Primary Prevention Action Group
Past, Present, & Future

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CANADIAN PARTNERSHIP AGAINST CANCER | PARTENARIAT CANADIEN CONTRE LE CANCER

PP-AG Priorities*

- All cancer control organizations advance primary prevention
- Work with other chronic disease organizations to promote health & reduce common risk factors
- Facilitate progress towards communities of practice to decrease skin cancer burden, reduce & prevent exposure to Environmental & Occupational carcinogens and cancer causing infectious agents
- Work with primary care providers to enhance role of prevention in primary care settings
- Public education & media communication approaches to primary prevention

*PP-AG Planning Session – Winnipeg, July 11, 2008

Five Year Long Range Vision of PP-AG*

- Improved Healthy Social Norms
- An Integrated Prevention System
- Evidence Driven Practice
- Healthy Public Policy
- An Action-oriented, Mobilized Public
- PP-AG as a Credible Source of Information

*PP-AG Planning Session – Winnipeg, July 11, 2008

What Needs to be Done*

- PP-AG role in Common Risks of Nutrition, Physical Activity, Tobacco
- Developing Provincial Territorial Linkages and Key Partners
- Changing Knowledge Base
- Standard Internal Communication
- Two-Way External Communication
- Partnership Implementation Infrastructure

*PP-AG Planning Session – Winnipeg, July 11, 2008

Existing Strategic Foci for PP-AG

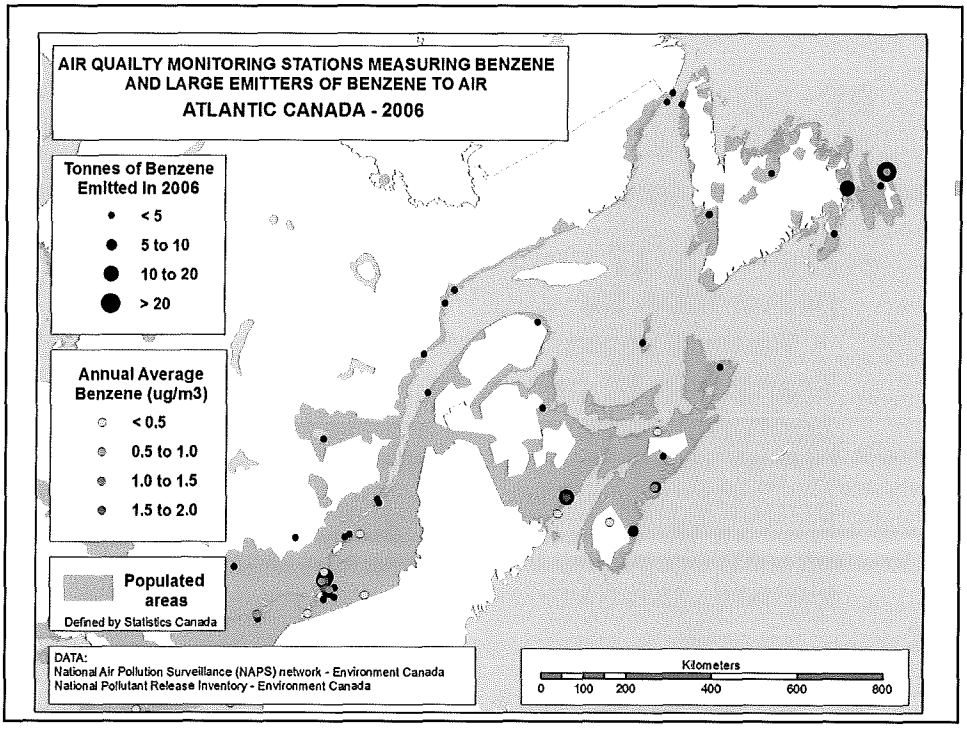
- Primary Care
- Nutrition and Physical Activity
- Occupational and Environmental Exposure
- Sun safety
- Infectious Agents

PP-AG Opportunities: Now and in the Future

- Presently 17 projects in primary prevention for 2008-2009
  - Too many projects, too little time
- Transition to new & broader strategic approach focused on a smaller set of larger, and more comprehensive, primary prevention program and policy initiatives in three areas: behavioural, clinical, environmental

PP-AG Large Initiative Success Story: CAREX

- **CAREX**: Carcinogen Exposure – will map known carcinogens, occupational and environmental in Canada (exposure maps)
- These could be overlaid with incidence maps in the future in order to generate solid hypotheses about cancer risk
- **Anticipated Results in Five Years:**
- An environmental exposures map that can be tied to population-based data to inform policy decisions and planning by governments, NGOs and other partners



PP-AG Large Initiative Success Story: CAREX

http://www.carexcanada.ca/

Building a More Comprehensive Approach to Primary Prevention of Cancer (& other major chronic diseases) – Key Question #1:

- What risk factor reduction and chronic disease prevention programs and policies, **if better integrated and evidence-based,** would have a greater positive impact on the health of Canadians than if maintained as separate foci for action?

