alcohol researchers and knowledge translation actors must work to bridge the perceived knowledge translation gap in alcohol policy development. Doing so will undoubtedly require explicit and persistent strategies to reframe alcohol-related issues according to a health perspective. Accordingly, these stakeholders are encouraged to function as coalitions or advocacy groups, and explore the ways in which their efforts may work in tandem with visible policy actors, such as media outlets. This process may further entail working toward a paradigm shift among both policymakers and the general public with regards to individual drinker responsibility, and alcohol-related harm.

Implications for a Health in All Policies approach in Ontario

Findings from the present case study suggest that the alcohol industry plays a significant role as a non-governmental policy actor in Ontario and, as such, parallel that which has been observed internationally (e.g., Babor, 2009; Babor et al., 2003/2010; Greenfield, Giesbrecht & Johnson, 2004). Given this well-documented, symbiotic dynamic between vested interests and government parties, it is perhaps unrealistic to expect that existing knowledge translation strategies alone can effectively enhance research uptake within Ontario's political climate. In light of this ongoing issue, the implementation of a Health in All Policies (HiAP) strategy may significantly benefit the development of public policy.

A key component of an HiAP approach to policymaking is the understanding that population health is largely determined by factors external to the health sector (Sihto, Ollila & Koivusalo, 2006). Consistent with the *socioenvironmental* approach, an HiAP strategy further emphasizes that many health issues related to individual factors and lifestyles can be “profoundly influenced” by public policy (p.6). Thus, within the alcohol policy arena, an HiAP approach would require that alcohol control policies operate beyond a model of individual drinker responsibility, and prioritize evidence-informed, population-based interventions (e.g., outlet density restrictions, increases to minimum pricing) (Giesbrecht et al., 2013). Moreover, this strategy may diminish the influence of the alcohol industry, which generally advocates least-impact, person-centered interventions (e.g., alcohol education) (Giesbrecht, 2007). In terms of the selection and development of pre-existing policies, an HiAP approach would necessitate that cost-benefit analyses include the consideration of potential unintended consequences to population health, thereby ensuring the *technical feasibility* of a policy outcome extends across ministerial jurisdictions (Kingdon, 2011). Finally, in 2013, the Helsinki Statement on HiAP

called on governments to fulfill various obligations to enhance the development of healthy public policy. As per the findings from this case study, doing so could address existing policymaking deficiencies in Ontario by: enhancing health outcomes through improving capacities for cross-sector engagement by Ministries of Health; improving mechanisms of transparency and accountability to establish trust between government and populations; and reviewing conflict of interest protocols to minimize the influence of commercial and vested interests (World Health Organization [WHO], 2013). Taken together, these components would arguably enhance the role of public health stakeholders so that their input serves to *proactively* inform future policy processes.

Challenges to implementing an HiAP strategy are often unique to the jurisdiction in which government bodies operate (Greaves & Bialystok, 2011; Shankardass et al., 2011). However, the political influence of commercially-oriented industries that oppose healthy public policy remains a widespread issue (WHO, 2013). Thus, the Ontario government is encouraged to take action on the development and implementation of an HiAP approach to government-level policymaking. Doing so will necessarily entail the identification of parallel mechanisms of government structures wherein HiAP has been successfully operationalized, and the ways in which existing strategies may be adopted (e.g., Shankardass, Oneka, Molnar & Muntaner, 2014; Molnar et al., 2016).

Recommendations for Future Research

Findings from the present case study indicate a number of important areas for future research to inform alcohol policy development and implementation. Policy actors will benefit from updated figures pertaining to the financial burden of alcohol-related harm in Ontario (for the most recent assessments, see Rehm et al., 2006; Thomas 2012). Accordingly, future work

may build on that of Pinto, Molnar, Shankardass, O'Campo and Bayoumi (2015), which has examined the economic impact (i.e., gain or loss) stemming from policies developed within an HiAP structure.

Literature examining broad contexts of public health policymaking has widely recognized the significant influence of vested interests, political climate, and public sentiment among an array of inputs competing with research evidence (e.g., Orton, Lloyd-Williams, Taylor-Robinson, O'Flaherty & Capewell, 2011; Moore, Redman, Haines & Todd, 2011). Thus, it is perhaps not until the implementation of an HiAP approach that relevant health information will regularly inform public policy development in Ontario. Until then, it is important to continue to explore the ways in which the uptake of research evidence may be improved within political contexts, including decision maker preferences for receiving evidence (e.g., Dobbins, Jack, Thomas & Kothari, 2007), barriers to information retrieval (e.g., Oliver, Innvar, Lorenc, Woodman & Thomas, 2014) and the impact of organizational culture on research use (e.g., Liverani, Hawkins, & Parkhurst, 2013).

