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## Foreword

WHILE THE TORONTO CANCER PREVENTION COALITION HAS GENERATED CONSIDERABLE documentation over the course of its ten-year lifetime, no single document tells the full story of the coalition itself – analyzing what it has accomplished and how, where it fell short and why – and, based on that knowledge, reflecting on where it might go next.

*Ten Years Later* is an independent analysis written to fill this gap and meet some specific objectives:

1. To showcase ten years of cancer prevention activity by the Toronto Cancer Prevention Coalition and the organizations that comprise and support it;
2. To celebrate the coalition's success as a broadly based, multi-stakeholder initiative;
3. To analyze and share the strengths, weaknesses, opportunities and threats it has experienced;
4. To extrapolate the major lessons learned, both positive and negative, and transfer that knowledge to other prevention practitioners;
5. To act as a source of cancer prevention strategy from research, to policy, to practice and targeted action, and to visible public benefit;
6. To build a bridge to, and enhance, health promotion at every level of endeavour – municipal, provincial, national and international – based on common risk factors for disease and common determinants of health;
7. To inform further development of the coalition and its partners into the next decade.

Two information sources were used to meet these objectives:

- Written documentation from the Toronto Cancer Prevention Coalition's operations over ten years, including research documents from the working groups; steering committee and working group minutes; reports to Toronto Board of Health and Toronto City Council; reports and proceedings from coalition conferences, collaborations, and symposia; information materials and correspondence (see *Sources*).
- Detailed interviews with key informants who have been part of the coalition's founding and/or operations for most or all of its history (see Appendix D, *Key Informant Interviews: Selection and Process*).

*Ten Years Later: The History and Development of the Toronto Cancer Prevention Coalition* was researched and written by an external consultant between June 1, 2008 and September 30, 2008 with funding from the GTA Cancer Prevention and Screening Network of Cancer Care Ontario.



Toronto Cancer Prevention Coalition

## Looking Back

### *The First Decade of the Toronto Cancer Prevention Coalition 1998 to 2008*

#### **A Turning Point**

1998 WAS A SIGNIFICANT YEAR FOR THE CITY OF TORONTO. NEW YEAR'S DAY, JANUARY 1, marked the beginning of the 'megacity,' the result of the amalgamation of the six municipalities of the former Metropolitan Toronto: Scarborough, East York, North York, York, Toronto, and Etobicoke. While the decision to amalgamate ran counter to the will of Toronto residents, in the end it was the will of the provincial government that prevailed. Their 'Common Sense Revolution' trumped the results of a Metro-wide referendum and economic arguments warning that the per-unit costs of municipal services would rise exponentially, and that Toronto would henceforth run annual deficits.

As amalgamation unfolded, uncertainty surrounded the political and bureaucratic structures of the former municipalities. Programs were dismantled, leadership was rationalized, and City staff struggled to find the best way to realize savings when no savings were possible without cuts in service. Doing more with less had gone beyond reasonable limits.

Nowhere was this more evident than in Public Health, where a single Medical Officer of Health replaced six and was immediately tasked with rationalizing the policies and programs of all six health units. Almost simultaneously, the provincial government downloaded the full cost of public health to the property tax base. A group of concerned Torontonians calling themselves Citizens for Public Health quickly organized to assure that Toronto's long-standing tradition of quality public health was not compromised – and that the 'three p's' of public participation, policy and political action remained central to the Public Health culture.

## Keeping the Issue Alive

Against this backdrop, cancer prevention could easily have become just one issue among many fighting for attention and survival. The fact that it didn't was due largely to the vision and tenacity of a core group of councillors from the former municipalities, influential citizens, skilled City staff, and a supportive Board of Health. All of them were strongly influenced by the Report of the Ontario Task Force on the Primary Prevention of Cancer (1995), a province-wide action agenda for cancer prevention commissioned by former provincial Minister of Health, Ruth Grier, that had been shelved when the provincial government changed in 1995.

Over the following two years there was a strong sense among prevention advocates that the recommendations of this report – the product of hard-won consensus among stakeholders from diverse backgrounds and a variety of perspectives – could and should not die. In the post-1995 political climate there would be no second chance. If ever there was a blueprint for cancer prevention, this was it.

*“The Toronto Cancer Prevention Coalition kept the Task Force recommendations alive at a time when there was a provincial government in place that had little interest in public health, and ignored or did not understand health promotion. After the election in June, 1995, the Task Force report was referred to the Office of the Chief Medical Officer of Health, where it was essentially shelved. At that time prevention was almost entirely taken up by tobacco control.”*

*“When you look at what the coalition did, you have to look at the indifference – or even antipathy – of the province. The Toronto Cancer Prevention Coalition reminded the public that the Task Force recommendations existed at a time when tobacco was the only issue that got attention.”*

In 1995 and again in 1996, Toronto Councillor Dan Leckie had kept the *Report of the Ontario Task Force on the Primary Prevention of Cancer* on the public health agenda at the municipal level, requesting that Toronto's Medical Officer of Health monitor the activities of Public Health in relation to the report's recommendations. In fulfilling his request, Public Health staff came to appreciate the full extent and potential of their cancer prevention work and the large, committed pool of expertise that was available outside Public Health to support it. When Councillor Leckie's subsequent motion to establish a cancer prevention 'task force' for the City of Toronto – inspired by a fact-finding trip he took to Harvard University with Jack Shapiro, that revealed no other municipal cancer initiatives anywhere in North America – was adopted by the Board of Health and City Council in September 1996, Public Health acted quickly.

Health Promotion and Advocacy staff systematically contacted members of the Ontario Task Force on the Primary Prevention of Cancer, who recommended other like-minded cancer prevention advocates, and an informal coalition began to take shape. By March, 1997 there was a critical mass of support, and the Medical Officer of Health submitted to the Toronto Board of Health a proposal for resources and personnel to support a one-day cancer prevention forum to build on this base and possibly establish a cancer prevention council. The proposal was navigated through the political process, accepted by the Board of Health and approved by City Council. In April, the Centre for Health Promotion at the University of Toronto, which had served as the secretariat for the Ontario Task Force on the Primary Prevention of Cancer, was enlisted to help organize and host the forum.

Over the following months, a steering committee was convened to advise on the forum's content, structure and participation and to set the date, February 9, 1998. As the megacity came into being, the Toronto Cancer Prevention Forum was well on its way.

## A Starting Point: the Toronto Cancer Prevention Forum

The steering committee for the forum followed the same principle as the Ontario Task Force on the Primary Prevention of Cancer: surround the common cause with varying perspectives and build a whole greater than the sum of its individual parts. The committee included members from the (then six) health units of Metropolitan Toronto, the Canadian Cancer Society, the Canadian Environmental Law Association, Interlink Community Cancer Nurses, Cancer Care Ontario's Preventive Oncology Committee, and members of the general public.

### The 1998 recipe for success

Capitalize on:

- An expert consensus report produced by a credible source
- The vision and commitment of decision makers in municipal government
- The strength of a large number of natural allies, each with a cancer prevention mandate, and/or base of interest and motivation
- Prudent use of the municipal political process.

Actively welcome participation by people with first-hand experience of cancer.

Organize carefully, then take the first step.

Analyze progress, adjust strategy, then take the next step.

The forum, titled *Towards a Toronto Cancer Prevention Council*, was designed as a 'structured dialogue' to realize three objectives:

1. To initiate the formation of a Toronto Cancer Prevention Council.
2. To discuss cancer prevention activities that could be implemented at the municipal level in Toronto, with reference to the recommendations of the Report of the Ontario Task Force on the Primary Prevention of Cancer.
3. To discuss how a multi-sectoral council – comprising, for example, government, community health and education groups, the academic community, business, labour and members of the public – could coordinate and resource cancer prevention activities.

The announcement of the forum was greeted enthusiastically, and many more people registered than could be accommodated. Those who did filled the hall of Victoria University to capacity. It was a diverse group with strong opinions, and included leaders from labour, education, research, support and advocacy organizations; academics, environmentalists, Toronto councillors, members of Ontario's provincial parliament, cancer survivors and advocates, representatives from Cancer Care Ontario, and public health staff across the new Toronto. They listened to the advice and experience of expert panelists, then discussed what a Toronto Cancer Prevention Council could do, how, and with what resources. At the end of the forum there was consensus to move forward to develop and test a mandate and structure.

## Challenges and Controversies

The forum raised several issues that needed to be dealt with immediately, and the steering committee became an interim working group charged with addressing them. First and most important, many participants at the forum had expressed doubt about a prevention ‘council.’ The word created the impression of a closed elite, contradicting the intent to have an open and changing group of peers who made decisions as equals. Secondly, concern about duplication was considerable, especially among Public Health staff. Wasn’t cancer prevention already the mandate of Public Health? How would a broader structure add value and not simply add time and process? Finally, a common cause and good intentions had produced momentum and motivation, but effectiveness and sustainability required clear roles, agreement on how the new entity would work in practice, and an agenda for action.

### What do we call it?

After considerable research and debate about whether the model should be an alliance, a task force or a network, the working group settled on a coalition. As a union of people and organizations focused on a common cause, a coalition was open to any individual or organization prepared to work on cancer prevention. A coalition offered the greatest potential for accomplishing far-ranging and ambitious goals beyond the capacity of any one of its members, while mobilizing the power of mutual support by the larger collaboration. The coalition model answered concerns about duplication and held out the promise of delivering better results individually and collectively.

### How do we understand cancer prevention?

The next task was to design an effective operating framework. Like all structures, this one had to serve the purposes of its members, and to do so required a common understanding of cancer prevention.

Was prevention to be set in the context of factors that put people at greater risk for cancer – use of tobacco and alcohol, an unhealthy diet, lack of physical activity, environmental and occupational carcinogens, and exposure to ultraviolet radiation from sunlight? Or was it to be set in the context of the basic prerequisites to health (also called determinants of health) – a good education and income, supportive family and community, and healthy public policy? Should the focus be on staying well or not getting sick, on the absence of illness or the presence of health, on personal health behaviours or the social conditions in which Torontonians live? How far upstream should the coalition go?

There were two questions to consider. The first: what was the approach taken by the Ontario Task Force on the Primary Prevention of Cancer? And the second: what is doable that meets the needs of prospective coalition members? The answer to both was to organize by risk factor, while making it a priority to address particular populations at higher risk of cancer because of the social conditions in which they live.

### What do we do and how do we do it?

To strengthen the risk factor approach, the working group proposed that the coalition embrace the precautionary principle, which states that when an action raises a threat of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully known. Utilizing the precautionary principle made it possible to test the limits of risk-based action and break new ground in cancer prevention, with the goal of significantly reducing cancer incidence in Toronto. In the immediate term, the working group proposed that the coalition:

- Be a visible promoter and advocate for cancer prevention in Toronto.
- Present a common voice to influence policy decisions and lifestyle issues that impact cancer prevention in communities across Toronto.

Three operating assumptions were proposed to guide the coalition's activities:

- Target groups for the coalition's cancer prevention activities will be involved in developing strategies to address their needs.
- The content and delivery of information about cancer prevention will be tailored to the groups for which the information is intended.
- Ongoing research and evaluation will guide the evolution of a comprehensive and integrated primary prevention program for cancer.

### **How do we integrate the role and mandate of Public Health?**

Ontario's *Mandatory Health Programs and Services Guidelines* (December, 1997) had given public health units across the province a clear mandate to address all risk factors for cancer, including those associated with reproductive factors and infection. The guidelines also mandated education in secondary prevention. Noting the paucity of resources outside and the considerable skills inside Public Health, the working group proposed that Toronto Public Health extend its role as an initiator and become the ongoing facilitator of the coalition's growth and development.

*"Toronto Public Health has done well with its investment in the Toronto Cancer Prevention Coalition. The coalition has done more and been more than we ever expected. It put cancer prevention on the policy map at a time when prevention was not the issue it is today. There is no comparison between the prevention discourse in 1998 and in 2008; ten years ago it was simply not as prominent, and treatment was the overriding concern of cancer institutions as well as the centerpiece of cancer activity."*

*"The coalition took the first step, and it was a bold one. The journey is not finished by any means, and there is still a long way to go. Still you have to credit the coalition for putting prevention on the public policy agenda at the right time and keeping it there over the past decade."*

In July, 1998 the Medical Officer of Health put forward to Board of Health a proposal to this effect, noting that Toronto Public Health was well placed to carry out such a role through existing partnerships in heart health, drug awareness and sexually transmitted disease. While these collaborations were not cancer-specific, their activity and outcomes supported cancer prevention. Public Health could also capitalize on the internal and external reach of the Environmental Protection Office, the Food Policy Council, and other Public Health projects and departments, as well as links to the Ontario Breast Screening Program. The Board of Health was convinced and took these actions:

- Supported the formation of a Toronto Cancer Prevention Coalition to coordinate a program of primary and secondary prevention activities in the City of Toronto;
- Agreed to explore options for resourcing a Toronto Cancer Prevention Coalition through City staff, the Ontario Ministry of Health, Cancer Care Ontario, and other community partners;
- Requested the coalition to report back to the Board of Health with a proposed City of Toronto Action Plan for the Prevention of Cancer.

Public Health had the mandate it needed, but the mandate had been extended to include secondary prevention. It was time to ratify these decisions with the people who had participated in the forum five months earlier.

