

## Partnering to prevent cancer and chronic disease CLASP integrates science, policy, and practice for better health

For professionals working in cancer, making a difference in the lives of people affected by it is at the heart of everything they do. But what if their efforts could have broader impact – preventing many types of cancer and chronic diseases from ever developing?

That's the intent of a new Partnership initiative that coordinates prevention strategies among chronic diseases and cancer.

Coalitions Linking Action and Science for Prevention – CLASP – will

fund new and existing coalitions of groups currently working in the prevention of cancer and chronic diseases, supporting them in partnering across provinces and territories to broaden their reach and deepen their impact.

### Action and policy

“CLASP recognizes that many cancers share the same risk factors as diabetes, lung diseases, and cardiovascular diseases,” says Dr. Jon Kerner, Senior Scientific Advisor for Cancer Control

and Knowledge Translation at the Partnership. He also chairs the Partnership's action group that addresses primary prevention. “Working together in health promotion and disease prevention, the whole could be so

much greater than the sum of the parts,” he adds.

CLASP kicked off in February and March 2009 with consultation workshops where researchers, practitioners, and policy-makers identified strategic partnerships. Heart & Stroke Foundation and Canadian Cancer Society were partners in this first phase of program development.

“Prevention of cancer requires a two-pronged approach – individual action and policy change,” says Heather Logan, Senior Director of Cancer Control Policy and Information at the Canadian Cancer Society. “We are seeing where synergies exist and how individual efforts might be



Stakeholder discussion at a CLASP workshop: facing, Dr. Jane Griffith, CancerCare Manitoba



Heather Logan, Canadian Cancer Society

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## ‘Cancer control is a marathon, not a sprint’

Out-going chair Jeff Lozon reflects on the Partnership's first 30 months

**Q. In 2006 you took on the critical role of inaugural Chair, before there was staff or even an office – it was just you, vice-chair Dr. Simon Sutcliffe, and the interim Board. What was that early start-up period like for you?**

A. It's important to note that the Partnership really began years before, when hundreds of people worked to develop the *Canadian Strategy for Cancer Control*.

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## Why CLASP?

'Chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases, and diabetes, are by far the leading cause of mortality in the world, representing 60% of all deaths.

Out of the 35 million people who died from chronic disease in 2005, half were under 70.'

– World Health Organization\*

strengthened through partnership.”

Planning meetings are taking place across the country throughout the Spring, to invite teams interested in CLASP to help inform the development of a request for proposals as well as review funding criteria.

Following peer review of eligible proposals, the Partnership anticipates funding between five and 10 CLASP initiatives beginning October 2009, with continued support to March 2012. Funded coalitions and CLASP partners will participate in semi-annual knowledge exchange meetings to share lessons learned and evaluate the work completed to date.

This “bottom-up” consultation and knowledge exchange process will shape a new Partnership investment in cancer



Dr. Jon Kemer,  
Canadian Partnership  
Against Cancer

and chronic disease prevention that is dictated by the needs from the field, building on the important work already happening across Canada. ■

\*[http://www.who.int/topics/chronic\\_disease/en/](http://www.who.int/topics/chronic_disease/en/)

# Reflections on our first 30 months

When the federal government announced the Partnership in November 2006, there was enormous challenge to roll out in a short time. We brought in the transition team, which was responsible for the detailed negotiations for interim and longer-term Funding Agreements – and those agreements were a big job!

We also had to review the Strategy document with the people who created it. A fair bit of time was spent working with the existing Action Groups, explaining what had to be done to translate the Strategy from a document into programs.

Starting the Board was also a big item. We were fortunate in having the right type of people join, and fortunate that they all agreed immediately. That itself is a testament to the Strategy, and to the promise that the Partnership represents.

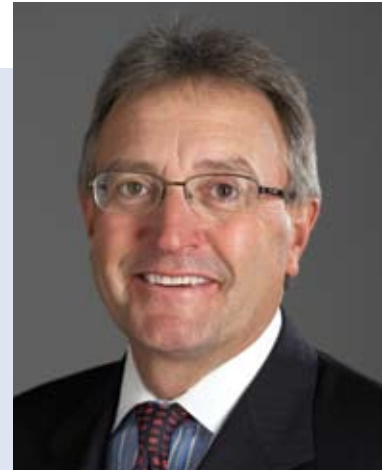
In all, the start-up phase was a full year of working on those bigger items, plus all the smaller items, such as finding space, leasing arrangements, and the like. You're climbing a different mountain every day.

### **Q. Does a highlight stand out?**

A. Yes, the euphoria around the announcement by the Prime Minister was exciting. That (November 2006) announcement punctuated a level of success for the entire cancer community, and all the work that they had put into the Strategy. It was a highlight for everyone when it became a reality.

Another highlight for me was the inaugural Board meeting, with all those committed directors from across Canada in the room for the first time.

On a personal note, the highlight for my entire term has been getting to meet



'We now have the best of both worlds, with broad-based participation on the ground, in an organization that can deliver'

– Partnership Chair, Jeff Lozon

so many wonderful people, and seeing how much hope was put into this by people right across Canada.

### **Q. Was there a particular challenge in the start-up phase?**

A. First of all, this was not a classic start-up because although we were starting the organization itself, the Action Groups were already functioning, and they needed support right away.

