Health Canada
Santé Canada

Canadian Partnership Against Cancer Corporation

Evaluation

FINAL REPORT

MANAGEMENT RESPONSE

May 6, 2010

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Management Response to Health Canada Evaluation conducted by EKOS Research Associates, May 2010

Introduction

The Canadian Partnership Against Cancer (CPACC) welcomes the findings of the Health Canada evaluation conducted by EKOS, and overall agrees with the recommendations.

Mid-way through the initial mandate is a crucial time to assess CPACC's progress, to examine what is working well and what might need modification to ensure ongoing success. Work is already underway to address these recommendations and our next steps are described in the management response. Two key conclusions of the evaluation are as follows:

- "Overall the evidence supports the need for an organization such as CPACC to coordinate knowledge and information on cancer control, cultivate relationships and generally act as a catalyst for cancer control in Canada. There is strong evidence that cancer is, and will continue to be, a public health issue over the coming years." [61]
- "Evaluation findings indicate a high level of satisfaction with the organizational structure (i.e. NGO) of CPACC. As an NGO, CPACC is seen as effective in engaging with various levels of government and stakeholders. The NGO structure is also seen as allowing CPACC to be more nimble and neutral than would be possible for a government agency. Although alternatives to the NGO model exist, stakeholders and external experts generally believe that the CPACC model is sound and should be maintained."[62]

CPACC was established by the federal government with a five-year mandate to shape and implement the Canadian Strategy for Cancer Control (CSCC), with the goal of significantly reducing the impact of the disease on all Canadians. The terms of the CSCC were defined by the collective vision, expertise and firsthand experience of more than 700 cancer practitioners, patients and survivors from coast to coast. The CSCC embraces the full spectrum of cancer control, including prevention, screening, research, surveillance and the cancer journey. It recognizes that all are essential if incidence, mortality, quality of life, safety and affordability of care are to be controlled.

The Canadian Partnership Against Cancer has made significant progress since the organization began operations in 2007. In this short timeframe, CPACC has established the organization and its accountability and management frameworks to oversee the implementation of the national strategy, and is driving – with our partners – the successful implementation of activities across all priority areas identified in the strategy.

This evaluation of CPACC was undertaken in year three of its five year mandate to assess:

- Whether CPACC has, in carrying out the Strategy, advanced the public health objectives for cancer control in Canada; and
- Whether this not-for-profit corporation is an effective tool for advancing the CSCC objectives.

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61 Evaluation of the Canadian Partnership Against Cancer Corporation, EKOS Research Associates Inc., p60, May 6, 2010.
62 Evaluation of the Canadian Partnership Against Cancer Corporation, EKOS Research Associates Inc.,p67, May 6, 2010.

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Recommendations and Management Responses

Overall, the evaluation suggests that CPACC is on the right track, successfully implementing the cancer strategy with partners in the cancer control community, and should continue its outreach and engagement efforts to successfully achieve its intermediate and long-term outcomes for the benefit of all Canadians.

The recommendations that CPACC is responding to fall into three areas: design and delivery; success; and governance. These can be summarized as improving stakeholder relations and communications, enhancing performance monitoring and continuing to address First Nations, Inuit and Métis considerations. In addition to the specific actions described below, continued activities responding to the recommendations, will be captured in our annual Corporate Plan submissions.

a) Design and Delivery

Recommendation: CPACC should continue to facilitate the integration and coordination amongst the eight strategic priorities and two supporting activities wherever appropriate. Encouraging more integrated approaches to developing initiatives will facilitate coordination and impact.

Management response:
Management agrees with this recommendation. Prior to the period of the evaluation, CPACC had re-aligned some of the priority areas in order to integrate work to achieve more tangible results. The need to drive focus and impact was early direction from the Board of Directors and continues to be reinforced as work progresses.