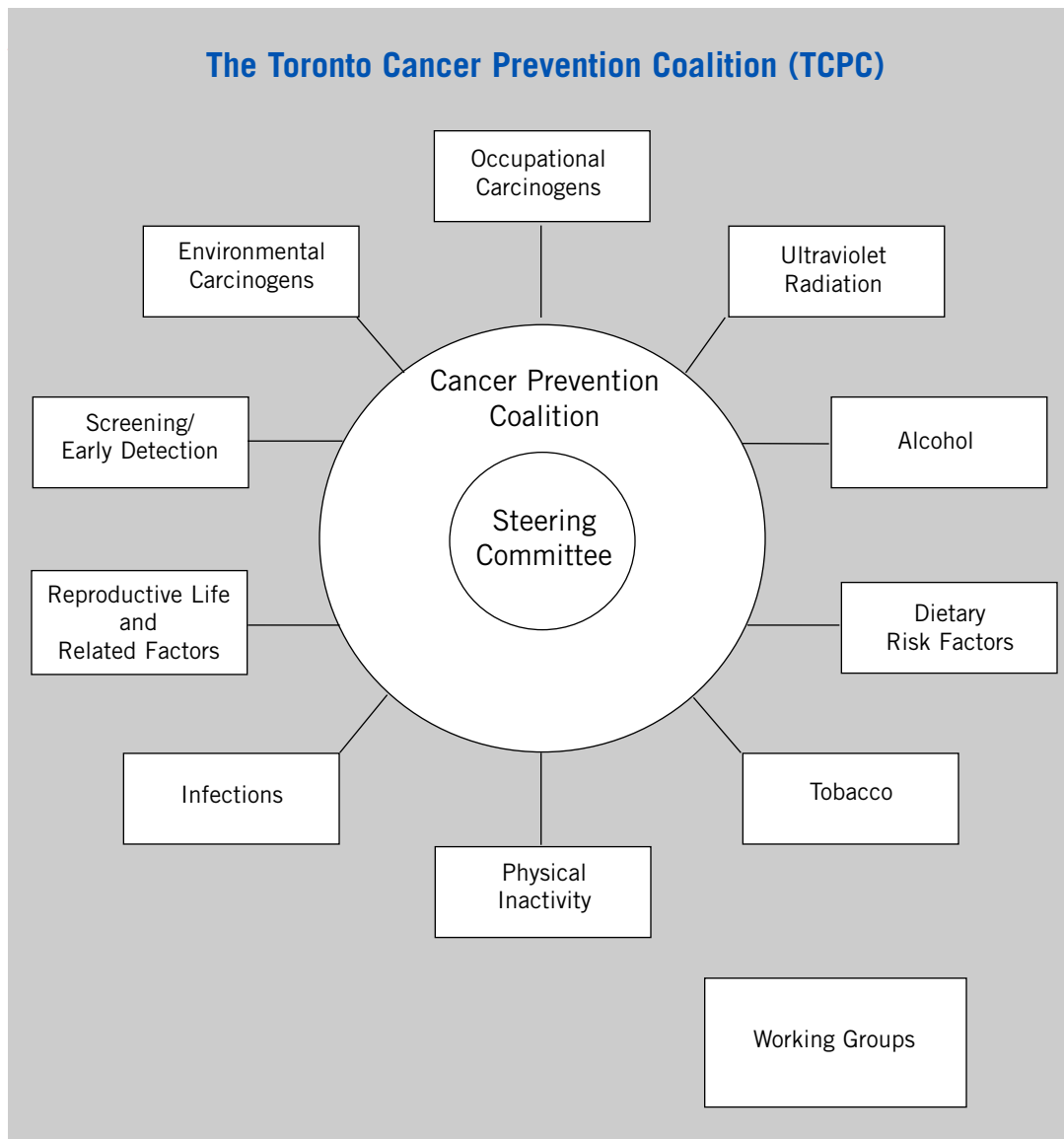
## Putting it all together

In the fall of 1998, Public Health staff organized a half-day founding meeting of the Toronto Cancer Prevention Coalition, where the recommendations of the working group and the Toronto Board of Health could be evaluated. Participants included groups and individuals from across the City who had indicated a strong interest in the coalition at and after the February forum.

At the meeting there was vocal resistance to including screening in the coalition's mandate. Participants argued that it had not been included in the *Report of the Ontario Task Force on the Primary Prevention of Cancer* and would detract from the focus on primary prevention – particularly on occupational and environmental risks which had long been undervalued and required affirmative action. After considerable debate, screening was determined to be a necessary concession if Toronto Public Health were to lead the coalition's development while fulfilling its own mandate.

### A Structural Framework

The founding meeting approved a coalition framework illustrated by the following diagram:



The outer circle of the diagram represents all the supporters of the coalition – the actual Toronto Cancer Prevention Coalition – comprising stakeholders from communities of ethnicity, geography or interest, and key partners such as Cancer Care Ontario. An initial distinction was made between supporters and ‘members,’ since the coalition would not be formally incorporated and would not have a membership defined in by-laws. That distinction quickly blurred, and the terms ‘supporter’ and ‘member’ have been used interchangeably ever since. A subgroup of the coalition – the inner circle – represents the steering committee, which has the mandate of setting the strategic direction and ensuring the ongoing functioning of the coalition.

The series of rectangles around the centre represent risk-specific working groups. (Originally these were the same as those identified in the Report of the Ontario Task Force on the Primary Prevention of Cancer, but have changed to suit the mandate and evolution of the coalition as outlined further in the document.) The lines between the steering committee and the working groups represent two-way communication, with equal flow in both directions.

This structure was considered to have several advantages:

- It fostered communication, cooperation and collaboration among all partners in cancer prevention in the City of Toronto.
- It allowed members to get involved to the extent of their individual mandates and the capacity of their individual resources.
- It built on the high level of organization that already existed in relation to specific issues, thus preventing duplication of effort.
- It promoted efficient and effective linkage across health issues.

Ten years later this structure is still in place, and the ongoing existence of risk-specific working groups would indicate that the anticipated advantages have been realized in practice.

## Operating Guidelines

The founding meeting also approved the terms of reference in Appendix A. These too have remained essentially the same over the decade of the coalition’s existence with few changes in wording, although there has been one significant change of intent. The word ‘suspect’ in the goal of the original terms of reference, which alluded to the application of the precautionary principle, has been replaced by the word ‘impact’ in the current mission statement. This brings into question what is considered acceptable as evidence. Application of the precautionary principle allowed the coalition to address risks suspected of causing harm to human health. The new wording indicates that a cause and effect (impact) relationship needs to be established.

Over the decade, there has been no annual or systematic review of progress in fulfilling the terms of reference. Some of the original objectives have been met; for example, the formation of a steering committee and appointment of a Chair, which began with the founding meeting. Others, such as an environmental scan of risk-issue groups and their activities, have not yet been addressed. Still others—for example, inclusion of communities of interest, and access and equity—remain ongoing challenges.

Today, the Toronto Cancer Prevention Coalition is guided by a one-page synopsis based on its original terms of reference (see box next page).

## Toronto Cancer Prevention Coalition

### Mission

*To strengthen cancer prevention efforts by creating a high-profile effective, powerful, multi-stakeholder, sustainable coalition, evidence and impact based, which advocates for prevention policy, education and action at the local government level and beyond.*

### Objectives

- To establish a visible presence to promote and advocate for cancer prevention in Toronto.
- To provide a strong voice to influence policy decisions at the municipal level on cancer prevention issues in communities across Toronto.
- To work with others to take action on preventable cancers and their associated risk factors.
- To accomplish objectives which are beyond the scope of any one organization.
- To provide a forum for shared decision-making and debate on the issues of cancer causation and prevention.
- To provide an opportunity for the community to raise concerns, seek support and advocate for action.
- To bring equity and accessibility to the prevention of cancer in the diverse Toronto community.
- To participate in cancer prevention initiatives including public education regarding primary and secondary prevention of cancer in Toronto.
- To bridge initiatives in cancer prevention with work being done on prevention of other chronic diseases.

## The Formative Year: 1999

### Immediate Priorities and Pressing Needs

While principles, values, objectives and enthusiasts were essential to producing the form of the coalition, resources were essential to making it function. By 1999, 50 per cent of the costs of Public Health had been uploaded to the province (they were uploaded to 75% subsequently), but in the immediate term funding was inadequate for the overall needs of public health, never mind a new initiative in cancer prevention.

With a basic substructure beneath its feet, early in 1999 the fledgling steering committee confronted the task of securing resources, both cash and in kind. Public Health contributed staff time, strategy and space, and designated a Public Health staff member to be the senior coordinator of the coalition. Her first task: canvass each group supporting the coalition and determine what time and expertise they were prepared to commit. The results amounted to a considerable pool of talent and dedication that could make the coalition a significant force. Momentum was essential to realizing the coalition's early promise, and the steering committee met at two-week intervals to work on some pressing issues:

*"Timing is critical, of course, but it's not the only factor. The Toronto Cancer Prevention Coalition was not just the right vehicle at the right time. The fact that it could mobilize bright, sensitive, knowledgeable and dedicated people was critical. They did a lot of work – and it was hard work."*

- Developing resources for building and operating the coalition;
- Identifying cancer prevention activities across Toronto, including those within Toronto Public Health, for the purpose of building on existing efforts and/or folding them into the coalition;
- Attracting more members to the steering committee, particularly people who were well connected to cancer issues and activities;
- Developing key contacts and members for the working groups, and negotiating practical roles suitable to their skills and motivation;
- Identifying and recommending start-up priorities and ongoing activities for the coalition as a whole, as well as gaps in policy and activity related to the various risk factors.

With the support of the Centre for Health Promotion, University of Toronto, a part-time coordinator was secured for three months. She was given an ambitious list of tasks to carry out under the direction of the steering committee and with the support of Public Health staff. As an initial outreach tactic, a progress report and letter of welcome were sent to everyone who participated in the 1998 cancer prevention forum, with a special invitation to multicultural communities. The response was excellent, and within six months support for the coalition had grown considerably.

A resource bank of key contacts, cancer data, literature on coalition building, and promising cancer education strategies for Toronto's diverse, urban population was developed. Early evidence indicated that the coalition was the only body of its kind working on cancer prevention with a consistent, multi-stakeholder and multi-faceted approach – and with a range of activity from data gathering to education.

Like all new enterprises, the coalition had to balance careful planning for the longer term with the ability to act on immediate opportunity. Late in 1998, Toronto Public Health seized an opportunity to collaborate with Health Canada and the Centre for Health Promotion on a conference on environmental health risks. The conference, *Everyday Carcinogens: Stopping Cancer Before It Starts* was held at McMaster University in March, 1999, and helped to consolidate current and new support for the coalition, particularly for the environmental working group.

## A Budget of Its Own

The coalition's steering committee quickly reached the limit of its ability to operate with in-kind support and tangential opportunity. A dedicated budget was a must, and securing one was no small challenge in the cash-strapped and largely indifferent environment of 1999.

However, an initial meeting of Public Health staff with the Ontario Ministry of Health and Cancer Care Ontario (CCO) had been promising, and late in March funding proposals were developed for CCO's Central East Prevention and Screening Network (now the GTA Cancer Prevention and Screening Network), as well as the Public Health Branch of the Ministry of Health. The proposals made the argument that Public Health could not tackle cancer prevention on its own. A coalition was needed to adequately address the needs of Toronto's multicultural metropolitan population, the most diverse and complex in Canada, representing 25 per cent of the population of Ontario. The proposal to the Public Health Branch was almost immediately approved for one-time funding of \$ 150,000.

The funding from the Public Health Branch was designated for a pilot project in chronic disease prevention. This distinction was important, as it situated cancer in the same framework as heart disease and diabetes. From a public health perspective, the thinking was sound. Economies of scale and effort could be realized by focusing on prevention in general rather than on one disease

in particular. Duplication of effort could be avoided, and scarce public health resources could be used more efficiently with greater return on investment. A chronic disease focus would also serve overall health promotion and help emphasize the determinants of health, since the etiology and progress of all chronic disease was influenced by social conditions.

In the future, the chronic disease framework would exert considerable influence on the development of the coalition. For the present, however, supporters interested in advancing risk-related prevention outside the framework – for example, occupational and environmental carcinogens – were dismayed that their issues might not receive due attention.

*“A few years ago...there was internal pressure to collapse the coalition into chronic disease prevention. That made sense for public health, but the question was: how do you galvanize people? People may not relate to a category called ‘chronic disease,’ but they will come together around a disease experience, and cancer is an experience with a lot of meaning for people and their friends and family.”*

Not unexpectedly, the grant from the Public Health Branch was contingent upon Toronto Public Health’s overseeing the shape of the project and the use of the funds. The senior coordinator was assigned half time for this purpose, and the grant funds were used to extend the contract of the coordinator, as well as for strategic planning and policy development. With the commitment of an additional \$ 35,000 from the Central East Region of Cancer Care Ontario, the coalition was finally poised to initiate a comprehensive cancer prevention agenda with significant community benefit.

## Calling Back the Cancer Prevention Community

The perception that public health funding for a public health agenda might eclipse the coalition’s purpose, practice and philosophy made it imperative to get the stakeholders back together. There was a real risk that the good will and commitment that had grown out of early enthusiasm and high hopes might languish and fade without dedicated time to air issues, accommodate concerns, and confirm the chosen course.

In June, 1999 stakeholders were called back to Victoria College, University of Toronto to review evolution and progress, and give practical shape to the coalition so that everyone who had a contribution to make had a place to do it.

In a spirit of constructive compromise, both the needs of public health and those of a multi-stakeholder coalition were addressed by establishing working groups based on the *Report of the Ontario Task Force on the Primary Prevention of Cancer* and on the province’s *Mandatory Health Programs and Services Guidelines* for public health. The meeting produced eight such working groups, each clustered around a single risk-related prevention issue: tobacco, diet, alcohol, physical activity, occupational carcinogens, environmental carcinogens, UV radiation (sun safety), and early detection.

The meeting also laid the groundwork for the immediate operations of the working groups, with each agreeing to carry out a two-part task:

1. Determine the extent and status of prevention activities in the Greater Toronto Area (GTA) in relation to the working group’s area of interest, referring to the recommendations of the Ontario Task Force on the Primary Prevention of Cancer, the mandates of the organizations participating in the working group, and emerging needs identified by group members and stakeholders.
2. Based on the findings of 1. identify shortfalls, needs and priorities for action.

The task as described was another constructive compromise, this one between the needs of the coalition as a whole and the needs of individual members. Each working group took responsibility for both, appointing a 'convenor' from among its members to move the task forward as quickly as possible so that the results could be discussed at a major policy and planning conference in 2000. This conference was intended to present a comprehensive, integrated, and sustainable agenda for cancer prevention across the GTA. As a final gesture of solidarity, the meeting confirmed the members of the steering committee and the Chair, a staff person from Toronto Public Health.