We also had to manage expectations. The whole cancer community came into this with many, many high expectations.

As well, during start-up it was clear that there needed to be a tighter focus brought to the Strategy, which was a broad-based planning document. Our principal job was to pick what we could

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deliver on – and focus on those key initiatives.

I think we've done a good job of setting up the Partnership to deliver the Strategy, and also in managing expectations. Now people realize that this is a marathon, not a sprint.

***Q. What is the difference between creating a strategy and an organization?***

A. When you are moving from the planning stage to execution of the plan, the locus of control needs to change. That is not an easy transition, but it is necessary. With the funding announcement, as one person put it, the work moved from the corner of the desk to the centre of it.

Hundreds of people were involved in creating the Strategy document, and they should be very proud of their contributions. When the Partnership started, the effort became more focused. I think that the Partnership has managed this transition well. We have also brought new people to the table, which is exciting.

When the Partnership was announced, it was like the dog that caught the bus – ‘Now what do I do with it?’ It's one thing to ask for funding, but it's another to spend money wisely and to implement a meaningful structure. (For instance, the Action Groups that had come together before the Partnership was established were then required to do different things, and in a compressed time frame.) It was an essential transition.

I believe that we now have the best of both worlds, with broad-based participation on the ground, in an organization that can deliver.

***Q. How would you characterize what is unique about the Partnership?***

A. The uniqueness is three-fold. First, the organization was created to execute a strategy that already existed. Second, that process involved many different stakeholders, including the federal government, provincial and territorial governments and cancer agencies, patient and survivor organizations, and dozens of others. The patient and survivor role is critical and unique, and the fact that this is a national organization is a big feature. Third, this organization is focused on ‘control’ of a single disease across the whole country.

No other agency is like this, to my knowledge.

***Q. As the inaugural Chair you have a specific perspective. What do you hope for the Partnership five years from now?***



Chair Jeff Lozon, then-Health Minister Tony Clement, and Vice-Chair Dr. Simon Sutcliffe, Spring 2007

A. I believe that five years from now this will be the go-to agency for cancer control in Canada. It will have many national features and involve all the key stakeholders and audiences. I also believe that it will be increasingly recognized internationally, which is important.

The Partnership won't necessarily be fully mature, but its role will have blossomed. It will be stable and it will be devoted to delivering cancer control across Canada.

The federal government, to its credit, says it wants to see measurable change in how many people get cancer, how many people die of cancer, and how people live with cancer. Ultimately those are the yardsticks against which the Partnership will be measured.

The Partnership's obligation is to make sure that it executes the planning document, and its real promise is in that execution.

***Q. On a personal level, what do you take from your role as inaugural Chair?***

A. Speaking as someone who has been in health care for more than 30 years, when my Partnership appointment was announced I heard from more people, and I had more notes of congratulation, than I ever had before. It was tremendously exciting to do something so worthwhile.

I remember vividly the patients and survivors whom I met in the early days – their passion, bravery, and courage. Their contribution is remarkable.

We have been helped along the way by the federal government, provincial and territorial governments,

cancer agencies, and by hundreds of health care providers and survivors who have given their time and talent to make the Partnership what it is today.

It has been a privilege to be involved in the active creation of the Partnership. I'll be watching its success for many years to come. ■

# Creating new possibilities in cancer control among First Nations, Inuit, and Métis

## Priorities range from prevention to palliative care

Making inroads in cancer control among First Nations, Inuit, and Métis peoples was the focus of dialogue at a recent National Forum hosted by the Partnership.

More than 65 participants met in Winnipeg on March 19-20, as part of the Partnership's commitment to advancing cancer control with the First Nations, Inuit, and Métis peoples of Canada. National and regional aboriginal organizations, provincial cancer agencies and researchers, as well as patient and professional groups and federal, provincial, and territorial governments, participated in the Forum.



Elders Dr. Fred Shore, Margaret Lavalée, and Bernadette Niviatsiak

### Determinants of health

“The importance of the social determinants of health was a thread running throughout the whole forum,” says Dr. Fred Shore, a Métis elder and presenter from the University of Manitoba. “Poor housing, lack of proper benefits, no ability to connect with health services, and the expense of nutritious food in remote communities lead to respiratory disease, diabetes, and heart disease. They lead to poor health – and that includes cancer,” he adds.

Several attendees represented organizations that advocate on these issues, he notes.

“The forum explored how, together,

we can advance cancer control efforts by First Nations, Inuit, and Métis peoples across Canada,” says Leslie Greenberg, Director of Strategy at the Partnership. “The attendees worked hard to identify immediate and long-term priorities for action, from prevention to palliative care. These are deliverables the Partnership can either lead or

support within its mandate of advancing Canada’s cancer control strategy, and we are committed to doing so in a collaborative way.”

Dr. Shore notes that this was one of the best of many similar conferences he has attended. “I was very impressed by it. The aboriginal people were speaking, and the others were listening.” ■

[www.partnershipagainstcancer.ca](http://www.partnershipagainstcancer.ca)

Check on-line for expanded newsletter:

- Care plans for the survivorship journey
- Launching later this Spring: open-access clinical trials library
- ... and more



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