In order to successfully implement the work across the eight priority areas, CPACC has engaged experts across the country with dedicated knowledge in specific domains to advance the work. All work across the priority areas of the strategy is inter-connected and we continue to focus on improved coordination of effort to ensure we achieve significant impact within the current five year mandate. Many of the new advisory structures cut across the entire strategy, such as the System Performance working group, the Cancer Risk Management advisory group and the advisory committee on First Nations, Inuit and Métis cancer control.

As an example of integration, the early work of the Standards priority area is now fully integrated with System Performance and Quality Initiatives. The initial pan-Canadian indicators for performance were informed by the Standards working group. These indicators for performance were then validated by provinces to confirm their use in measuring performance across the cancer control domain in Canada. Identifying areas where there are gaps in performance will inform the development of quality initiatives. This in turn can be measured by indicators of performance to drive improvements in cancer control.

The Action Council, created in 2008, includes the Chairs of priority areas and is chaired by the VP, Cancer Control. It initially met monthly, and as integration has progressed, has been meeting six times per year to discuss opportunities for enhanced coordination and better integration of effort across the portfolio of work. Further integration across the portfolio is occurring now as we begin to consider a new strategic plan beyond 2012. We will be looking at synergies between primary prevention and screening and early detection; system performance and quality initiatives; and the potential integration of initiatives within the cancer strategy and alignment to chronic disease management. These

synergies will be further explored through consultations with our advisory mechanisms over the summer, at our stakeholder consultation in October 2010, and incorporated into the next strategic plan. We will continue to refine the implementation of work to ensure the cancer strategy is integrate and aligned to the cancer and health systems in the country.

Key activities	Responsibility	Stakeholders engaged	Timeline
Consultation on integration and coordination across strategies and supporting initiatives	CPACC management and AG Chairs	Advisory mechanisms Stakeholder Forum October	Current to October 2010

Recommendation: CPACC must continue in its recently increased efforts at addressing the perspectives and needs of First Nations, Inuit and Métis into all of its activities.

Management response:
Management agrees with this recommendation and is committed to furthering early work with First Nations, Inuit and Métis communities and organizations.

At this point in our initial mandate, CPACC is encouraged by the relationships it has established with First Nations, Inuit and Métis organizations through its caucus meetings with national aboriginal organizations and the recently formed First Nations, Inuit and Métis (FN/I/M) advisory committee on cancer control. CPACC's work in this area has been informed directly by FN/I/M organizations and it was their expressed desire to ensure a cancer control strategy that recognized the distinct needs of each population and ensured cultural relevance. The approach taken by CPACC supports the self determination and engagement in priority setting required by each distinct population.

In the early years of the mandate, CPACC leveraged an existing program through Saint Elizabeth Health Care – the @YourSide Colleague online program. This had significant credibility and use among First Nations community health workers in Manitoba, Saskatchewan and British Columbia yet there was no course about cancer prevention, early detection, or treatment and management. Together CPACC and Saint Elizabeth created a cancer care module to fill this identified gap in the existing @YourSide modules.

While the curriculum was being developed for this course, CPACC initiated plans to host a FN/I/M forum whereby the work of the cancer strategy could be informed by FN/I/M needs and perspectives, build on existing programs where they were successful, and develop a plan for moving forward. The forum resulted in several concrete recommendations: to create a "clearinghouse" on cancerview.ca – CPACC's portal – specific to First Nations, Inuit and Métis cancer control; to focus on surveillance to better understand the cancer burden; to address remote and rural cancer control education issues; and the establishment of a separate advisory committee for First Nations, Inuit and Métis cancer control to develop and implement a population-specific cancer control plan.