By the summer of 1999, the coalition had met and overcome its first significant test of common vision and purpose, and an agreeable and comfortable unity had emerged. It too was about to be tested.

## Working with the Evidence

Immediately following the June meeting, each working group expanded its base of support, developed a group process for completing the group task, and prepared a budget for research and writing in line with funding guidelines from the steering committee. The guidelines encouraged member organizations to maximize the contribution of their own resources to the group task. By this time, as reported to the Toronto Board of Health on October 5, 1999, support for the coalition had grown to over 90 groups and individuals, so final budget submissions reflected in-kind contributions that at least matched, and more often exceeded, the cost of purchased services.

As groups set to work, challenges appeared. While a comprehensive prevention agenda had to be built from common risk factors, there was no common way to address them all. Each risk had a different history, evidence base, and practical reality.

The tobacco issue, for example, had developed over half a century, and benefited from supportive by-laws and legislation based on long-known and compelling evidence of harm to human health. Environmental risks, on the other hand, had not been either well recognized or well developed, and did not have the same base of evidence and general support. Comparability between tobacco and the environment was simply not possible. The group working on environmental carcinogens needed to work with the precautionary principle and the weight of evidence approach, which combined the results of all research investigating the harm or potential harm of a product or activity in order to assess its risk to human health.

The coalition could not avoid the evidence controversy. It had been waiting in the wings for some time, and was probably one of the major reasons that a comprehensive prevention agenda had not been undertaken previously: it was simply too difficult to decide among, and rationalize, so many different ways of looking at risk. The coalition chose neither to decide nor rationalize. The steering committee considered it totally appropriate for each working group to take an approach that fit its own reality, and quite inappropriate to look at issues the same way or pass judgment on what was legitimate. The only consideration was rigour; whatever approach a group might take, high standards of research had to apply, a quality product had to result, and appeals to emotion or the tendency to advocate had to be avoided.

However, this inclusive and tolerant view did not eliminate tensions between and among working groups and the coalition as a whole. Mistrust and rivalry are difficult to avoid in any new organization with an ambitious agenda, a short timeline for producing results, and a wealth of expert opinion. Some groups saw others as having a greater advantage or an easier task. Issues of budget equity were raised as some members disputed the allocation to groups that were already

well resourced from other sources. Leadership was required to keep the focus on the task at hand, to assure a degree of consistency, and to produce excellence.

Leadership was taken. The coalition capitalized on groundwork laid by some expert partners, and provided working group convenors and their researchers with an outline of elements required across all reports based on the group task—granting that each group would define and approach their issue differently and results would vary.

Each report based on the group task was expected to have, as a minimum:

- An analysis of the state of implementation of the recommendations of the Ontario Task Force on the Primary Prevention of Cancer, using a model for analysis developed by the Middlesex London Health Unit;
- An annotated summary of the literature selected to complete the group task, using the framework recommended by Cancer Care Ontario;
- A summary outlining how information was collected, organized, evaluated and interpreted;
- A brief description of the mandate of the working group and how it approached its task (this is what we did and why);
- A section describing the research, group and review processes (this is how we did it);
- Conclusions, recommendations, and priorities (this is how we interpreted what we learned);
- Publishable quality.

## Course Corrections: 2000-2001

### From Policy to Action: Charting a Course for the Toronto Cancer Prevention Coalition

When planning for the two-day symposium in March 2000 began, the coalition's senior coordinator or staff from the Office of the Medical Officer of Health were expected to review and edit all the working group reports as they came in and compile them into one background paper. It was soon evident that this approach was not workable; it was generally regarded as a form of censorship and inappropriate control that contravened the coalition culture. Working group convenors approached the steering committee with the request to speak in their own voice and present in their own way, with the environmental and occupational working groups joining sources and resources to present together.

The request of the convenors was granted on condition that they abide by the same principles they were invoking; principles of diversity and accommodation, equity and sharing, cooperation and collaboration. They were reminded that the purpose of the two-day symposium was to advance the work of the coalition as a whole— to move it from policy to action— not to bring attention to one risk factor or issue at the expense of another.

Indeed the media release for the event promoted the ethics and values of the coalition as much as the symposium's focus on action, pointing out that the 'vision of the coalition – and its strength – lies in the fact that the researcher and the citizen have equal weight in working towards a comprehensive, integrated cancer agenda.' The appeal was great, and the symposium attracted registrations from across Ontario and throughout Canada.

However, principles and good intentions wavered on the first day of the symposium, when organizers and participants woke to find that *The Globe and Mail* had written a story based on the

report of the environmental and occupational working groups, even going so far as to claim that the purpose of the symposium was to produce an environmental agenda for cancer prevention. After two years of carefully cultivated cooperation and trust, it was a bitter blow.

*"Sometimes there were significant differences of opinion and approach, but...we worked through our differences and reached a new level of cooperation and commitment. Yes, there were tensions, but they were creative, not destructive."*

*"Building a coalition is a process and it's not always an easy one. When the going got tough, we talked and came down on the side of the things we had in common and the results we wanted together. We always found a way to navigate through troubled waters."*

The symposium agenda was followed as planned, with opening presentations by senior provincial officials followed by working group reports. The mood quickly changed to one of energy and excitement as key municipal and provincial decision makers voiced their support, and working groups presented their research and made recommendations for responsive action at the municipal, provincial and federal levels. The presentations of the working groups exhibited a great deal of creativity, thoughtfulness and focus, with particular attention paid to interpretation of evidence and populations at risk.

A complete list of the topics presented at the symposium appears in Appendix B.

*"The forum in 1998 was a rocky start that could have shut everything down, considering the evident negativity to the prevention agenda and some players wanting things their way. For a couple of years after that there was some friction and dissonance, but that's to be expected. The dissonance was not nearly as important as the sense of achievement that was obvious at the symposium in 2000. The symposium produced some solid research and planning documents and gave the coalition a strong start. To me that marked the point when the coalition really hit its stride."*

Day Two was designed as a 'mapping and mobilizing' exercise, with participants assigned randomly to one of seven discussion groups, each focused on one of the issues presented on Day One. Individual groups were assigned a workbook in which to record their discussion, with the purpose of producing a start-up action plan for the issue they were discussing. While the exercise substantially increased understanding of different viewpoints on prevention, participants balked at making decisions for others, especially in relation to subjects about which, in many instances, they had limited knowledge. Could a screening advocate really know what the occupational and environmental working group should do first?

While the workbooks from Day Two were filled with ideas and suggestions – all of them thoughtful and reflective of participants' expertise – the overall recommendation was for each working group to take back its report and determine its own priorities for action based on what it had presented.

## **Taking Back the Action Agenda**

The coalition leadership had expected the wider membership to take charge of action planning; instead the members handed it back to the leadership. Democracy would remain an important principle for planning, but the blueprint for action would fall to the core leaders. Charting a course was going to be more difficult than expected.

Where to start? The first task was to evaluate what the symposium had accomplished, what remained to be done, and what should be done first. While the intended result – a start-up action

plan for each working group – had not been delivered, participants were overwhelmingly positive about what had been achieved. They had met like-minded people whom they had never met before, and developed fresh understanding and deeper appreciation of different approaches to cancer prevention.

Through the evaluations, three operational directives were given to the steering committee and working groups:

1. Put together a Toronto Action Plan for Cancer Prevention from the key recommendations of the seven reports discussed at the symposium, specifying who ‘owned’ each recommendation; that is, where responsibility for implementation lay.
2. Secure further funding to sustain the coalition as it planned its action agenda and set it in motion.
3. Plan a media strategy for cancer prevention, showcasing the work and commitment of the Toronto Cancer Prevention Coalition.

Over the following year, the working groups took back their reports to develop their recommendations and supporting text, putting the focus on actions of high need, high visibility and high impact that could be accomplished at the municipal level. After considerable research, discussion and compromise, hundreds of possible action recommendations for primary prevention were reduced to twenty – The Toronto Cancer Prevention Coalition Action Plan for Toronto (Appendix C). Recommendations for early detection and screening were not included, and the Report of the Screening and Early Detection Working Group was not released until 2002.

All reports of the Toronto Cancer Prevention Coalition referenced in *Ten Years Later* are available on the Toronto Cancer Prevention Coalition website at

<http://www.toronto.ca/health/resources/tcpc/tcpcworkinggroupreports.htm>

These documents support a larger number of recommendations for policy and action than are contained in the Action Plan.

While it was legitimate for the Action Plan to recommend what the City of Toronto ought to do, who in the City was going to do it? Even more important, what leverage did the coalition have to make the City do it? In some instances, the City’s mandate in relation to a prescribed action was questionable. Resources were also at issue; certainly there was no question of asking for new City funding. Any such request would be rejected – and simply making it could jeopardize the credibility and viability of the coalition.

Many recommendations were targeted to City departments, or to the Toronto Board of Education, or to the federal or provincial governments. These entities needed to be engaged – or, at the very least, know they were implicated in the Action Plan of the Toronto Cancer Prevention Coalition. While most had supported the coalition’s action planning, it was quite another matter to discover they were expected to take a lead role in carrying out the actions.

Engaging partners to share the work was the next pressing challenge. Without such engagement there was a strong possibility that supporters might be alienated, and the recommendations of the Action Plan would be nothing more than good intentions on paper.

## Working the Political Process, 2001-2002

### Crafting the Action Strategy

From mid-2000 to mid-2001, the coalition developed an astonishing ability to craft strategy, work with its natural partners, and navigate the political system – skills that have served the coalition ever since. This phase began with a carefully prepared approach to the coalition's most reliable and knowledgeable ally, the Toronto Board of Health. The approach required excellent strategic thinking, dedication, unity, the ability to anticipate and respond to any and every possible concern, and time. It took a year to develop.

As the year advanced, the coalition knew it needed help and asked for it. It was willingly given, notably by Cancer Care Ontario, which not only continued to fund the coordinator's position through the Central East Prevention and Screening Network, but gave freely of its health promotion and planning expertise. Once the final Action Plan was in place, a planning framework was developed with the assistance of the Director of Prevention at Cancer Care Ontario's Division of Preventive Oncology.

The framework allowed the working groups to break down each of their recommendations into specific actions directed to specific populations in specific settings – and list 'relevant agencies' who were either working on the actions already or who would want to participate in their implementation. In this way, the coalition's expectations of partners were re-configured as respect, deference and inclusion. Broad and joint ownership was set in the context of the coalition's culture, and advanced as a means to strengthen existing partnerships, activate new ones, and maximize overall collaboration. It was during this phase that the working group convenors came to be referred as 'chairs.'

The Board of Health was to be a conduit to City Council, and the Board's acceptance of the Action Plan and frameworks for implementation were to be used as leverage for acceptance by Council. Realizing that it was not possible to ask for new funds from the City, working group planners were careful to identify in their frameworks some actions that were already mandated or underway; for example, food and nutrition programs and a Community Right-to-Know bylaw. Other recommended actions were extensions of ongoing programs that needed increased impact; for example, tobacco control and education about high-risk drinking targeted to youth, which could be accommodated in the Public Health budget. A limited number of actions were put forward as urgent: for example, comprehensive sun protection policies and programming, and early physical activity interventions to challenge inactivity and obesity.

In short, judicious use of the planning frameworks minimized the perception that cancer prevention was a large, new expense for the City of Toronto, and maximized the perception that a lot was being done already – which, in fact, was quite true. The underlying thesis: even more could be done if there were a clear expression of political will from City Councillors.

To support their approach, coalition members looked beyond the City and developed a comprehensive budget proposal under the guidance – and with the encouragement – of Cancer Care Ontario, which was forwarded to the Minister's Special Advisor on Cancer. The budget was never approved by the province. The coalition leadership also became actively engaged in the new Canadian Strategy for Cancer Control (later the Canadian Partnership Against Cancer), with the hope that federal funding could be made available for local and regional projects in cancer prevention. The hope remains.

By the spring of 2001, the coalition was ready to go to the Board of Health, and from there to City Council. With Council behind the Action Plan and its implementation, it would truly belong to the City of Toronto. Once it did, other City departments and divisions could be expected to come on board. A date for reporting to the Board of Health was set for May, the report was written and reviewed, more than twenty deputations and expressions of support were solicited from partners and stakeholders, and coalition advocates worked with supportive members of Board of Health on the outcomes they needed. As per protocol, the report originated from the Medical Officer of Health.

## A Key Success

The Action Plan and its associated frameworks for implementation were endorsed and unanimously adopted by Toronto Board of Health on May 22, 2001, with some slight amendments, including a request that all school boards, private and religious schools, be included in outreach strategies addressed in the report. The Board asked the Medical Officer of Health to take a leadership role in facilitating the progress of the Action Plan and frameworks for implementation, and report back to the Board of Health in 2002 on progress to date, including specific demonstration projects and programs that had been put in place. The Board also made the following recommendation, which was forwarded to City Council:

*That Council request the Medical Officer of Health to convene a roundtable comprising City departments and divisions, together with provincial and federal partners and members of the Toronto Cancer Prevention Coalition to determine the means, timetable, roles, responsibilities, capacities and resources for phasing in the proposed Implementation Frameworks, and report the results of this roundtable to City Council through the Board of Health by the end of 2001.*

At the meeting of City Council later in May, the above clause was adopted without amendment. The coalition had the support it needed to engage all relevant City departments in implementing the Action Plan for Cancer Prevention in the City of Toronto.

*“When I was Chair of the Toronto Board of Health about thirty years ago, I worked on a report called Public Health in the Eighties. Among other things, the report recommended that Public Health look beyond its mandate to control infectious disease to the prevention of cancer and other chronic diseases. It was our belief, and it still is mine, that the City can be an effective agent for prevention.”*

## Consolidating and Adjusting

The coalition leadership was exhausted. The high energy and sense of urgency of the previous three years were inevitably followed by a sense of let-down. Internal competition and rivalries, incessant pressure to do more and more, took a toll. By early 2002 the coalition’s senior coordinator had moved on, a new Chair was in place, and the previous coordinator became Public Health staff and assumed the sole staff role.