Finally, it is imperative that future research efforts capitalize on Ontario's unique alcohol policy environment to distinguish any health impact directly linked to increasing off-premise outlet density. As with many public policies, however, the potential health impact of Ontario's grocery expansion initiative will likely take years to observe. Thus, longitudinal studies are further required to assess the ways in which rates of alcohol consumption and attendant harm may be affected. Finally, there exists a notable absence of data quantifying alcohol sales per outlet (Liang & Chikritzhs, 2011; Livingston, Chikritzhs & Room, 2007). This information may assist in establishing the extent to which health-related impacts are attributable to specific

premise type, volumes sold, or changes to density more broadly (Livingston, Chikritzhs & Room, 2007).

Ontario's unique alcohol retail and distribution system has set the stage for important contributions to health, policy, and alcohol-related research. In the time it will take for such evidence to surface, it is crucial that policymakers adhere to the *precautionary principle*, whereby decisions are guided by "the likelihood of risk, rather than the potential for profit" (Babor et al., 2010, p.254).

Conclusion

The development and implementation of public policies are complex and multifaceted processes whereby relevant health information must often contend with an array of competing inputs. This appears to be especially true among government bodies in which siloed policymaking prevents the diffusion of ideas across ministerial jurisdictions.

Understanding the contexts and factors which determine a policy outcome is crucial to enhancing the proactive role of health information in the policy process. Governments are encouraged to bring health considerations to the forefront of policy development across all sectors so as to prevent future unintended consequences to population health.

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APPENDICES

Appendix A: Ontario’s Alcohol Outlet Expansion Initiative

On April 16, 2015, beer sales in up to 450 Ontario grocery stores was presented as one of nine overarching recommendations within the *New Beer Framework* which, in September 2015, would supplant the existing *Beer Framework Agreement (2000)* (see Ministry of Finance, 2015).

The Liquor Control Board of Ontario (LCBO) is a provincially-owned government business enterprise (GBE) with a monopoly on the wholesale and retail sale of spirits and imported wines (Clark, Denison, Ecker, Jacob & Lankin, 2014). Additionally, the LCBO shares a quasi-monopoly on beer sales with the Beer Store – a private retailer owned and operated by three major producers: Labatt (of Belgium), Molson-Coors (of the United States), and Sleeman (of Japan). To date, the LCBO and the Beer Store, together with private Winery Retail Stores, have comprised the three major alcohol retail entities in Ontario among a range of alternative off-premise channels (Table 1).

Table 2: Number of Off-Premise Retail Outlets in Ontario

	2012	2013	2014	2015
LCBO	623	634	639	651
The Beer Store	442	446	447	450
Winery Retail	472	479	491	504
LCBO Agency Stores	214	219	217	212
On-Site Brewery Retail	45	52	73	113
On-Site Distillery Retail	5	7	12	14
Duty Free (Land & Airport)	14	14	15	15
Total	1,798	1,815	1,894	1,959

Note: these data present the number of off-premise alcohol retail outlets in Ontario as of March 31st 2015, as indicated in the LCBO Annual Report 2014-15 (see p.24)

The New Beer Framework outlines a “phased introduction” of the grocery expansion initiative, whereby up to 150 new outlets will be licensed by May 1st, 2017 (Clark, Denison, Ecker, Jacob & Lankin, 2015, p. 35). Following a competitive bidding process led by the LCBO, 60 Ontario grocery stores began authorized beer sales in December 2015, and an additional 70 are slated to begin sales by Fall of 2016 (Government of Ontario, 2016). Up to 450 grocery stores will become licensed in total, with each chain having been initially limited to a maximum of \$1 million in annual sales (Clark et al., 2015). In 2025, the New Beer Framework will be subject to renewal, so as to “not [lock] the new model into perpetuity” (p. 6).