Work is also well underway to launch culturally relevant pages on the portal. A First Nations, Inuit and Métis portal advisory network was struck to source and validate appropriate cancer control content across Canada. In surveillance, an opportunity was identified with Cancer Care Ontario to evaluate a pilot project on aboriginal identifiers collected through regional cancer centres to improve data in the cancer registry. The initial results of the

evaluation have been shared through a PHAC workshop and the final evaluation will be shared with interested provinces, and is anticipated to be complete in summer 2010. To enhance access to continuing education on cancer control in remote and rural communities, CPACC and Saint Elizabeth Health Care are exploring the potential expansion of the course to other provinces. Additionally, the FN/I/M advisory committee will be meeting in May to develop the action plan. The FN/I/M manager at CPACC works with each priority area director to determine where there are opportunities to address FN/I/M considerations. Through this work, several proposals were submitted for CLASP funding that would specifically address prevention efforts with First Nations and Inuit populations. Three projects including First Nations and Inuit populations have been funded and are currently underway. We expect significant progress will continue to be made now that relationships have been established and there is full participation and engagement of First Nations, Inuit and Métis partners to develop an Action Plan by June 2010. CPACC will also continue with ongoing caucus meetings with CPACC's Board member and National Aboriginal Organizations (AFN, ITK and MNC).

Key activities	Responsibility	Stakeholders Engaged	Timeline
Caucus meeting between CPACC Board member and National Aboriginal Organizations	CPACC management, CPACC Aboriginal Board member	National Aboriginal Organizations	Twice per year
Development of Action Plan for First Nations, Inuit and Métis Cancer Control	CPACC FN/I/M manager	CPACC FN/I/M Advisory Committee	By June 2010
First Nations, Inuit and Métis portal pages	CPACC portal team, CPACC strategy team	FN/I/M portal advisory team	By July 2010

b) Success

Recommendation: CPACC should develop formal mechanisms for assessing the usefulness of the data and information it is providing. Stakeholders and users of CPACC data and information should be consulted on a regular basis to gauge the usefulness, credibility and accessibility of CPACC data and information. The results of these consultations would be used to facilitate ongoing improvements to CPACC knowledge transfer/knowledge exchange.

Management response:
Management supports this recommendation. CPACC views evaluation (both formal and informal) as a key strategy to ensure that its activities, including information dissemination, are relevant and useful.

Evaluation is already integrated into the vast majority of CPACC's projects and initiatives. This is done through assessment of milestone achievement, and through soliciting feedback from partners on the value of information in ongoing projects. We have also piloted the use of an External Review Panel, which gives independent feedback on current and planned written material, including that on our corporate website and cancerview.ca. Reviewers are drawn from a range of backgrounds, and have provided insightful comments of value to our materials. Finally, we regularly collect evaluations on meetings and workshops hosted by CPACC as part of ongoing quality assurance.

CPACC is in the process of conducting an initial (in-depth) evaluation of the cancerview.ca portal, including a review of the tools, resources and information developed through the advisory mechanisms. By understanding the usefulness of the tools, and how they are being disseminated and adopted, we can further refine the products being developed and shared. Feedback will be formally solicited from cancerview.ca users. This exercise will be supplemented with utilization statistics and assist CPACC in refining the relevance and usefulness of the cancerview.ca tool. Initial results of the evaluation will be available in September 2010. The current portal plan will be refined to incorporate feedback from the evaluation.

Key activities	Responsibility	Stakeholders Engaged	Timeline
Evaluation of Cancer View Canada	CPACC Senior Management, Knowledge Management	Sample Cancer View users Key partners	By September 2010
Refined Cancer View Canada plan	CPACC Senior Management, Knowledge Management		By December 2010

Recommendation: CPACC should develop mechanisms for communicating with stakeholders who are not currently "in the loop" about CPACC. This could be done through attendance and presentations at conferences and other such events.

Management response:
Management supports continuing to ensure that stakeholders are kept 'in the loop', and also expanding our communications to a broader audience.

The Communications team recently completed an audit of its communication efforts, including assessing the tools and vehicles developed and whether outreach (whether through media, online or e-mail) is reaching the intended audiences. Overall, the tools and resources are valued by those surveyed, and they reported information is easy to find on the corporate website. Media efforts in particular, have been very successful in reaching broad public audiences with good penetration of key messages. Additional effort is required to reach beyond our existing stakeholder list, and to continue to leverage the breadth of individuals on our advisory networks and have them in turn disseminate information through their respective organizations.