The roundtable mandated by City Council took another year to plan and carry out. Over the twelve months between May, 2001 and May, 2002, each working group reached out to their stakeholders and supporters at the City, province, and across the country to find out who were working on – or were prepared to work on – the implementation strategies of the Action Plan for Cancer Prevention. In particular, it was essential to understand work underway or being planned at the City that could catalyze the coalition’s agenda. What were the concrete ‘win-win’ situations where

coalition support could help advance the agenda of a City division or department other than Public Health? Where were the opportunities on which the coalition could capitalize for its own purposes? After all the strategizing for action, how could action – however slight and incremental – actually happen in practice?

It would take careful relationship-building to persuade City departments to participate in what was fundamentally a health agenda. The concept and practice of healthy public policy was not well known to many City divisions and departments, and there were significant barriers to overcome. The most obvious was the City hierarchy. A coalition member could not simply call City staff for operational or planning information that was internal to a department, and no City staff member was empowered to commit time or effort outside their department even if it promised to advance their own portfolio. Contacts had to be made through the City management structure and, if necessary, through the Medical Officer of Health.

## From Planning to Action

Out of deference to the mandate from Board of Health and City Council in 2001, the roundtable forum, *From Planning to Action*, was a collaboration of the Toronto Cancer Prevention Coalition and Toronto Public Health. Five roundtables were convened to discuss risk-related action. Physical activity and tobacco shared one table focused on actions directed to the youth population, based on evidence that young people involved in physical activity were less likely to smoke. (This course of action was supported by recommendation 19 from the Action Plan.)

Other tables were organized around alcohol, dietary risk factors, occupational and environmental carcinogens, and ultraviolet radiation. The invitation list was advised by the working groups, and invitations were issued by the Medical Officer of Health. A total of 140 people attended, including representatives from Toronto School Boards as requested by the Board of Health. Of the total number of participants, 68 were staff of the City of Toronto.

### Decisions at the right time

The roundtables were able to accomplish what had not been accomplished to this point: they determined a limited set of actions for coalition members and their City and external partners to work on immediately, as outlined below.

#### *Dietary Risk Factors*

- Develop strategies to promote consumption of vegetables and fruit, including greater choice of vegetables and fruit in publicly owned and operated facilities, greater availability to neighbourhood green grocers, and a City healthy eating policy for City-based events.

#### *Physical Activity and Tobacco*

- Develop specific activities to implement the *Municipal Vision for Physically Active Children and Families*, endorsed in 1999 by the City's Parks and Recreation Department, Toronto Public Health, Children's Services, and the Children and Youth Action Committee.
- Work collaboratively to establish quality daily physical activity in Toronto schools.

#### *Ultraviolet Radiation*

- Develop a comprehensive shade policy for the City of Toronto, building on the policy adopted by City Council in January, 2002, which required sun-protective attire for all City employees.

### *Environmental and Occupational Carcinogens*

- Develop and implement a Right-to-Know strategy as part of the City's Environmental Plan.
- Work on ways to reduce exposure to air-borne carcinogens in Toronto.
- Review implementation of the City's Environmentally Responsible Procurement Policy.

### *Alcohol*

- Build greater interest in alcohol policy and advocate for enforceable controls and regulations that restrict access to alcohol.
- Evaluate the City's Alcohol Policy based on an analysis of the impact of international, national and provincial changes in alcohol trade and policy.
- Promote provincial low-risk drinking guidelines.

These decisions guided what the coalition would do over the next six years, although who would do it remained negotiable on an action-by-action basis. While City staff who participated in the roundtables were enthusiastic and cooperative, ultimately what was actionable would depend on what was opportune. There would be no overarching City mandate for divisions and departments to make the Action Plan of the Toronto Cancer Prevention Coalition an operational priority.

## Retreating and Regrouping

With the roundtables behind them and a new citizen Chair in place, the coalition steering committee took a step back to review what they had achieved to date and where they were going next. At a facilitated retreat in September, 2002 working groups revisited their current status, membership, commitment and viability. Individual working groups confirmed action priorities determined by the roundtable and consistent with their part of the Action Plan, and broke down some of the larger ones into more realistic and achievable steps. The retreat also surfaced current opportunities that could accelerate each working group's agenda, and the natural allies they could enlist to work with them. Other working groups, City divisions and departments, and external partners were all named.

*"I have seen the coalition influence the broader cancer players. Both Cancer Care Ontario and the Canadian Cancer Society have become more open to prevention."*

The retreat also revisited the coalition's goal "to reduce cancer incidence by creating a high-profile/effective/powerful/multi-stakeholder/sustainable coalition, evidence and impact-based, which advocates for prevention policy, education and action at the local government level and beyond."

While participants felt the coalition had been successful and made an impact, being 'high-profile and powerful' was elusive, even granting that the coalition was reported to be known and recognized by IARC, the International Agency for Research on Cancer. A communications and media strategy was needed, in line with the symposium recommendation in 2001.

*"Multi-stakeholder' was re-interpreted to mean making the coalition's agenda the agenda of other organizations, and 'sustainable' was to be realized through formalized partnership with such organizations as the Canadian Cancer Society and Cancer Care Ontario. On this point, it was noted that the coalition had received over \$90,000 in grants from Cancer Care Ontario's Central East Prevention and Screening Network over the previous four years. As for the phrase 'local government and beyond,' the coalition was well apprised of the larger context, what it offered the coalition and what the coalition could contribute to it. Nonetheless, the focus needed to be on Toronto, and 'going beyond' had to be backed by sound reasoning."*

A decision was made to re-write the coalition's goal and terms of reference based on discussion at the retreat. To date, they have not been re-written, although the mission and objectives were slightly revised in 2006. Currently, there is an intention to revisit the terms of reference in the spring of 2009 (see Recommendation 1.a).

A significant amount of time was devoted to discussing the kind of infrastructure the coalition could expect to have, and to understanding the limitations of Public Health's ability to provide support. This consideration was to re-shape how screening and early detection were to be addressed in future years, as well as ongoing work related to tobacco control. The retreat also discussed the most immediate task: reporting to the Board of Health on the 'means, timetable, roles, responsibilities, capacities and resources for phasing in' the Action Plan and implementation frameworks.

## A Landmark Report, a Watershed Decision

It was now a year past the original deadline for a report to the Board of Health on the results of the roundtable, and in the fall of 2002 the coalition was faced with a political climate quite different from the one they had experienced a year earlier. While the steering committee was confident that the Board of Health could be relied on to support the ongoing work of the coalition, they struggled with the question of whether the report should go to City Council. Councillors had likely forgotten their support of the previous year, and were anticipating a City election in 2003 with promises of fiscal restraint and no increase in municipal taxes. Would they reject the ambitious and far-reaching actions of the coalition based on concerns about cost and use of City departments and resources – effectively negating their adoption of the Action Plan the previous year? It looked like an all-or-nothing situation, and the coalition's first impulse was to report only to the Board of Health. However, the Chair and members of the Board of Health had a different view.

The report back to the Board of Health in early November, 2002 was carefully crafted as an extension of the report in 2001, with the addition of two strategic elements in the implementation frameworks:

1. Examples of progress based on known actions of partners and stakeholders, as determined by the previous year's outreach, and
2. The decisions of the roundtables, with City leadership named wherever appropriate, particularly Public Health.

This strategy maximized the appearance of progress in implementing the Action Plan for Cancer Prevention, and anticipated further action where it was naturally owned. The report was careful to lead off with a statement that there would be no direct financial implications for the City in 2002-03, a welcome statement in an election year. In 2004 and beyond, any required resources would be considered through the budget processes of those City divisions who chose to participate in the actions recommended by the roundtables. Other than Public Health, it is not clear whether any other division accommodated planning related to the Action Plan for Cancer Prevention in their budgets in subsequent years, although they may have done so under an internal priority.

In receiving the report, which was backed by letters of support from credible external sources, the Board of Health endorsed the efforts of the coalition and its working groups and cited the Action Plan as 'the cornerstone of cancer prevention in the City of Toronto'. A request was made that the Medical Officer of Health continue to take a leadership role in facilitating the implementation of strategies developed from the roundtables, and report back to the Board of Health on a regular basis. Since that directive, no regular reports have been made on the Action Plan as a whole, although there have been reports related to the action agenda of particular working groups, or to issues that a working group supports.

## A Far-Reaching Recommendation, a Significant Victory

The Board also made this significant recommendation to City Council, which was instrumental in accelerating action related to the decisions of the roundtables on occupational and environmental carcinogens, healthy eating, and sun protection, in particular:

That City Council direct that action be taken by the relevant city divisions on the following priority initiatives:

- a. That the Sustainability Roundtable (SRT) work with the Toronto Interdepartmental Environment (TIE) Committee through the Office of the Chief Administrative Officer (CAO) to develop Right-to-Know strategy as a priority under the City's Environmental Plan and that TIE work with the City Solicitor and other appropriate City officials to recommend tools to implement such a strategy;
- b. That Toronto Public Health work with City of Toronto departments to co-ordinate development of a healthy eating policy that encourages and supports consumption of safe and nutritious food at City events when refreshments are served;
- c. The Medical Officer of Health convene a multi-disciplinary team, in consultation with the Ultraviolet Radiation Working Group of the Toronto Cancer Prevention Coalition, to produce a comprehensive policy and related guidelines aimed at providing and maintaining adequate shade (in both built and natural form) within the City's jurisdiction.

Later in November, the Toronto Cancer Prevention Coalition roundtable recommendations were adopted by City Council and, on that basis, broadly circulated to those divisions, initiatives and individuals named in the recommendation, and others implicated by the recommendation:

- Community and Neighbourhood Services
- Corporate Services
- Economic Development, Culture and Tourism
- Urban Development Services
- Works and Emergency Services
- Legal Services.

The mandate of City Council and its implication for other City divisions and initiatives promised a much stronger base for action than the coalition had ever had before.

## Catching up and closing off the year

The year 2002 was most memorable for releasing and directing the pent-up need and demand for action on cancer prevention in the City of Toronto. However, there was a piece of unfinished business that came to fruition in 2002 and resulted in a different tactical step. It related to the early detection and screening of women's cancers.

At the symposium in 2000, the coalition's Early Detection and Screening Working Group had presented far-ranging recommendations for making significant reductions in the overall burden of illness due to women's cancers – breast, ovarian and cervix – especially in underserved populations in the Greater Toronto Area. Subsequent to the symposium, like other working groups, Early Detection and Screening refined their report and recommendations. However, the report did not go forward to the Board of Health until October, 2002 – a year and a half after the six other working papers from the Toronto Cancer Prevention Coalition had been submitted as part of the Action Plan to the Board of Health in May 2001. The report, which focused on the personal and systemic barriers to screening for women's cancers and the means to overcome them, was adopted by the Board. The intention was to have the recommendations incorporated in the Action Plan at a later date. That date never arrived because a different course was taken.

## Early Detection and Screening: Logical Development in a Complementary Framework

Since 2002, the work of early detection and screening has gradually and logically become incorporated into the mandate of Public Health, and the working group has ceased operating as a discrete entity of the Toronto Cancer Prevention Coalition. However, the recommendations of the working group have not been forgotten. For example, in 2005 members of the Early Detection and Screening Working Group, Toronto Public Health and other partner organizations used funding from Cancer Care Ontario to develop key messages on early detection and screening for women's cancers through a partnership with OMNI/Rogers multicultural media. Their goal was to use Toronto's ethnic media to help women from designated ethnoracial populations understand the importance of early detection and screening, and the resources available to them in their language of origin. The project was well received and positively evaluated.

*"The coalition has been prolific in submitting proposals for annual grants, and they provided seed funding to strategies that have stood the test of time and been far reaching. I'm thinking of outreach to hard-to-reach communities for screening, and work in occupational and environmental areas. The grants themselves may have been small, but they produced at least equal value in in-kind support, as well as considerable engagement of the players. They also produced pilot projects that were valuable in themselves as well as keeping some important issues alive."*

Since 2005, Public Health staff and partners have married the recommendations of the Early Detection and Screening Working Group with their mandate to advance provincial screening objectives, including those related to colorectal cancer. In doing so, Public Health continues to work with all similarly-focused partners, the Toronto Cancer Prevention Coalition among them. Within a chronic disease prevention framework, Public Health has developed a 'Cancer Logic Model,' which specifies ambitious targets for reducing the incidence and mortality of colorectal, breast and cervical cancer by the year 2010. The logic model provides a thorough plan for reaching priority populations with proven strategies based on the health promotion literature.

## Bridging the Gaps: 2003-2008

### Capitalizing on the Opportunities

Over the past five years from 2003 on, the Toronto Cancer Prevention Coalition has turned its attention to realizing the recommendations of the Action Plan and, in particular, of the City-supported priorities from the roundtables.

Focusing the agenda has necessitated a careful analysis by all coalition partners of where to put energy and effort to best effect. As it had with screening and early detection, Public Health made the decision to accommodate tobacco control within its chronic disease mandate, and capitalize on some other long-standing and well-developed coalitions and partnerships such as heart health. As a result, the Tobacco Working Group ceased to operate as a separate entity. Of course, even without a dedicated working group on tobacco, the Toronto Cancer Prevention Coalition was never far away and could always be called upon to support tobacco control activity. Indeed, influencing and supporting the work of other coalitions was a useful way for the TCPC to extend its reach and implement its agenda – either as a comprehensive cancer partnership or by calling upon particular members at a moment's notice – without the burden of doing it all on its own.

*“The coalition doesn’t have to take a lead role on everything to be effective. For example, it played a supportive role when Community Air was advocating against the Island Airport expansion in 2001-2002. I think this shows that other groups with an interest in addressing community health issues see the coalition as an important ally that adds value.”*

## Growing Recognition

Beginning in 2003, the coalition was helped by an emerging profile with cancer advocates around the country and in the media. Some recognition was based on reputation, which had been enhanced by the success of the Action Plan at Toronto City Council, and by inclusion of the coalition in Cancer Care Ontario’s strategic plan.

Other recognition was by design. In 2003 the coalition made good on the recommendation from the 2000 symposium to plan a media strategy for cancer prevention, showcasing the work and commitment of the Toronto Cancer Prevention Coalition. In September, a press conference was held as the launch point for the coalition’s brochure, *Cancer Doesn’t Have to Happen*, and its new visual identifier.