The grocery store expansion initiative is limited to urban areas in which retail licenses are to be issued “without territory protection” or “restrictions on relative location to other liquor points of sale” (Clark et al., 2015, p.33). A later amendment to the Framework permitted each licenced grocery chain to exceed the \$1 million volume sales cap, subject to a 1 per cent levy (see Ministry of Finance, 2015, p.2). Finally, the Council stated that “increased access does not mean unrestricted access” (Clark et al., 2015, p. 5). Accordingly, the Ontario government, through the Alcohol and Gaming Commission of Ontario (AGCO), will monitor and enforce grocer compliance with the following social responsibility regulations (see AGCO, 2016):

- Limited sale hours (Monday to Saturday, 9am – 11pm; Sunday, 11am – 6pm);
- Limited sale volumes (maximum pack sizes of six or less; no volume discounting);
- Limited container sizes (up to 750mL) and alcohol content by volume (up to 7.1%);
- Designated sales areas and point-of-sale training for staff, who must be 18+ yrs; and
- Minimum and uniform pricing (i.e., congruent with the LCBO and Beer Store).

Appendix B: Letter of Information

Study Title: The Development and Implementation of Off-Premise Outlet Density Expansion Initiatives within Ontario's New Beer Framework: A Case Study

Principal Investigator: Dr. Sandra Regan, Associate Professor, Arthur Labatt Family School of Nursing, Western University, London, Ontario. Phone: [REDACTED]. Email: [REDACTED]; Stephanie Simpson, Co-Investigator.

LETTER OF INFORMATION

Invitation to Participate

You are invited to participate in a research study examining the development and implementation of the off-premise retail outlet expansion initiatives of Ontario's *New Beer Framework*. In particular, we are interested in the beliefs and perceptions of relevant individuals from four stakeholder groups: provincial policymakers, alcohol researchers, public health organizations, and the media.

Purpose of the Letter

This letter provides you with information required to make an informed decision about participating in the study.

Purpose of the Study

The present study sets out to examine the factors and contexts that shaped the development and implementation of the policies to expand retail outlet density under Ontario's New Beer Framework.

Inclusion Criteria

Relevant individuals are eligible for participation based on at least one of three criteria: direct involvement with the development or implementation of, or dissemination of information pertaining to, Ontario's New Beer Framework; affiliation with a public health organization mandated to develop and foster healthy public policy; previous involvement with the development and implementation of, or dissemination of information pertaining to, alcohol policy issues of similar nature.

Exclusion Criteria

Individuals not directly involved with current or previous alcohol policy; individuals not affiliated with a public health organization.

Study Procedures

Upon agreeing to participate, you will be asked a series of interview questions pertaining to your individual beliefs and perceptions regarding the development and implementation of the New Beer Framework's off-premise outlet expansion initiatives. Audio recording of the interview is required.

Interviews will be conducted face-to-face or by telephone at a time and location determined by you. Each interview is expected to last approximately one hour, and will be transcribed verbatim. All participant information will be anonymized within the transcript.

Possible Risks and Harms

No possible risks or harms are anticipated during participation. The interview may be stopped at any time following your request.

Possible Benefits

The information you provide will contribute to a developing body of knowledge regarding the processes and mechanisms by which health information is used to inform healthy public policy. Further, the analyses and conclusions may inform future research efforts to develop and evaluate knowledge translation methodologies to enhance health-related policies.

Compensation

Compensation will not be provided for participation.

Voluntary Participation

Participation in this study is voluntary. As such, you may decline to participate altogether, or answer any individual question(s) throughout. You are permitted to withdrawal from the study at any time.

Confidentiality

For the publishing of this study, your name will be changed to a pseudonym and no identifying information will be linked to the data for the purpose of anonymity. All data will be password protected and stored on the Western University server. All computer files will also be password protected, and data accessed only by members of the research team. Representatives of Western University Health Sciences Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research. Non-identifiable data will be kept for five years after the study is complete, and subsequently deleted from the Western University server and destroyed to maintain confidentiality. If you choose to withdraw from this study, your data will be removed and destroyed from the database.

Contact for Further Information

Any additional information regarding this research project or your participation may be obtained by contacting Dr. Sandra Regan, Associate Professor, Western University, at [REDACTED]. [REDACTED] a. Answers regarding your rights as a research participant or the conduct of this study will be provided by The Office of Research Ethics by telephone: [REDACTED], or by email: [REDACTED].

Publication

If the results of this study are published, your name will not be included. Copies of the study results may be obtained by contacting Stephanie Simpson at [REDACTED].

Consent

You will be required to sign a Consent Form prior to the initiation of the interview.