To support better dissemination of information, CPACC has recently struck an Information Dissemination Committee comprised of a cross-divisional group to better plan, coordinate, leverage and target appropriate audiences with tools, resources, information and publications being developed. CPACC is launching an "Ambassador Program" in May 2010 that will provide communications tools to the Board, staff and advisory leads about progress made across the strategy so that they can further disseminate information about CPACC to other stakeholders. CPACC relies on its advisory networks to inform and implement the work, and also recognizes that its 400+ advisors work for other organizations. By providing resources to support their communications efforts, we can ensure messages and information reaches others not currently working directly on the implementation of the strategy. While cancerview.ca was only recently launched, both online properties (the corporate website and cancerview.ca) continue to attract more traffic. Further marketing efforts will be implemented to drive visits to the sites and to encourage registration to receive CPACC's online newsletters.

The Board of Directors and senior management also travel across the country and meet with local stakeholders to hear about their cancer control landscape and efforts. This represents an opportunity to update local jurisdictions about progress and ensure the strategy is relevant to their priorities. In the last three years, the Board has met across the country. Upcoming meetings will be held in Iqaluit, Winnipeg and Regina.

While many stakeholders were involved in the development of the CSCC, and continue to work on the implementation of the strategy, CPACC recently launched a formal and transparent advisory group renewal process to attract new experts to its advisory groups. Information about each group and roles being sought were posted online to reach a broader audience in a more transparent manner. This has resulted in many new experts joining the advisory mechanisms of CPACC. Ongoing efforts across CPACC through communications, stakeholder outreach, dissemination and adoption of tools and resources, will continue in order to create greater awareness across the cancer control community.

CPACC concurs that it is important to share the impact of the work to a wide audience. Upcoming media announcements over the next six months include the release of the pan-Canadian Cancer Research Strategy; a public service announcement through social media for colorectal cancer screening; staging and system performance; and ongoing media efforts to support the regional recruitment efforts of the Canadian Partnership for Tomorrow Project. The Communications team also considers opportunistic media efforts related to the priority areas of the strategy.

Many of the leads of CPACC's advisory groups and strategic initiatives make presentations at national and international conferences about the work in their priority areas, and have published in peer-reviewed journals. We have also produced several documents and resources targeted to key partner audiences. CPACC has been working closely with the International Union on Cancer Control (UICC) on its prevention stream at their upcoming conference in August 2010, and several abstracts have been accepted for presentations and posters.

Key activities	Responsibility	Stakeholders Engaged	Timeline
Ambassador Program	CPACC Communications	CPACC Board, Senior management, AG Chairs, CPACC staff	By May 2010
Impact Report Dissemination • Stakeholder meetings	CPACC Board, Senior Management, Communications	Federal elected officials and bureaucracy, cancer agency leadership, advisory mechanisms, CCS national and division offices, CCAN members, available online for general public, etc	From May- October 2010
Media relations outreach (list of announcements on the previous page)	CPACC Communications	Federal Minister of Health and Health Canada, National and regional media, general public	From May-October 2010

Recommendation: It is recommended that CPACC assess mechanisms for increasing its regional presence. This could include options such as affiliation with university-based partners. An increased regional presence would better enable CPACC staff to network and develop relationships with regional cancer control organizations. This is particularly critical in the context of the Canadian healthcare system and for CPACC to ensure needs are being met at the jurisdictional level.

Management response:
Management agrees with the recommendation to increase its regional presence. Currently, AG Chairs are seconded from host organizations across the country, including cancer agencies, hospitals, universities and national organizations. All of CPACC's priority areas and initiatives include strong regional presence, whether through organizational appointees, individual experts or patients and survivors. Management will explore and consider options to increase its regional presence (including the feasibility of co-location of staff or regional pilots) that can strengthen liaison with the multiple levels within jurisdictions and to facilitate integration/synergies between CPACC initiatives and regional priorities.