Building a More Comprehensive Approach to Primary Prevention of Cancer (& other chronic diseases) – Key Question #2:

- Who are the partners (organizations, agencies, and ministries) that, **if they combined resources and worked together** focusing on multiple risk factors and/or chronic diseases, would have a greater positive impact on the health of Canadians than if they continue to work alone on a single risk factor or chronic disease?

A New Approach to Comprehensive Primary Prevention: *C*oalitions *L*inking *A*ction & *S*cience for *P*revention (CLASP)

- Step 1: Identify the potential national, provincial, and metropolitan partner organizations, agencies, and ministries already focused on risk factor reduction or the primary prevention of cancer, diabetes, lung and heart disease.
- Step 2: Identify the researchers, practitioners, and policy staff involved in the above.

A New Approach to Comprehensive Primary Prevention (CLASP)

- Step 3: Invite 30 researchers, 30 public health or clinical practitioners, and 30 policy leaders, focused on behavioural (n=90), clinical (n=90), or environmental (n=90) prevention, to participate in an online concept mapping (CM) exercise to brainstorm, organize, and rate the importance and feasibility of answers to the two key questions.
- Step 4: Invite concept mapping participants to one (or more) of three results review meetings focused on behavioural, clinical, and environmental risk factor reduction and primary prevention of cancer, diabetes, lung and heart disease.

A New Approach to Comprehensive Primary Prevention (CLASP)

- Step 5: Use behavioral, clinical, and environmental meetings to share CM data to identify key large multiple risk factor reduction and primary prevention of chronic disease initiatives where an integrated approach is rated as high in importance and feasibility
- Step 6: Identify groups of researchers, practitioners, and policy staff, representing different organizations, agencies, and ministries, who have rated working together across provinces, municipalities, and/or Canada as highly important and feasible.

A New Approach to Comprehensive Primary Prevention (CLASP)

- Step 7: Use the meetings to encourage the formation of Canadian coalitions ready to work together to link action and science for comprehensive primary prevention of cancer, diabetes, lung and heart disease.
- Steps 1-7 to be completed by March 31, 2009.

Coalition Action Continuum*

- Networking
- Coordinating
- Cooperating
- Collaborating
- Exchange Information
- EI + Alter Activities
- EI+AA+ Share Resources
- EI+AA+SR+ Enhance each other's capacities + Share risks, responsibilities, and rewards

Can the whole be greater than the sum of its parts?

*Definitions from Arthur Himmelman's "Working Together" Strategies

A New Approach to Comprehensive Primary Prevention (CLASP)

- Step 8: Invite Canadian coalitions formed before, at, or after behavioural, clinical, and environmental meetings to work together to apply for 32 month CLASP cooperative funding agreements with CPAC.
- Step 9: Invite other potential funding partners (e.g. CCS, CDA, CLA, CHSF, PHAC) to co-fund CLASP cooperative funding agreements where cross-cutting approaches to common risk factor reduction and/or chronic disease prevention program and policy approaches are proposed relevant to their priorities.

A New Approach to Comprehensive Primary Prevention (CLASP)

- Step 10: Link CLASP cooperative funding agreements to CPAC Knowledge to Action and **Action to Knowledge** evaluation metrics being developed for intervention and policy approaches to risk factor reduction and primary prevention of cancer, diabetes, lung and heart disease .
- Steps 8-10 to be initiated by August 2009 and completed by March 2012.

Key Metrics of CLASP Success

- Process: Coalitions that are collaborations moving beyond networking, communication, and coordination
- Outcomes:
  - Demonstrable positive changes in risk factor behaviours & conditions;
  - reductions in environmental and occupational exposures;
  - increased adoption of evidence-based public health and clinical practices and policies
- Sustainability: Coalitions that continue to collaborate (e.g., share risks, responsibilities, and rewards) on prevention after CLASP funding ends
- New action to knowledge evaluation tools

Questions & Discussion