Appendix C: Consent Form

CONSENT FORM

Project Title: The Development and Implementation of Off-Premise Outlet Density Expansion Initiatives within Ontario’s New Beer Framework: A Case Study

Principal Investigator: Dr. Sandra Regan, Associate Professor, Arthur Labatt Family School of Nursing, Western University, London, Ontario. Phone: [REDACTED]. Email: [REDACTED]; Stephanie Simpson, Co-Investigator.

I agree to participate having read the Letter of Information, and the nature of the study having been explained. All questions have been answered to my satisfaction.

I consent to this interview being audio recorded: Yes No

Participant Name (please print): _____

Participant Signature: _____

Date: _____

Person obtaining informed consent (please print): _____

Signature: _____

Date: _____

Appendix D: Semi-Structured Interview Guides

Semi-Structured Interview Guide: Policymakers

Project Title: The Development and Implementation of Off-Premise Outlet Density Expansion Initiatives within Ontario's New Beer Framework: A Case Study

Principal Investigator: Dr. Sandra Regan, Associate Professor, Arthur Labatt Family School of Nursing, Western University, London, Ontario. Phone: [REDACTED]. Email: [REDACTED]

I am interested in your perspectives regarding the role of health information, and the related contexts and factors, in the development of Ontario's plan to increase the number of beer retail outlets as part of the New Beer Framework.

My primary interest is in the introduction of beer sales to grocery stores across Ontario. However, I am also interested in further expansion of the number of Liquor Control Board of Ontario (LCBO) combination stores, which are permitted to sell 12-and 24-packs of beer in rural areas.

1. Please briefly describe your education, place of employment, and professional role.
2. Please describe your involvement with respect to (select that which applies):
 - a. The development or implementation of the New Beer Framework.
 - b. The development or implementation of related alcohol policy issues.
 - c. The development of healthy public policy, particularly as it relates to alcohol policy.
 - d. The dissemination of health information pertaining to the New Beer Framework.
3. In your view, how has the proposed expansion of retail outlets – both in grocery and LCBO combination stores – been framed under the New Beer Framework?
4. What do you perceive as the principal goals of the expansion?
5. What is your understanding of public sentiment regarding the number and location of beer retail outlets prior to the launch of the Clark Committee review?
 - a. To your knowledge, was public support or opposition to expansion assessed and, if so, how? Who implemented this process?
6. The Canadian Low-Risk Drinking Guidelines recommend daily and weekly limits for alcohol consumption. To what extent were these Guidelines considered or integrated into the

development of the Framework's outlet expansion initiatives?

7. On occasion, public policy initiatives may affect existing policy areas, such as health promotion and protection. To what extent was potential impact on overall alcohol consumption contemplated prior to developing the expansion initiatives?
8. The Framework recommends a \$1 million annual revenue cap (which can now be exceeded) for the sale of beer in up to 450 grocery stores. To your knowledge, what information was used to inform these figures? What are the intended purposes of each limit?
9. What is your understanding of the association between increased alcohol outlet density and alcohol consumption?
10. The New Beer Framework report states that it was developed in consultation with public health and social responsibility organizations. To your knowledge, which organizations were consulted, and what information was provided?
11. Please describe (and comment upon) any additional ways in which healthy public policy was considered in the development of the Framework's expansion initiatives.

Semi-Structured Interview Guide: Researcher/Knowledge Translation Organizations

Project Title: The Development and Implementation of Off-Premise Outlet Density Expansion Initiatives within Ontario's New Beer Framework: A Case Study

Principal Investigator: Dr. Sandra Regan, Associate Professor, Arthur Labatt Family School of Nursing, Western University, London, Ontario. Phone: [REDACTED]. Email: [REDACTED]

I am interested in your perspectives regarding the role of health information, and the related contexts and factors, in the development of Ontario's plan to increase the number of beer retail outlets as part of the New Beer Framework.

My primary interest is in the introduction of beer sales to grocery stores across Ontario. However, I am also interested in further expansion of the number of Liquor Control Board of Ontario (LCBO) combination stores, which are permitted to sell 12-and 24-packs of beer in rural areas.

1. Please briefly describe your education, place of employment, and professional role.
2. Please describe your involvement with respect to to (select that which applies):
 - a. The development or implementation of the New Beer Framework.
 - b. The development or implementation of related alcohol policy issues.
 - c. The development of healthy public policy, particularly as it relates to alcohol policy.
 - d. The dissemination of health information pertaining to the New Beer Framework.
3. In your view, how has the proposed expansion of retail outlets – both in grocery and LCBO combination stores – been framed under the New Beer Framework?
4. What do you perceive as the principal goals of this expansion?
5. What is your understanding of the strategies used by government/the Clark Committee to garner support for the New Beer Framework?
 - a. What strategies were used by the beer industry?
6. With regards to potential health implications, did you or your organization provide input to inform the development of the New Beer Framework? If yes, what input was provided?