Key activities	Responsibility	Stakeholders engaged	Timeline
Feasibility assessment of increased regional presence	CPACC Senior Management	CPACC senior management, cancer agency CEOs, CPACC Board	By September 2010

Recommendation: CPACC must ensure that the needs of jurisdictions are reflected in all of CPACC activities and initiatives, as their buy-in and active engagement are required for CPACC to fulfill its objectives.

Management response:
Management supports the need for engagement at various levels within jurisdictions, including F/P/T Deputy Ministers, ADMs, and cancer agency leadership and has been active in its outreach to these important stakeholders. We will continue to work with and through these partners as an essential component of how we can successfully implement the strategy. The provincial cancer agencies or equivalent organization or program in provinces and territories without formal agencies are the lead agents for cancer in their jurisdictions. CPACC has actively worked to establish robust relationships with the cancer agencies/programs through joint leadership team meetings, joint Board appointments and co-location of the Canadian Association of Provincial Cancer Agencies with the CPACC office to ensure greater collaboration and coordination. Through the recent advisory group renewal process, CPACC has broadened the depth of its geographic representation, and encouraged all jurisdictions to suggest nominees. We have also, through this process, ensured a depth of subject matter expertise and representation from key strategic partners at the national level. Further engagement and outreach is being undertaken with Deputy Ministers, national and federal health partners, health authorities and advocacy organizations leading up to the stakeholder forum in October 2010.

CPACC's role is to work as an accelerator and catalyst and thus CPACC has not restricted itself to initiatives where every jurisdiction is ready to move forward. CPACC has elected to move forward on initiatives/activities where there is a critical mass of three or more provinces interested in moving forward, thus helping to build evidence and demonstrate progress. The Synoptic Surgery and Synoptic Pathology initiatives are two examples of CPACC working with jurisdictions that are "interested early adopters".

For other CPACC driven initiatives such as Systems Performance Reporting, the National Colorectal Cancer Screening Network, the staging initiative and the pan-Canadian cervical screening network, CPACC has engaged representatives from jurisdictions across Canada through direct recruitment via cancer agencies (or equivalents) and/or letters of invitation to each responsible Deputy Minister of Health in provincial/territorial jurisdictions. These partnerships include the development of indicators, as well as the sharing and analysis of data and results. CPACC is committed to continued engagement of jurisdictional representatives at various levels to ensure its activities and initiatives are reflective of provincial and territorial priorities in Canada.

Key activities	Responsibility	Stakeholders engaged	Timeline
Stakeholder outreach meetings	CPACC Board, Senior Management	DMs of health and health promotion, federal MPs and key bureaucrats, cancer agency leadership (CAPCA), CCS National and Divisions	May – September 2010
Stakeholder consultation meeting	CPACC Board, Senior Management	ADMs of health, cancer agency leadership, national and federal health organizations, CCS, CCAN, chronic disease partners, CPACC advisory leads, FN/I/M partners, clinicians	October 2010

Recommendation: It is recommended that CPACC work to clarify the roles and responsibilities of CPACC and its stakeholders on an on-going basis, to ensure that all individuals affiliated with stakeholder organizations are aware of CPACC and their organization's relationship with CPACC.

Management response:
Management supports this recommendation.

With CPACC advancing all its work with and through others, and the annual funding representing less than 1% of total cancer control spending in Canada, the need to work with partners is essential. CPACC's business models mean that in some cases we lead efforts, in other cases we support the work of others and leverage what is working in one part of the country and transfer that knowledge more consistently across Canada. Roles and responsibilities are typically negotiated depending on the nature of the work being advanced and whether CPACC is leading or supporting the initiative. For example, when CPACC was developing and preparing to launch "Colonversation", a great deal of stakeholder work took place to clearly identify where CPACC could add value to current screening programs in provinces/territories and avoid duplication of effort or message confusion. The successful launch of the program was March 2010, done with support from Canadian Cancer Society and screening programs across the country.