Anticipating the upcoming municipal and provincial elections, the press conference quoted Toronto’s pioneer Medical Officer of Health, Dr. Charles Hastings, who almost a hundred years earlier had said, while citing the social conditions that keep people healthy, that ‘Every nation that permits people to remain under the fetters of preventable disease...is trampling a primary principle of democracy under its feet.’ Dr. Hastings’ quote set the standard for a bold advocacy approach that noted the types of cancer attributable to the risk factors addressed by the coalition, maintaining that over half of them could be prevented and asking the question, ‘What are we waiting for?’

The brochure stated that the Toronto Cancer Prevention Coalition was ‘now North America’s largest municipal cancer coalition,’ citing ‘150 members from 60 agencies, organizations and community partners across the Greater Toronto Area.’ How membership is determined or defined, the responsibilities and benefits of membership, or how interested citizens could become members were not covered.

The brochure also set out the coalition’s tactical agenda, which included strength in numbers, diversity and inclusion, and an emphasis on policy and advocacy. Several days later *The Toronto Star*, in a feature titled Voices that need to be heard, cited the Toronto Cancer Prevention Coalition as one of those voices.

The following year, the coalition was favourably mentioned in the Canadian Centre for Policy Alternatives’ paper, *The Cancer Epidemic as a Social Event*, under the heading ‘Real Cancer Prevention.’ The paper reviewed the key elements of prevention from the Occupational and Environmental Working Group’s report, Preventing Occupational and Environmental Carcinogens: A Strategy for Toronto (which came out of the symposium in 2000) and attributed them to the coalition as a whole.

In 2006, the coalition was cited in a report of the Primary Prevention Action Group of the Canadian Strategy for Cancer Control (the forerunner of the Canadian Partnership Against Cancer), titled *Prevention of Occupational and Environmental Cancers in Canada: A Best Practices Review and Recommendations*. The report recommended that municipalities develop and implement ‘collaborations such as that between the Toronto Department of Health and the Toronto Cancer Prevention Coalition.’ The report also urged the development of community profiles based on the National Pollutant Release Inventory (NPRI) and community pollution prevention bylaws, both of

which have spun off from the coalition and its partners in recent years. (See section on Occupational and Environmental Carcinogens, pages 31-35).

The Toronto Cancer Prevention Coalition is also tangentially cited in the book (p. 138), *Cancer: 101 Solutions to a Preventable Epidemic* (2007), as solution #36, Create a Cancer Prevention Plan. The book maintains ‘the statistics that do exist appear to confirm what most people suspect – that cancer rates are higher in cities’, and that ‘Toronto set out to meet the challenge by creating an official cancer prevention plan’.

*“I don’t believe that the Action Plan is an official policy of the City of Toronto. If it were, there would be dedicated City resources for the coalition to advance its work, and clear lines of accountability with regular reports to Council.”*

## Building Bridges and Public Policy

Since its inception in 1998, the coalition had organized and developed its operations around working groups focused on the separate risk factors for cancer. The social context for preventing disease – the determinants of health – had been addressed as each working group saw fit, often by focusing on those populations most vulnerable to the risk being addressed. With the exception of recommendations related to occupational and environmental carcinogens, the Action Plan adopted by City Council was largely broken down by the risk to specific populations. Over time, as noted earlier in the text, some of the recommendations were addressed through a chronic disease framework, but it, too, was based on risk factors – those that were common to heart disease, diabetes and cancer.

A number of coalition members, and in particular the Chair, were well apprised of the role of the determinants of health in the etiology of disease. The quotation from Charles Hastings at the 2003 media launch gave an indication of an underlying coalition principle that had still not reached fruition. As a whole, the coalition had attempted to influence the policy and regulatory framework that undercuts risk, but not the social conditions that produce risk. The role of the basic prerequisites or determinants of health was still an issue, kept alive by internal knowledge that the roots of disease were socially and politically determined. The determinants of health were the ultimate framework for addressing chronic disease.

This was the context for *Building Bridges and Public Policy*, the coalition’s one-day working conference held in May, 2006 to explore policy directions needed to prevent cancer and other chronic diseases. The conference was designed to capitalize on current health planning and successes; identify remaining gaps and new opportunities; increase collective participation in policy and advocacy; and recruit new support for the coalition. Most important, the conference was intended ‘to initiate a start-up strategy of high leverage advocacy or policy initiatives engaging a broad base of stakeholders, and advance their individual and collective agendas for health promotion and disease prevention based in the determinants of health.’

During the conference, participants considered priority actions for the start-up strategy, and three emerged:

1. Expanding the scope and reach of Community Right-to-Know.
2. Developing and implementing a Shade Policy at the municipal, provincial and federal level;  
and
3. Building healthy workplaces.

With the exception of number three, these priorities had already been included in the Action Plan for Cancer Prevention and the recommendations of the roundtables. In the end, the initial intent of the conference defaulted to the priorities of specific working groups, and the Building Bridges conference was unable to advance an action agenda based on the determinants of health. However, the conference did confirm the coalition's strategic direction and served as a catalyst for immediate action on some outstanding items.

## The Action Agenda: 2003-2008

### Dietary Risk Factors

#### Roundtable Recommendations

The roundtable on dietary risk factors had recommended that the City of Toronto develop strategies to promote consumption of vegetables and fruit, including greater choice of vegetables and fruit in publicly owned and operated facilities, and greater availability to neighbourhood green grocers. Through the coalition's research process, the Dietary Risk Factors Working Group had identified the need that was the basis for this recommendation, and took the issue to a point where it could be picked up by its natural owners, Toronto Public Health and City partners.

Healthy eating is integral to much of Public Health programming for all age groups from birth to old age, as well as to initiatives based in chronic disease prevention and heart health. Public Health's Student Nutrition Program requires a fruit or vegetable to be served as part of all school breakfasts, lunches and snacks; Eat Smart! recognizes eating establishments and institutions that have high standards of nutrition and food safety; while 'Colour it Up!' promotes vegetable and fruit consumption by developing the food of ethnically diverse communities. Toronto Public Health also delivers the Peer Nutrition Program, reaching parents of children between the ages of six months and six years.

In June 2008, the Board of Health received a report outlining a process for the Toronto Food Strategy. The purpose of the project is to improve the food system serving Toronto to optimally support safe and nutritious food, healthy development and disease prevention, poverty reduction and social justice, a vibrant and diverse local economy, environmental protection and climate change action, and the promotion and celebration of culture and community through food. The Board endorsed the report and requested that the Medical Officer of Health convene a Toronto Food Strategy Steering Group and report back in spring 2009. To support the process, Toronto Public Health will be providing staff secretariat support including a Food Strategy Project Manager.

#### The Working Group Agenda

Through publication, the Dietary Risk Factors Working Group has had an indirect influence on dietary issues in ethnoracial communities outside the GTA. The group's research for the 2000 symposium – on perceptions and experiences related to diet and cancer among different ethnocultural community groups in Toronto – led to a co-publication with Ryerson University's School of Nutrition in the *Canadian Journal of Dietetic Practice and Research* in 2002. In 2005, the journal also published the results of the working group's research on the cultural relevance of a food frequency questionnaire among people from Toronto's Chinese, Portuguese and Vietnamese communities.

Among its operational priorities, the Dietary Risk Factors Working Group has conducted a literature review on best practices for promoting vegetable and fruit consumption in adolescents, as well as an environmental scan that details current programs targeted to Toronto adolescents. A report based on the literature review has made recommendations for developing, implementing and evaluating interventions aimed at dietary changes in this population. The *Teens Healthy Cooking Together* program at the Regent Park Community Health Centre was identified as a best practice, and the working group applied for and received funds to implement and evaluate programming to promote vegetable and fruit consumption in culturally appropriate ways among participants.

In 2005 working group partners from Ryerson University's graduate program in nutrition communication, together with health professionals from the Odette Cancer Centre in Toronto, launched an education and research initiative for women attending the centre's breast cancer risk assessment clinics. The first step was to survey the women about their needs for information, support and programming regarding healthy eating, physical activity and healthy body weight. The results of this needs assessment survey were published in the *Canadian Journal of Dietetic Practice and Research* in the summer of 2008, under the title, *Information Needs of Women at Risk of Breast Cancer*.

## A Healthy Eating Policy

In adopting the Action Plan and recommendations of the roundtables, City Council had focused on the development of a healthy eating policy that encourages and supports consumption of safe and nutritious food at City events where refreshments are served. Council instructed Toronto Public Health to work with City of Toronto departments to co-ordinate such a policy.

Subsequently, a Healthy Eating Policy was developed for use on Toronto Public Health premises and in community sites where Toronto Public Health services are offered; it came into effect in September, 2003. The policy states that Toronto Public Health is committed to support healthy eating at meetings, workshops, educational sessions, and other events, guided by six principles for selecting food for these events. The policy is internal and voluntary, and does not apply to meetings of other City divisions and departments, or meetings of City Council and its committees. At the present time, there has been no assessment of the influence of Public Health's healthy eating policy on food served at City events.

## The Dietary Risk Factors Working Group in 2008

At the present time, the convenor/chair of the Dietary Risk Factors working group is a member of the coalition's steering committee.

The working group operates with the convenor calling upon and participating with expert colleagues on individual projects conducted through the coalition and funded from other sources, including Cancer Care Ontario. This flexibility has allowed community and health agencies to come together, as suitable and appropriate, to plan, implement and evaluate a number of projects related to the dietary risk factors recommendations from the 2002 Action Plan for Cancer Prevention.

Currently, the team working on the needs of women at the breast cancer risk assessment clinic at the Odette Cancer Centre is using the results of research to date to develop internet-based communications that give patients and their families access to current, evidence-based, trustworthy information on food, nutrition, and physical activity. A website utilizes a variety of

communications tools and vehicles, and all content is based on systematic literature review. Together the professional team and the patients accessing the information are creating and evaluating the online program. In addition, a series of print resources entitled *Your Nutrition Connection* is being developed to address the twenty topics of greatest interest to patients – presenting the latest scientific evidence on nutrition, food, physical activity and breast cancer risk in a concise, practical, accessible and regularly-updated format.

## Physical Activity

In the years following the Toronto Cancer Prevention Coalition symposium in 2000, the Physical Activity Working Group was a major influence on physical activity promotion in and beyond Toronto. The research conducted through the coalition – the findings, the logic model, and the planning – gave all the people who came together in the working group a solid and highly credible foundation to put children’s physical activity at the forefront of the public agenda.

The group benefited from a broad base of strategic stakeholders that included OISE (the Ontario Institute for Studies in Education), the University of Toronto, OPHEA (Ontario Physical and Health Education Association), the public and separate school boards, the Toronto Hospital for Sick Children, and a large number of City divisions, including Public Health; Parks, Forestry and Recreation; Children’s Services; and the Access and Equity Unit. In 2003, the working group’s research was published in *Health Promotion International* under the title *Maximizing children’s physical activity: an evaluability assessment to plan a community-based, multi-strategy approach to an ethno-racially and socio-economically diverse city*.

In undertaking the recommendations from the 2002 physical activity roundtable – to develop specific activities to implement the *Municipal Vision for Physically Active Children and Families* and establish quality daily physical activity in Toronto schools – the working group focused on developing strategy that would advance the agendas of individual members as well as the group mandate within the coalition. In doing so, they expanded their base of support and became a well-honed team that could draw on each other to support children’s physical activity into the future.

*“From the symposium in 2000 where we presented our research, to the recommendations in the Action Plan for Cancer Prevention and the consensus from the physical activity roundtable in 2002 for a ‘call to action’ – the coalition gave physical activity advocates a strategic opportunity to get greater visibility and leverage resources that we would not have had otherwise...the 2002 recommendations were a major catalyst for the Call to Action on physical activity launched by the Medical Officer of Health in 2003.”*

### A Call to Action

With respect to the *Municipal Vision for Physically Active Children and Families*, the working group realized it was not possible to challenge the current culture of inactivity without a source document that could get things moving, much as the Surgeon General’s report in the United States had focused attention and political will on children’s physical activity back in 1996. They reasoned that a catalyzing report could lead to an umbrella project with wide benefits, including:

- Fulfilling the roundtable recommendations adopted by City Council;
- Capturing all the programs already out there: for example, *Be Active, Be Healthy* and
- Launching other initiatives that the working group’s research had identified; for example,

- increasing children's physical activity in ethnoracially diverse and socio-economically disadvantaged areas of Toronto;
- access to playground structures;
- safe and affordable indoor space and outdoor environments;
- low or no-cost programs; and
- provision of child care and transportation to promote participation.

All of these initiatives were mentioned in the coalition's Action Plan as ways to encourage an early and lifelong habit of physical activity.

The report came out as a 'Call to Action' from the Medical Officer of Health and was adopted by the Board of Health in June 2003 and later by City Council. Picking up many of the issues from the research of the Physical Activity Working Group, the report provided a comprehensive evidence-based analysis of the benefits of and barriers to physical activity promotion in Toronto, and recommended that:

*The Medical Officer of Health initiate a Call to Action by convening a Physical Activity Working Group involving key community and institutional stakeholders to plan and implement intersectoral action to increase physical activity in the population as a whole, beginning with children, youth and families. (Board of Health staff report, June, 2003).*

The Call to Action became the vehicle for overcoming barriers and enhancing opportunities to accelerate progress in physical activity promotion in Toronto between 2003 and 2006.

## **Action Plan and Roundtable Recommendations**

Toronto Public Health made a significant commitment of resources to the Call to Action, and supported a project manager to recruit senior community and business leaders to promote a three-year project in physical activity. Its purpose, 'to increase physical activity levels in Toronto by creating more opportunities and reducing barriers to enable all residents to be physically active where they live work, learn and play,' directly responded to both recommendations of the Action Plan.

Other aspects of physical activity from the Action Plan were also addressed through the project, notably those targeted to ethno-racially diverse and socio-economically disadvantaged areas of Toronto. Partners in the project, like those before them in the coalition's Physical Activity Working Group, were also key advocates for the roundtable recommendation on quality daily physical activity in Toronto schools which is now a reality. The project developed into *Get Your Move On: making physical activity a Toronto thing*, with Mayor David Miller as Honorary Chair.