- a. What is your organization's protocol for developing and communicating health information to inform healthy public policy?
 - b. To your knowledge, did other individuals or organizations provide health-related input to inform the New Beer Framework?
7. In your opinion, what were the general strengths of the knowledge translation efforts to incorporate health information into the development of the New Beer Framework? What were the weaknesses?
8. What are the facilitators of effective knowledge translation to inform healthy public policy?
9. In your opinion, can knowledge translation initiatives be enhanced for future alcohol policy development? If yes, how might this be achieved?
10. The Ontario government has adopted the reduction of heavy alcohol consumption as a public health goal. In your understanding, to what extent was any potential impact on this goal considered during the Framework's development and implementation?

Semi-Structured Interview Guide: Media Personnel

Project Title: The Development and Implementation of Off-Premise Outlet Density Expansion Initiatives within Ontario's New Beer Framework: A Case Study

Principal Investigator: Dr. Sandra Regan, Associate Professor, Arthur Labatt Family School of Nursing, Western University, London, Ontario. Phone: [REDACTED]. Email: [REDACTED].

I am interested in your perspectives regarding the role of health information, and the related contexts and factors, in the development of Ontario's plan to increase the number of beer retail outlets as part of the New Beer Framework.

My primary interest is in the introduction of beer sales to grocery stores across Ontario. However, I am also interested in further expansion of the number of Liquor Control Board of Ontario (LCBO) combination stores, which are permitted to sell 12- and 24-packs of beer in rural areas.

1. Please briefly describe your education, place of employment, and professional role.
2. Please describe your involvement with reporting on Ontario's New Beer Framework.
3. In your view, how has the proposed expansion of retail outlets – both in grocery and LCBO combination stores – been framed under the New Beer Framework?
4. What do you perceive as the principal goals of this expansion?
5. What strategies were used by the provincial government/Clark Committee to garner support for the New Beer Framework?
6. What is your understanding of public sentiment regarding the number and location of beer retail outlets prior to the launch of the Clark Committee review?
7. In your understanding, in what ways were public health organizations and researchers involved in the development of the New Beer Framework?
 - a. In what ways were major brewers involved?
 - b. In what ways were craft brewers involved?
8. In your view, were certain stakeholders more influential than others in the policy development process? If yes, which ones?
 - a. To your knowledge, what factors determine the weight of stakeholder influence in healthy public policy development?

9. How do media determine the ways in which a news piece will be framed?
 - a. What is your understanding of the agenda setting function of media with regards to public policy development?
10. In general, how was the New Beer Framework framed by media? By you (or your employer), specifically?
 - a. What is your understanding of the potential impact on alcohol consumption following the implementation of the Framework's expansion initiatives?
 - b. What information sources were primarily used to inform your reporting on the New Beer Framework? What role did health information play in your framing and reporting of the policy?
11. On occasion, public policy initiatives can affect existing policy areas, such as those pertaining to population health. In your understanding, are there potential unintended consequences of the current expansion initiatives? If yes, what might they be?
 - a. In your understanding, how do governments reconcile competing policy priorities?

Appendix E: Study Documents for Data Analysis

Table 3: Documents Included for Data Analysis

Stakeholder Group	Document Type	Date(s)	Number Collected
Government Policymakers	Hansard Transcripts	2013 - 2015	24
	Budget Reports ¹	2012 - 2015	6
	Drummond Report	02.16.2012	1
	Mandate Letters ²	2014 - 2016	4
	Advisory Council Reports	2014 - 2015	2
	Master Framework	09.22.2015	1
	Press Releases	2014 - 2015	3
Alcohol Researchers & Knowledge Translation Actors	Letters to Government	2014 - 2015	9
	Organizational Blogs	03.2016 - 04.2016	2
	Press Release	07. 2015	1
Media	Toronto Star Articles	01.2015 - 02.2016	6
	Globe & Mail Articles	03.2015 - 12.2015	6
	National Post Articles	02.2015 - 09.2015	4
Total: 69			

Notes

1. Includes each Ontario Budget from 2012-2015, and two 2nd quarter reports.
2. Includes two mandate letters from Premier Wynne, and two progress letters from the Minister of Finance the Minister of Health.