Another key effort in is the mapping of all strategic initiatives across the priority areas of the strategy. This was provided to cancer agency leadership to ensure there was greater awareness of current engagement (and which individuals were involved) and to validate that the initiatives were aligned to P/T cancer priorities. CPACC will continue to work with cancer control stakeholders and national and federal partners where there is need for greater

role clarity (to avoid potential for duplication of effort) to codify our business models. This includes the Public Health Agency of Canada, the Canadian Cancer Society (national and divisional offices), Canadian Association of Provincial Cancer Agencies and others), and will require ongoing attention. While many individuals are involved across the priority areas from these organizations, CPACC agrees that more work needs to be done to ensure their colleagues are aware of their organizational support and involvement in the implementation of the strategy.

Key activities	Responsibility	Stakeholders engaged	Timeline
Clarify and codify business models with key partners	CPACC Senior Management	PHAC, CAPCA and cancer agencies, CCS, etc	Ongoing

c) Governance

Recommendation: CPACC must develop and implement a performance monitoring system using both qualitative and quantitative measures appropriate to the current stage of CPACC's development, which should include measuring outcomes. As a new organization it is clear that early on the focus of performance monitoring will be on outputs (# of meetings, #of reports produced, etc.); however, as CPACC evolves the emphasis should move away from measuring outputs to measuring outcomes. This will require the full engagement of the federal government and jurisdictions.

Management response:
Management agrees with this recommendation and will continue to adjust its existing performance measurement framework appropriate to the stage of CPACC's development. Once strategic initiatives from across the priority areas were established, targets for each initiative were set in 2009, and expected outcomes defined. Depending on the phase of implementation, the targets were both qualitative and quantitative. As initiatives are further defined, the measures of performance are expected to become more quantitative in nature.

A key way of driving performance has been by engaging program leaders across jurisdictions using evidence and data to establish benchmarks to measure progress. CPACC is committed to advancing performance in areas where there is clear consensus on achieving milestones that will contribute to reducing the burden of cancer. Over the next two years, CPACC will be undertaking planning on gap analyses with jurisdictions. Based on these gaps, a priority setting exercise will be undertaken with jurisdictions to address new indicators for system performance.

CPACC has already demonstrated where data can be used by provinces and territories to evaluate their own progress. Continuing to promote the use of data for performance monitoring and system change will support the process of performance improvements. This will in turn contribute to reduction in incidence, mortality and improving quality of life for Canadians.

Another key CPACC data initiative has been the development of the Cancer Risk Management Platform. This platform will assist CPACC and its stakeholders in projecting the impact of various cancer control interventions over time on a variety of indicators including incidence, mortality as well as the micro and macro-economic perspectives.

In addition, CPACC is in the process of developing a measurement framework that will tie the targets and outcomes of each initiative to immediate and intermediate outcomes as described in the logic model for the organization. This work will be completed by the fall of 2010.

Key activities	Responsibility	Stakeholders engaged	Timeline
Performance measurement framework linking initiative outcomes to logic model outcomes	CPACC Senior Management	CPACC Board, CPACC Advisory mechanisms	Fall 2010

Recommendation: It is recommended that CPACC put in place a transparent and clearly articulated mechanism for soliciting and selecting projects. There must also be a mechanism in place for communicating the results of decisions made.

Management response:

Management supports this recommendation. First and foremost, CPACC is not a granting organization and this needs to be reinforced continually with many stakeholders. CPACC inherited a number of projects through the CSCC, shaped by 10 years of planning to identify the most important initiatives to address population-health outcomes in cancer control. Further initiatives were drawn from existing priority areas, and CPACC funding was allocated in areas where the best advice (through advisory mechanisms and stakeholder consultation) told us we could achieve the best outcomes. Many of the early investments required significant engagement with many stakeholders since these investments were multi-year in scope and included several partners.

CPACC's funding beyond the previously established initiatives has been allocated based on existing (or priority specific) envelopes that were established using planning advice. Contracts are negotiated with partners to identify important milestones and deliverables. Funding has been awarded through a number of mechanisms including RFPs posted on CPACC's website, with larger projects also posted on MERX (examples include developing the Cancer Risk Management Platform and Cancer View Canada); through calls for proposals that include an open and adjudicated process (examples include CLASP, survivorship care plans, and surveillance and epidemiology networks), and to third parties with unique expertise and where their existing work supports the implementation of the cancer strategy (such as CAREX, CAPTURE, Canadian Virtual Hospice).