## **The Physical Activity Working Group in 2008**

The most recent report to the Board of Health and City Council on the progress and roll-out of the Call to Action was made in 2005. In 2008, all the physical activity recommendations have been addressed to some degree and the Physical Activity Working Group is no longer functioning within the coalition.

## Ultraviolet Radiation (Sun Safety)

### A Short History of Shade Policy

Discussions at the ultraviolet radiation roundtable had focused on developing a comprehensive shade policy for the City of Toronto, building on the policy adopted by City Council in January, 2002 which requires sun-protective attire for all City employees. In adopting the roundtable recommendations, City Council specifically mentioned shade policy and, as cited above, directed ‘the Medical Officer of Health to convene a multi-disciplinary team, in consultation with the Ultraviolet Radiation Working Group of the Toronto Cancer Prevention Coalition, to produce a comprehensive policy and related guidelines aimed at providing and maintaining adequate shade (in both built and natural form) within the City’s jurisdiction.’ Council further directed that ‘related action be taken by the relevant city divisions.’

Armed with what appeared to be a firm mandate from Council, the Ultraviolet Radiation (UVR) Working Group set to work creating incremental milestones along a carefully constructed path to comprehensive shade policy and guidelines. In the absence of any municipal or provincial legislation on shade, the group settled on the City’s Official Plan as the best vehicle for incorporating shade into design principles for the City. Since every capital project in the City of Toronto required an official site evaluation, shade considerations could be incorporated into such evaluations through a ‘shade audit,’ a concept introduced by Australia, a world leader in shade planning and design.

Following this path, a ‘Designing for Shade’ conference was held in the spring of 2003 under the auspices of Ryerson University, a coalition partner and member of the UVR Working Group. John Greenwood, the architect behind Australia’s shade guidelines, was a key speaker. Mr. Greenwood supported shade policy as the best way to create a supportive environment and cultural norm of sun protection for the public as a whole, and urged sun safety partners to cultivate opportunities for practical projects that demonstrated efficacy in offering sun protection at low cost.

As a result, in May, 2003, Dovercourt Park’s wading pool and playground areas became the site of the City’s first shade audit, which revealed that the wading pool and playground were exposed to six to eight hours of constant sunlight during peak UVR periods. This information prompted collaboration between the shade policy committee of the UVR working group, Friends of Dovercourt Park, and Toronto Parks, Forestry and Recreation staff to work with two landscape architecture graduate students who designed a shade canopy made from recycled sails, which was installed in 2005.

The UVR Working Group has benefited enormously from a large and diverse membership of knowledgeable experts whose affiliations and agendas complement the operations of the working group. The group comprises members from Ryerson University School of Architecture, Cancer Care Ontario, Environment Canada, architectural and design firms, dermatologists from Women’s College Hospital and Toronto Western Hospital, environmentalists, urban foresters, representatives from Toronto District School Boards, Evergreen, the Clean Air Partnership, the Toronto Atmospheric Fund and City divisions and projects – among them, Toronto Public Health; Parks, Forestry and Recreation; Children’s Services, City Planning, Urban Design, Facilities and Real Estate; and the Toronto Food Policy Council. This is not an exhaustive list, by any means, and the working group is constantly adding members with passion for their issue and connections to opportunities for action.

*"The existence of the UVR committee is a bonus. Over time, the same items come up for discussion and when an opportunity comes along there is positive action; this is how we got guidelines for sun safety at Toronto daycare centres...We influenced the environmental group, Evergreen, to make tree-planting and maintenance a priority – including moving trees from where they were not wanted to where they were wanted. This shows the importance of making contacts and seizing the opportunities they offer. It can lead to some really creative projects."*

Between 2002 and 2004 a comprehensive policy incorporating natural and built shade was developed as requested by City Council, with the UVR working group serving as a resource. The Board of Health was supportive and adopted the policy in October of 2004, but when it was finally presented to City Council in May, 2005, issues of cost and perceptions of liability led to its being voted down. Key stakeholders believe the main issue was the shade audit, which was considered too costly. Another consideration was the length of the policy. A number of examples from Australia were included in the appendices, and some Councillors might have been overwhelmed by the quantity of material or thought the examples were individual components of the policy that would have to be costed and implemented.

However, shade policy was kept alive and one of the UVR working group partners, Parks, Forestry and Recreation created a departmental policy document based on the October 2004 Shade Policy and Technical Considerations for the City of Toronto. The majority of the text and factual information was developed and written by members of the shade policy committee of the UVR Working Group.

The UVR Working Group also remained vigilant to other opportunities, and in 2005 mobilized to make sure shade was included in the competition for the re-development of Nathan Phillips Square at City Hall. They were successful. The winning proposal includes both built and natural shade, including a ring of large shade trees (an 'urban forest') around a public open space, and increases tree coverage by 30% overall and 60% around the perimeter.

Between May 2005 and May 2007, the Toronto Cancer Prevention Coalition and Toronto Public Health played a significant role in keeping shade policy front and centre on the public agenda. The case for shade policy was advanced by a critical mass of events. They are, in sequence:

- Supportive actions by the Board of Health, including direction to the Medical Officer of Health
  - work with other City divisions, community partners and school boards to identify and pilot strategies to increase shade in areas frequented by children;
  - to continue to explore shade policy as a health issue with the managers of relevant Toronto divisions; and
  - to make recommendations to increase the provision of shade in the redesign of Nathan Phillips Square at City Hall.
- Commissioning of a report by the shade policy committee in the summer of 2005 on 'How to Conduct a Shade Audit.'
- Supportive actions by partners such as the Toronto Environmental Alliance which, in July, 2006, succeeded in having Toronto City Council put in motion a cooling strategy for the City that included more shade trees to mitigate heat-radiating areas such as outdoor parking lots.
- Shade audits of two major Toronto parks in the summer of 2006.
- Creation of the *Toronto Green Development Standard* in June 2006, which prevented and integrated sets of targets, principles and practices to guide the development of City-owned facilities and to encourage green development amongst the private sector.
- Unveiling of City Council's green plan in March 2007, which targets a doubling of leaf cover in the City by 2020 and cites several important functions of trees: protecting the population from the sun, cooling the urban heat island and conserving energy, soaking up rain from severe storms, and filtering pollution from the air.

- Increasing public concern about environmental issues nationally and internationally, and an increased focus and debate by Canada's federal government and opposition parties on environmental management.

This constellation of events provided an optimal and highly supportive framework for revisiting a shade policy for Toronto, assisted by the second priority item from the *Building Bridges conference*, 'Developing and implementing a Shade Policy at the municipal, provincial and federal level.' On that basis, a one-day conference was held in May, 2007 to capitalize on the changes and new opportunities in the social and political landscape since Toronto City Council had rejected the shade policy proposed in 2005. The conference brought together stakeholders from across the GTA and the province to examine current policies, standards and guidelines related to shade, and to develop essential components and tactics for developing municipal shade policy throughout Ontario. The report from this conference, *Shade for Good Health and a Green City*, is on the Toronto Cancer Prevention Coalition website.

Later in 2007 the Toronto Board of Health endorsed a policy statement for shade which touched on all the benefits and opportunities the UVR Working Group had identified and worked on. The policy is short enough to provide a sense of direction, but not so long that UVR activists and advocates get caught in the details as they did in 2005.

### **The Shade Policy for the City of Toronto states:**

The provision of shade can be an effective means of reducing exposure to ultraviolet radiation (UVR) and its associated health risks such as skin cancer. Furthermore, the presence of shade can encourage physical activity, reduce greenhouse gas and air pollutant emissions, mitigate the urban heat island effect, and reduce energy costs.

The provision of shade, either natural or constructed, should be an essential element when planning for and developing new City facilities such as parks or public spaces, and in refurbishing existing City-owned and operated facilities and sites. Increasing shade in Toronto contributes to a healthier and more sustainable City.

*"Since 2005, shade has gotten more attention and there have been a number of shade initiatives and projects from different sources. Some have come out of the City's Green Development Standard, even shade for parking lots, which the UVR working group had not considered. Parks, Forestry and Recreation have created their own policy for shade. The context for these initiatives may not be UVR—it could be environment or urban forestry or schools, but it's happening in a number of ways with leadership from a number of places."*

While Toronto Public Health has been a solid ally of the UVR Working Group shade policy committee in relation to shade policy, the first recommendation from the Action Plan, 'that the City of Toronto, through Public Health, should develop and implement a comprehensive, multi-sectoral sun-safety program modeled on such proven programs as the SunSmart Community Program of Victoria, Australia, to protect Toronto residents from UV radiation' has not been carried out to date.

## The Ultraviolet Radiation Working Group in 2008

In 2008, UVR Working Group remains one of the largest and most vibrant among the working groups of the Toronto Cancer Prevention Coalition. Some members are active within the City of Toronto; others are also active at key provincial and federal tables. The working group has a broad and deep reach, exploiting opportunities as they arise and acting as a resource wherever possible.

Recently, working group partners planned and participated in a national skin cancer prevention consultation held by the Canadian Partnership Against Cancer in May, 2008, and continue to be central players in the Ontario Sun Safety Workgroup and Cancer Care Ontario. Most recently, partners applied for a grant from Cancer Care Ontario to examine shade audit methodology, outcomes and costs and make recommendations to the City of Toronto. It may be one more step towards a comprehensive shade policy.

At the time of writing, the importance of shade as an adaptation measure to address the increase in heat and ultraviolet rays associated with climate change has been included in the document, *Considerations for the Public Health Role in Preparing for Climate Change*, to be released by Toronto Public Health's Environmental Protection Office. Toronto Public Health is expected to take a lead role in developing guidelines for implementing shade policy in consultation with Parks, Forestry and Recreation and other members of the shade policy committee. The guidelines will also inform other City activities such as Green Development Standards.

Currently, the chair of the working group – from Women's College Hospital, Department of Dermatology – serves on the coalition's steering committee.

## Occupational and Environmental Carcinogens

Every key informant interviewed for Ten Years Later had praise and admiration for the Occupational and Environmental Carcinogens Working Group. The group's research document, produced for the coalition's symposium in 2000 and subsequently revised, *Preventing Occupational and Environmental Cancer: A Strategy for Toronto* (2001) is cited as a landmark report with far-reaching effects. The Toronto Cancer Prevention Coalition is credited with putting concerted effort behind occupational and environmental risks when few people were paying attention.

The Occupational and Environmental Carcinogens Working Group is also cited as the first example of occupational and environmental activists making a deliberate choice to come together to give their separate agendas combined attention in a cancer prevention framework. The combination has worked well. The issues of each are the issues of both, whether applied to a specific population of workers or to the population as a whole. By working with organized labour, environmental interests get the benefit of a body of seasoned advocates. For their part, occupational interests get support from the broader issues of the environment.

*"Through the working group, we bring different perspectives to our common issue of health outputs. Environmentalists tend to come down on the side of eliminating toxics. Labour sees the issue as substitution. Occupational members bring to the table a sense of the control hierarchy. On that hierarchy, elimination may be first but it is hard to achieve. Substitution is next and it has a better chance of success. We understand that if you want to move forward, you need to change processes to deliver technical and engineering benefits along with economic and health benefits."*

The working group includes members from the union movement, health and safety groups, environmental and occupational health clinics, the Occupational Health Clinics for Ontario

Workers, United Steelworkers, Canadian Auto Workers, Workers' Health and Safety Centre, environmental groups such as the Toronto Environmental Alliance, the Canadian Environmental Law Association, Toronto Workers' Health and Safety Legal Clinic, the Women's Health and Environment Network, the Environmental Health Clinic of Women's College Hospital, and Toronto Public Health. Their unity has provided a sound basis for promoting collaboration among environment, labour and health ministries and departments that operate at all levels of government, often without reference to one other.

The recommendations on occupational and environmental carcinogens in the *Report on the Ontario Task Force on the Primary Prevention of Cancer* were considered somewhat weak, even by the authors. The Occupational and Environmental Carcinogens Working Group of the coalition strengthened them, and the six recommendations (numbers 12 through 17) of the Action Plan are regarded as the foundation of a sound prevention agenda. The first recommendation (recommendation 12) – the adoption and application of the precautionary principle, the weight of evidence approach, pollution prevention, just transition to protect jobs of workers affected by changes in industrial processes, and the community's right to know – has been cited and leveraged by prevention advocates across Canada, particularly through the National Committee on Environmental and Occupational Exposures of the Canadian Partnership Against Cancer and its members.

## The Occupation and Environment Action Plan

What has happened with the occupational and environmental recommendations from the Action Plan? Recommendation 14 on the phase-out of particular chemicals has been picked up by Public Health beginning with the report *Ten Carcinogens in Toronto Workplaces and Environment* (2002), and has been informed by the Occupational and Environmental Carcinogens Working Group.

*“What the coalition produced was more than matched by what it influenced. Going back to Public Health, the report from the Medical Officer of Health, Ten Carcinogens in Toronto Workplaces and Environment (2002) would not have been produced without the support of a broader base of players through the coalition. That support gave Public Health the confidence to do what it wanted to do.”*

Recommendations respecting the City of Toronto – particularly recommendation 12 relating to City policies and activities, and recommendation 15 which proposes that the City be a model employer and demonstrate leadership in cancer prevention – have not shown much progress. There are significant inter-departmental barriers to action within the City, and there does not appear to be any champion in the City bureaucracy to do the critical assessments and make the internal connections to move the recommendations forward.

Since the Action Plan was adopted by Council in 2001 and the roundtable recommendations in 2002, serious questions have been raised by key stakeholders about the City's commitment to healthy public policy, and about its ability to exhibit institutional leadership in health promotion and disease prevention outside Public Health. There has been no systematic follow-through by the City on any of the recommendations of the Action Plan adopted by Council, including those of the Occupational and Environmental Carcinogens Working Group, nor has there been a review of the implementation of the City's Environmentally Responsible Procurement Policy as recommended by the Occupational and Environmental Roundtable in 2002.