Appendix F: Ethics Approval Form



**Western
Research**

Research Ethics

**Western University Non-Medical Research Ethics Board
NMREB Delegated Initial Approval Notice**

Principal Investigator: Dr. Sandra Regan
Department & Institution: Health Sciences/Nursing, Western University

NMREB File Number: 107275
Study Title: The Development and Implementation of Off-Premise Outlet Density Expansion Initiatives within Ontario's New Beer Framework: A Case Study
Sponsor:

NMREB Initial Approval Date: December 21, 2015
NMREB Expiry Date: December 21, 2016

Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Letter of Information & Consent	Letter of Information & Consent	2015/10/05
Recruitment Items	Email Script	2015/11/20
Western University Protocol		2015/11/20
Instruments	Interview Guides	2015/11/20

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.



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Appendix G: Expansion initiatives within Ontario Budgets

Table 4: Expansion initiatives as documented in the Ontario Budgets (2012-2015)

Budget Year	Expansion Progression
2012	<ul style="list-style-type: none"> • “The LCBO will develop and implement new measures to deliver an additional \$100 million per year in net revenue to the Province from 2014-15 onward. These measures will enhance profitability in a socially responsible manner” (Duncan, 2012, p. 97).
2013	<ul style="list-style-type: none"> • “Transformative initiatives being implemented by government business enterprises include pursuing LCBO store expansion, consistent with [the Commission’s] recommendations to enhance LCBO profits while continuing to promote socially responsible consumption” (Sousa, 2013, p. 115).
2014	<ul style="list-style-type: none"> • “The government is accelerating LCBO store network expansion by adding more than 55 new or relocated stores over the past two years. In addition, the LCBO is launching nine destination boutiques within LCBO stores, and 10 express grocery stores as part of its strategic plan” (Sousa, 2014, p.147). • “The Premier’s Advisory Council on Government Assets will examine how to get the most out of key government assets to generate better returns and revenues for Ontarians. Preference will be given to continued government ownership of all core strategic assets” (p.167) • The Council will report to the Premier on the LCBO by the end of 2014 in order to feed into the 2015 budget process” (p.165).
2015	<ul style="list-style-type: none"> • “Introduce competition into the retailing system by authorizing up to 450 grocery store to sell beer subject to certain restrictions” (Sousa, 2015, p.74). • “The Province will authorize the sale of beer in grocery stores to improve consumer service, in a manner that meets the government’s social responsibility mandate for the sale of alcohol beverages in Ontario. Introducing competition into this retail market should incent innovation, while improving customer convenience” (p.83).

Appendix H: Ontario's Outlet Expansion Timeline

Table 5: Timeline of Expansion Policy Development and Implementation

Date	Expansion Process
April 11 2014	<ul style="list-style-type: none"> The Premier's Advisory Council on Government Assets is appointed to maximize the potential of government business enterprises, including the Liquor Control Board of Ontario (LCBO) (Ministry of Finance, 2014b).
September 25 2014	<ul style="list-style-type: none"> A formal mandate letter is released by Premier Wynne, who calls on Finance Minister, Charles Sousa, to improve Ontario's beer retailing system by "reducing red tape" and creating new retailing opportunities (Wynne, 2014c)
October 17 2014	<ul style="list-style-type: none"> Ed Clark gives a speech outlining the Council's initial findings (Ministry of Finance, 2014a) The Council's initial recommendations receive same-day approval by Premier Wynne, who calls on the Council to "broaden the commitment to a collaborative and transparent process" (Office of the Premier, 2014. P.1).
November 13 2014	<ul style="list-style-type: none"> The Council releases an Initial Report which details their preliminary recommendations. (Clark et al., 2014)
November 17 2014	<ul style="list-style-type: none"> The Council's preliminary recommendations are incorporated into the 2014 Fall Economic Statement. Final recommendations from Phase II of the review are to inform the 2015 Budget (Sousa, 2014)
April 16 2015	<ul style="list-style-type: none"> The expansion of beer sales to select Ontario grocery stores is formally introduced with the release of the Council's Final Report (Clark et al., 2015).
April 23 2015	<ul style="list-style-type: none"> The grocery store expansion initiative is incorporated into the 2015 Budget, tabled April 23rd, 2015 (Sousa, 2015).

Curriculum Vitae

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