A full project management process has been established to establish, monitor and track progress against milestones and budget. This allows CPACC to monitor project delivery and to work with partners to remediate where required. CPACC also agrees that the business models and processes for making investments needs to be more clearly communicated. The business models and processes will be posted on our website by June 2010.

Key activities	Responsibility	Stakeholders engaged	Timeline
Public posting and clarification of CPACC business models on website	CPACC Senior Management	Partners, stakeholders and general public through website	June 2010

Recommendation: It is recommended that CPACC work to increase awareness of CPACC among the cancer control community as well as the Canadian public.

Management response:
Management supports this recommendation. In the first years of the CPACC mandate, communications efforts focused primarily on raising awareness of strategic initiatives where work was underway. These efforts needed to not only convey information about the initiative, but also establish CPACC as a new entity in the cancer control community. CPACC consciously chose not to brand the organization or the strategy but rather to focus on the work – which is of greatest importance. CPACC has also been respectful of ensuring attribution is given to partners who are implementing efforts, such as the regional partners of the Canadian Partnership for Tomorrow Project and Canadian Virtual Hospice. There are a myriad of organizations that communicate directly with the public about cancer (including at least 200 registered cancer charities). Many of these organizations have key relationships and accountabilities to communicate with the public. We will work with and through them on areas of alignment to ensure consistent messaging and increased profile for the cancer strategy. We will also continue to make our work publicly available through our online properties.

CPACC has continued to enhance communications outreach efforts through bi-weekly updates to CPACC staff, Board and advisory group members, monthly e-bulletins to a wide audience of stakeholders, newsletters and targeted dissemination of resources, tools and publications. Ongoing efforts are made to increase subscriptions to online distribution at CPACC meetings, conferences and presentations.

The media is typically used as a vehicle to inform the broader public about CPACC's initiatives. To date, many initiatives have been launched through the media and have received widespread coverage (90 million impressions to date) in national and regional newspapers, online and through television and radio. These include, among others, the launch of the Canadian Partnership for Tomorrow Project, the translational lung study, the launch of Cancer View Canada and the clinical trials database, the colorectal cancer screening public awareness survey and recent launch of "Colonversation", CLASP funding announcement, the Adolescent and Young Adult initiative and the public opinion survey on prevention. The two key vehicles for providing access to CPACC's information products are the Cancer View Canada portal and CPACC's corporate website.

In May and June 2010, CPACC will launch an Impact Report to stakeholders in cancer control, governments, advisory networks and to the public on the website. The Impact Report describes the progress made across the cancer strategy, told through the lens of those working in or affected by cancer. This will be a key communications tool for expanded outreach efforts over the spring and summer.

Key activities	Responsibility	Stakeholder engaged	Timeline
Monitor use of tools for Ambassador Program (including presentations, dissemination of Impact Report, satisfaction survey on use of tools)	CPACC Communications	CPACC AG Chairs, staff, Board, key partners	May- December 2010

CONCLUSION

By consciously organizing CPACC to be a nimble, responsive organization, we are able to leverage existing investments, share knowledge more efficiently and accelerate the adoption of innovative best practices in jurisdictions across the country. By methodically defining, planning, implementing, monitoring and celebrating success, we are able to bring coherence, meaning and credibility to big, complex system changes. This work means Canada's cancer control community can progress faster, with more facts and insights, to marshal our resources intelligently.

While it will take decades to achieve the full scope of this national cancer control strategy, the work underway, and its positive impact – regionally, nationally and worldwide – only three years into the first mandate, are compelling evidence of its importance. This evaluation is a critical moment for reflection and adjustment to ensure that we reach our goal: fewer people diagnosed with or dying of cancer and improved quality of life for those affected by the disease.