This lack of progress begs the question of a comprehensive report back to Council by the coalition, which could identify internal barriers and precipitate the internal action expected when Council adopted the Action Plan and roundtable recommendations – as well as showcase what the coalition has achieved with the support of stakeholders external to the City.

The Occupational and Environmental Carcinogens Working Group's recommendation with respect to Cancer Care Ontario has been particularly successful, although not because of any role played by the City. The coalition itself has taken the initiative. Members of the working group have been major players on the Cancer and the Environment Stakeholder Group at the Province, which in 2007 produced *Cancer and the Environment in Ontario*, a gap analysis targeted to reducing environmental carcinogens.

As it had with cancer prevention in general, the coalition kept the toxics release issue alive when it wasn't getting a lot of attention, and provided the foundation for the provincial toxics reduction strategy now on the CCO table. Today the province is talking about toxics release, pesticides and any number of other issues because of the groundwork of the Occupational and Environmental Carcinogens Working Group. Drawing on the connections and experience of the coalition, the Cancer Care Ontario and Canadian Cancer Society joint committees on occupational and environmental carcinogens have known who to bring together and how to facilitate a multi-stakeholder effort.

The coalition has also influenced other provincial initiatives, targeted in recommendation 17. Cancer Care Ontario and the Workplace Safety and Insurance Board have funded a centre of excellence on workplace cancer, a development that was originally influenced by the Occupational and Environmental Carcinogens Working Group's research paper, and later expedited by advocacy to CCO and the WSIB from coalition members.

## Community Right-to-Know

Recommendation 13, the development and implementation of a community right-to-know bylaw as adopted by City Council in the Environmental Plan in 2000, became the Occupational and Environmental Carcinogens Working Group's overarching priority. This decision was reinforced by City Council's emphasis on community right-to-know among the three priorities identified by the occupational and environmental roundtable in 2002, and its subsequent adoption of the recommendation from Board of Health that immediate action be taken by the relevant city divisions (see recommendation, page 25).

*"The Community Right-to-Know Bylaw (now called the Environmental Disclosure and Reporting Bylaw) would not have happened if the Toronto Cancer Prevention Coalition had not pushed for it at Board of Health and City Council. It would simply have been ignored. The environmental working group did their homework, met with the right people and had the right meetings – and basically stayed the course to make it happen. That made all the difference."*

The development of community-right-to-know is captured by the following milestones, all of which have been informed, motivated or propelled by the Occupational and Environmental Carcinogens Working Group:

**2001:** City Council adopts the Toronto Cancer Prevention Coalition's Action Plan for Cancer Prevention in the City of Toronto, including recommendation 12.

**2002:** City Council identifies community-right-to-know as a priority coming out the prevention roundtables.

**2004:** The Occupational and Environmental Working Group produces the report, *Development of a Community Right-to-Know Strategy for Toronto: Case Study in South Riverdale/ Beaches Community*, which is subsequently presented to the Board of Health.

**2005-06:** The Board of Health directs the Medical Officer of Health to report on the community-right-to-know strategy, and adopts recommendations on community right-to-know principles and a consultation process.

**2006:** The Canadian Environmental Law Association (a working group member) produces a background report on community-right-to-know.

The *Building Bridges* conference identifies ‘expanding the scope and reach of Community Right-to-Know’ as a priority for action by the Toronto Cancer Prevention Coalition. Late in the year, a workshop brings together stakeholders from public health, labour, environmental NGOs, government, health and cancer care, and the general public to enhance capacity for developing local pollution prevention initiatives, including a community-right-to-know bylaw in Toronto.

**2007:** Toronto Public Health examines a variety of chemical substances released from institutional, commercial and industrial operations in Toronto and identifies 25 toxic substances of priority health concern.

In February the Occupational and Environmental Carcinogens Working Group sponsors an information event chaired by Michele Landsberg, ‘Reducing the Burden of Toxic Chemicals on Human Health’ where American experts Devra Davis and Ken Geiser speak about the effect of community-right-to-know and toxics use reduction initiatives on communities and workplaces in the United States.

**2006-08:** Toronto Public Health researches programs on environmental reporting and disclosure across North America, and meets with businesses, community organizations and other experts to decide what would work best in Toronto. *Secrecy is Toxic*, a citizen’s guide to community right-to-know, is produced as a project of United Steelworkers, the Toronto Environmental Alliance, and the Toronto Cancer Prevention Coalition. *Toxics in Toronto: You have a right to know* is produced by the Toronto Environmental Alliance.

**2008:** In January, Toronto Public health releases a consultation document on a program of environmental reporting and disclosure for Toronto, and the Occupational and Environmental Working Group submits an expert response.

*“One of the coalition’s greatest achievements is the Community Right-to-Know Bylaw, part of the Action Plan that went to the Board of Health and City Council in 2001 and again in 2002. The bylaw was in limbo after it was first developed, then shelved, in 1986 until the TCPC brought it back and put it on the public health agenda. The Board of Health was totally supportive and wanted to strengthen the hand of the coalition. Community-Right-to-Know did that and the effect is considerable.”*

## **An Ally and a Catalyst**

With ongoing communication and interaction, particularly through the evolution of community right-to-know, mutual respect and trust between the working group and Toronto Public Health are stronger than ever. Since the coalition is not tied to City government, it has an ability to advocate independently where Public Health – bound by the constraints of time, politics or its own priorities – cannot. In this regard, the Occupational and Environmental Carcinogens Working Group took a direct role in raising issues related to ionizing radiation from nuclear power reactors and facilities on Lake Ontario to Board of Health, which endorsed their recommendations and referred them to City Council where they were adopted without amendment.

External partners who are members of the working group have also expedited other issues. For example, as mentioned in the chronology above, the Toronto Environmental Alliance (TEA) put out *Toxics in Toronto*, a map of toxic chemicals being released in Toronto neighbourhoods, based on data from the National Pollutant Release Inventory. This excellent campaign not only supported community right-to-know, it helped address the second outcome of the roundtable, 'to work on ways to reduce exposure to air-borne carcinogens in Toronto.' The campaign was a catalyst for local groups, who mobilized for action on environmental exposure and reporting with over 500 letters of support. In this case, TEA operated as the advocacy arm of the coalition.

## **The Occupational and Environmental Carcinogens Working Group in 2008**

Currently Toronto is poised to implement an Environmental Exposure and Reporting Bylaw based on the principles of community right-to-know. Its goal is to lower exposure to toxic chemicals through a system that encourages local businesses to track their use and release of toxic chemicals, publicly report them, and find ways to reduce their use. The information collected through implementing the bylaw will help the City and other levels of government understand how health is at risk and in what Toronto neighbourhoods. The information will be made public so that communities and workers can engage with the City to plan for and implement emission reductions.

The coalition is credited with creating the vision of the Environmental Exposure and Reporting Bylaw and keeping it bright over the past six years—raising the issue of the community's right to know at every possible opportunity, doing the hard work, staying the course and never backing down. The proposed program is now influencing the province to develop its own. The Ministry of the Environment has drafted a Toxics Use Reduction Plan which, in September, 2008, is being reviewed for public comment.

In 2008, with a significant victory in the wings, the Occupational and Environmental Carcinogens Working Group is a redoubtable force for prevention. Members are active and recognized at any number of initiatives within the City, at the province and federally. Working group members are regarded within and beyond the coalition as extraordinary strategists and tacticians. Like the UVR group, the Occupational and Environmental Carcinogens Working Group has a strong membership and a broad and deep reach, which is well able to exploit opportunities as they arise and support the efforts of partners wherever possible. They are second to none when it comes to being at the right place at the right time, building relationships, being alert to opportunities, and responding to critical issues in the press with thoughtful and well-informed comment.

Finally, as this report is being written, the working group is addressing the third priority from the *Building Bridges and Public Policy* conference, 'Building healthy workplaces,' by participating in Toronto Public Health's *Health Options at Work* campaign. This initiative will provide workplaces with resources for cancer prevention policies and practice.

Currently, the co-chairs of the working group, from Women's College Hospital – Environmental Health Clinic and United Steelworkers National Office, serve on the coalition steering committee.

## Alcohol

In the broader context of alcohol as a risk factor, significant challenges have confounded prevention efforts. During the past ten years, overall alcohol sales have increased in Ontario, as has the percentage of high-risk drinking. Both total consumption and drinking patterns have been associated with the risk of cancer. Alcohol marketing has become more extensive and pervasive, while controls have been substantially relaxed. The price of alcohol has not kept pace with the cost of living, hours of sales have been extended, and numbers of outlets have increased. There is substantial reluctance at provincial and federal levels, and among some NGOs, to give much attention or resources to alcohol as a risk factor for chronic disease or as a carcinogen. Repeated efforts to draw attention to alcohol are typically ignored or politely dismissed.

In contrast, the 2002 report of the World Health Organization on the global burden of disease indicated that, in developed countries such as Canada, the burden from alcohol ranked third out of twenty-six factors related to disability-adjusted life years – just behind tobacco and high blood pressure. It is obvious that current attention to alcohol is not keeping pace with the international epidemiological evidence, and hence it is not surprising that substantial progress in the policy and prevention arenas with regard to alcohol as a risk factor for cancer is difficult to achieve.

The International Agency for Research on Cancer identified alcohol as a carcinogen in 1988, and in 1995 *The Report of the Ontario Task Force on the Primary Prevention of Cancer* outlined related prevention measures. The report endorsed low-risk guidelines for consuming alcoholic beverages, called for prices that keep pace with the cost of living, and recommended a range of population-based strategies including changes in the alcohol distribution system, server intervention programs, school-based education, and community programs and mobilization. These recommendations were implied or built into the three recommendations relating to alcohol (recommendations 9 through 11) in the Action Plan for Cancer Prevention in the City of Toronto.

Recommendation 9 from the Action Plan was well advised, but perhaps too ambitious. In reality, the City has substantially less authority to restrict access to alcohol or curtail high-risk drinking than does the Ontario government.

Recommendation 10 regarding the dissemination of information to the public about the link between drinking alcohol and cancer has seen considerable movement. Since the federal conference on primary prevention in 2003 (held by the Canadian Strategy for Cancer Control), Cancer Care Ontario and the Canadian Cancer Society have given greater attention to alcohol as a carcinogen. CCO's action plan for cancer prevention and detection, *Targeting Cancer: Cancer 2020 Summary Report* sets 98% as the target in 2020 for the number of Ontarians who follow the low-risk drinking guidelines. It is not clear, however, what resources are being allocated to achieving this target, nor who is doing the work to get there.

*“The coalition has done amazingly well. For example, it has raised the level of awareness that alcohol is a carcinogen, and now more people know that drinking alcohol is a cancer risk—at least those people at the province and nationally who should know. So the alcohol issue has done well because of the coalition, and Cancer Care Ontario has funded a number of meetings that have raised the profile of alcohol as a risk factor.”*

Recommendation 11 has not seen a great deal of progress, mostly because of the challenges posed by a lack of human capital with dedicated time to make the necessary connections to relevant partners and agencies, and the reluctance of governments and NGOs to make alcohol a priority.

Analysis of the specific actions coming out of the alcohol roundtable also illustrates the challenges of raising the profile of alcohol and generating support for effective alcohol controls. Currently, the coalition faces several challenges in order to 'build greater interest in alcohol policy and advocate for enforceable controls and regulations that restrict access to alcohol,' and there is no body at the City to consider, address, or 'evaluate the City's Alcohol Policy, based on an analysis of the impact of international, national and provincial changes in alcohol trade and policy.' What is the City's responsibility to act on these two priorities, considering their adoption by City Council in 2002? One vehicle for addressing municipal alcohol issues at the City – a committee made up of City licensing staff, representatives from the alcohol industry and Public Health – no longer exists, and so far no comparable committee has been established.

There has been a fair amount of activity on the low-risk drinking guidelines. However, the guidelines have not been evaluated for their impact on drinking behaviour, so how they are used and how they affect cancer risk are not currently known. Communicating the meaning of 'low risk' is challenging. Low risk does not mean no risk. Eliminating the risks from alcohol would involve not drinking at all, but not drinking would also eliminate the positive effect of moderate drinking on the risk of cardiovascular disease as people age. There may be a misleading public impression that the health benefits out-weigh the risks, which is not the case.

Overall, the complexity and paradox of the underlying health issues may be creating barriers to a full understanding of the guidelines and their accessibility to the population at large. In the current climate, where alcohol is extensively promoted by the producers, retailers, and the Liquor Control Board of Ontario, information about extensive trauma, chronic disease, and links between alcohol and cancer can easily be overshadowed or overlooked.

Toronto Public Health has picked up some alcohol issues where they tie into the Public Health drug strategy, but has not implemented specific programming related to alcohol and cancer risk. In 2008 a report from the Medical Officer of Health requested that the Toronto Board of Health support six resolutions proposed by the Association of Local Public Health Agencies for strengthening alcohol policy, which reinforce the recommendations on alcohol from the Action Plan:

1. Establish stricter advertising standards for alcohol, in particular with respect to youth;
2. Create an enhanced public education and promotion campaign in the negative health impacts of alcohol misuse, as one component of a comprehensive prevention strategy;
3. Restrict the sale of alcohol to government-owned and -operated stores;
4. Reduce the legal BAC (blood alcohol concentration) from 0.08% to 0.05%;
5. Enact a zero BAC limit for drivers under the age of 21 years;
6. Develop a comprehensive strategy for alcohol and other drugs based on the four components of prevention, harm reduction, treatment and enforcement.

With the support of the coalition and Toronto Public Health, the working group chair developed *Alcohol and Cancer: Best Advice* through his affiliation with the Centre for Addiction and Mental Health. The document developed advice related to five tactics to reduce cancer risk from alcohol which, if followed, could accelerate progress in implementing the recommendations of the Action Plan and priorities from the roundtable:

1. Put alcohol on the agenda of chronic disease and cancer prevention.
2. Build more effective links with mainstream cancer organizations.
3. Promote effective interventions.
4. Develop effective information strategies.
5. Promote monitoring, research and prevention planning.

Cancer Care Ontario and the Canadian Cancer Society have shown support for the *Best Advice* recommendations, although neither has not come out with concrete policy statements or initiated specific activities in relation to them. Some action may be precipitated by Cancer Care Ontario's 2008-09 goals for preventive oncology, which include developing and implementing better practices for cancer prevention risk factors in regions and communities. In addition, the Ontario Ministry of Health Promotion has taken some modest first steps to recognize the alcohol risk connection, which may eventually lead to more extensive efforts and help the development and dissemination of risk information.

In the meantime, the author of the *Best Advice* document has been advocating for its recommendations, attempting to get attention through the province's Local Health Integration Networks, and linking to inter-ministerial groups and the National Alcohol Strategy.

*"As far as I know, the Toronto Cancer Prevention Coalition was the first organization in Canada to recognize alcohol as a cancer risk and put alcohol on its action agenda. That got things moving in other places... Ten years ago in Ontario, CCO and the CCS did not think of alcohol as a risk factor for cancer, but now they do thanks to the Toronto Cancer Prevention Coalition."*

On October 31, 2007 the Toronto Cancer Prevention Coalition and the Centre for Addiction and Mental Health in a joint effort, brought together public health, non-profit agencies, retail and local and provincial government representatives to discuss strategies to change the disturbing trends related to alcohol causing various cancers. The *Alcohol, Cancer and Public Policy* seminar coincided with the day that the report "Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective" was released by the World Cancer Research Fund and American Institute of Cancer Research. The seminar report is posted on the coalition website.

## **The Alcohol Working Group in 2008**

In the past few years, the key contact for the alcohol working group has given a number of presentations on alcohol and chronic disease in which cancer was highlighted as one of the major chronic diseases linked with alcohol consumption, as well as joined with colleagues to lobby in other networks and groups, such as the Ontario Chronic Disease Prevention Alliance and the Provincial Cancer Prevention Screening Council. These initiatives provide a basis for actions that are more extensive, better resourced and have wider support. However, if the carcinogenic risks of cancer are to be curtailed, it will be necessary for representatives from governments, NGOs and other interested organizations to collaborate in developing alcohol control strategy. This strategy will need to be appropriately resourced, based on sound evidence, and focus on curtailing overall alcohol consumption and reducing high-risk drinking.

Currently, the coalition's key contact for alcohol issues (from the Centre for Addiction and Mental Health) is a member of the coalition's steering committee.



# Looking Forward

## *The Next Decade of the Toronto Cancer Prevention Coalition 2008 – 2018*

### **Food for Thought: Themes, Comments and Questions**

THE LARGE BODY OF LITERATURE USED FOR THE WRITING OF *TEN YEARS LATER* TELLS A STORY of a passionate and dedicated body of people from government, academe, the labour movement, health and environmental groups, school boards, citizens and cancer survivors – all of whom have brought their individual expertise to the Toronto Cancer Prevention Coalition and its comprehensive agenda of cancer prevention.

In 1998 the coalition created a vision of prevention unknown and unrealized in other municipalities, and has stuck with it over the decade of its existence. In 2008 the coalition has stood the test of time, and accomplished or influenced much of the prevention work being done throughout Canada today.

After ten years the time is right to take a step back, examine what has been accomplished and what is still outstanding, what has changed in the prevention environment and what opportunities are emerging, whether the coalition's vision and structures are still relevant, and what might change or remain the same in order to assure the most productive future.

Through research and key informant interviews for this document, important issues and questions have been raised for consideration by the Toronto Cancer Prevention Coalition as it contemplates and shapes its next ten years. Main themes are grouped under the headings below using direct quotes from the key informant interviews. Summaries of the themes appear in italics. While key informants often have differing or even opposing points of view, all are worthy of consideration.

## Accomplishments

The coalition is credited with bringing together expert and interested players and keeping all the issues of cancer prevention vital over the past decade. It is given high praise for accomplishing, supporting and influencing prevention work, and for producing significant output with limited resources.

*“The Toronto Cancer Prevention Coalition has kept prevention on the public health agenda, and provided expertise and political will to move prevention forward.”*

*“The TCPC has helped to maintain the cancer prevention momentum in Toronto.”*

*“The coalition has had a broad vision from the beginning, and ten years later it still has it. It is still unique and a model for others. It has done some amazing things with limited resources. The coalition has only part of one staff position, and the rest of us have to make our contributions fit with the jobs we do. So we organize ourselves to move the issues forward in a way that helps us do similar work in our jobs. It works well.”*

*“The coalition is unique in Canada for its broad base of support, how it is constructed and what it does. This is a great achievement.”*

*“The coalition can’t always be the one doing the work and taking the credit. Sometimes it can control the agenda, but most often it can’t. What it can do is keep the issue alive, and it does that very well.”*

*“The Toronto Cancer Prevention Coalition has been an important enabler and influencer. It has kept items on the public health agenda that should be there – and made sure it found an agenda to put them on.”*

*“The coalition’s coordinator has taken a role on all the issues that have come up over the years, and that can be considered a key accomplishment. The coalition has brought people together and helped them see issues from the perspectives of others. That is certainly an accomplishment.”*

*“The grants (from Cancer Care Ontario) may have been small, but they produced at least equal value in in-kind support, as well as considerable engagement of the players. They also produced pilot projects that were valuable in themselves as well as keeping some important issues alive. Another grant worth mentioning is the one that funded the Toronto Cancer Prevention Coalition’s symposium in 2000; it really got a comprehensive prevention agenda off the ground in the GTA.”*

*“Some seminal reports were produced through the coalition, notably Preventing Occupational and Environmental Cancer: A Strategy for Toronto (2001) and, of course, the Action Plan for Cancer Prevention in the City of Toronto.”*

*“The large grant that the coalition received from the Ministry of Health allowed us – and all the other working groups – to do what we could not have done on our own.”*

## Strengths

The enduring nature of the coalition, the opportunities it has provided for collaboration and the free exchange of ideas, as well as its positive culture and emphasis on public policy as basic to prevention work are considered key strengths.

*“The house that was built in 1998 – the coalition model with the steering committee and working groups – has stood the test of time. That is probably the coalition’s greatest strength.”*

*“The coalition’s greatest strength is that it has stood the test of time and worked on a breadth of activities spanning the prevention continuum. The breadth of activity could also be looked at as a weakness. Where there is breadth, there can be some unevenness in terms of depth; you can be spread too thin.”*

*“Strength comes from the emphasis on policy – on influencing it and developing it. Another strength is the people the coalition attracts; they are passionate people, action oriented, who learn from each other and know how to make things happen with few resources. They always find a way to go above and beyond what seems possible.”*

*“I don’t know whether the coalition has great strength, but people have hung in for ten years and seized every possible opportunity, and that’s good. On the other hand we are selling to the converted. We don’t have a public face or a public voice.”*

*“The ability to exchange information openly at the steering committee is a great strength. This does not happen in every coalition, and I have belonged to a number of them. The coalition has a good working culture where you can focus on moving your issue ahead. There is no sense of competitiveness and no hierarchy among the risk factors; they all get attention and respect. The steering committee is not static, but there is not too much turnover either. It’s a good balance.”*

*“We are a good team, able to see the work progress in one direction, evaluate it, see where we could go next and seize opportunities that come along. Over time we have developed a greater readiness to move, greater responsiveness. We’ve become particularly good at responding to funding opportunities, and more aware of their existence. I think a mature organization has something important to offer – greater confidence, an ability to move quickly on opportunities that newer organizations would still be talking about it.”*

*“For us in Labour, cancer is a sentinel issue. Yes, we want to eliminate occupational cancers, but more than that we want to eliminate the sources of occupational cancers. We use the language of toxic exposure not just in relation to the toxic substances that cause cancer, but in relation to their effects on the health of workers, whatever those effects may be. Working through the coalition has given the opportunity to inject that larger view of prevention into cancer, and to work with the specific example of cancer to advance the health of workers.”*

## Disappointments, Limitations and Concerns

Limited visibility with the public, limited attention to the broader social issues that sustain health and prevent disease, restricted influence with decision makers, inadequate attention to policy implementation, and insufficient self-evaluation were identified.

*“The existence of the TCPC as a multi-stakeholder group has enhanced the ability of individual members of the steering committee to apply for and receive grants. (Affiliation with) the TCPC produced a higher profile and perception of strength. Does this focus detract from tackling the big social issues that underlie cancer and all chronic diseases?”*

*“I feel the coalition has done some great things, but the public is not aware of them or the role the coalition has played.”*

*“I don’t think the coalition is getting the message out about prevention. The coalition needs greater visibility if this is to happen. Have they exploited their potential to advocate? I don’t know. I think some of the early energy may have been lost.”*

*“I had hoped that the coalition would serve as a model for other municipalities and that hasn’t happened. I appreciate that the necessary resources and supports in other regions were probably not there, but it is disappointing. Still, the vision and the methodology of the coalition are being implemented elsewhere.”*

*“A really important weakness is the lack of evaluation of policies. The coalition’s brochure focuses on policy development, but that’s very limited. We need to know how policies are being implemented after they are developed. (Currently) we don’t know whether or how policies have been implemented, because there’s no systematic tracking or evaluation.”*

*“Another weakness has to do with the fact that the coalition can only suggest a policy for City workers, but not for other segments of the community. If we’re going to influence cancer prevention in Toronto, it should not just be in City departments. We need an opportunity to be creative, to look beyond the City infrastructure and engage the community.”*

*“We have found some great people within the City to help us, including the coalition’s coordinator who works for Public Health. However it’s very difficult to get inside the City bureaucracy and this is a big barrier. We have no ability to know who’s in charge, who’s in a position to make critical decisions.”*

*“Our one shortcoming is the fact that we haven’t reflected on ourselves and our work in a long time. It’s time to do that, and it doesn’t have to be difficult.”*

*“The terms of reference are a little loose. They show they were written by a group. With a decade of experience under the belt, it would be a good idea for the coalition to revisit them.”*

*“Perhaps the greatest overall weakness of the coalition is the lack of attention to the socio-economic underpinnings of health, despite good intentions.”*

## Action Plan for Cancer Prevention

The Action Plan was considered a great achievement that has shaped the coalition's operations and influenced partners. Reporting back to Board of Health and City Council was looked on favourably, but some skepticism was expressed regarding the ability to influence City decision makers.

*"Even though the Action Plan for Cancer Prevention has not been actioned as written, it has often driven the agenda and been a catalyst for public health."*

*"There hasn't been a comprehensive report on all the items from the roundtables, or on the whole Action Plan of the Toronto Cancer Prevention Coalition, but that doesn't mean there haven't been reports on individual risk factors. All of these agendas have moved on. What could be moved into Public Health programming has, and that's logical. If we have the mandate, we should do it."*

*"The coalition has not reported back on a regular basis. It still might if it thought it would achieve something, but not just as a conscience piece to remind Council that it adopted the cancer action plan back in 2002. City Council's endorsement is important in a symbolic sense, but it's not the end of the road. I don't think it means much...At least bits and pieces of the Action Plan have moved forward."*

*"Bring back the action plan that went to City Council and got approved in 2002. You can't do better than that. It got a number of City departments (other than Public Health) involved, and I think they should be doing their part. Did they ever act on what City Council approved? It's time they did. That was the commitment: to collaborate across City Departments. Cancer prevention has to be collaborative."*

*"If we had some new people on the coalition who could advocate for the Action Plan it might help, but the problem would be the same. The problem is the dysfunction of the City, helped along by downloading and the belief that there is no place for public policy in the economy. This is also the view of the Province. Both the City and the Province have not recovered sufficiently from a decade of neglect to do anything on the public policy front."*

*"There hasn't been a comprehensive report back to the Board of Health and City Council on the progress of the coalition agenda as a whole. I think it would be a good thing to do, and very timely... I am all in favour of a report that shows the coalition's progress since Council adopted the roundtable recommendations and showcases what the coalition will do next – a report that builds on the past and takes a future focus."*

## Relationship to Communities of Interest and the Public-at-large

The coalition has provided a framework for productive relationship-building to advance prevention. New relationships need to be built with the community and more citizen members recruited as independent advocates to influence specific outcomes and the broader social policy context.

*“To me, the coalition provided a supportive environment for the different perspectives of cancer stakeholders and an opportunity for multi-stakeholder collaboration on prevention. I thought the coalition would be able to resource a variety of multi-stakeholder work, and I believe it has.”*

*“The coalition has given all the working groups the opportunity to make connections that help them move their agendas forward and build good relationships.”*

*“Organic development has a lot of spin-offs, and when different players can be at the same tables they can make the right connections at the right time to get what each wants. The coalition has been an added voice on a number of issues that benefit other players – and that has worked the other way, too.”*

*“The coalition is doing a good job with projects related to particular risk factors – and has found funding to advance work that needs to be done. But I see the lack of new blood – the failure to attract and mobilize volunteers who can take a risk and advocate for the broader prevention issues – as a weakness that needs immediate attention. Currently the coalition has no capacity to do volunteer development. As their few advocates move on or burn out, renewal is going to become critical.”*

*“The people who should be doing the educating and the advocacy are the citizen members of the coalition, but there are not enough of them.”*

*“Like any organization, the coalition also needs to consider who will take the work into the future. This means succession planning, bringing new people on board and mentoring them. It’s the way the coalition can ensure that there is firm support for good public health and prevention long past the time of the current players.”*

*“I would hope that the coalition would do some re-visioning of itself – look beyond risk factors to capitalize on current social trends and opportunities, and work with current policy levers.”*

*“We need to see ourselves as part of a bigger movement with a broader public. We have to get cancer prevention to move into a broader framework, away from a narrow focus on risk factors. Distinctions create barriers...The coalition needs to clear the path to that wider interpretation, and engage with other collaborations and coalitions to have the greatest impact possible on prevention and health outcomes. This also means that the coalition has to build resistance to those who would narrow the capacity of public policy.”*

## Relationship with Toronto Public Health

Toronto Public Health was recognized as a help and sometimes as a hindrance. Its unfailing support has guaranteed the ability of the coalition to survive, while its limitations as an internal division of the City have imposed certain restrictions. Overall, the coalition has had a positive impact on public health work, and currently there is an opportunity to re-define the relationship with Toronto Public Health.

*“Having a dedicated Public Health secretariat is a real advantage. It’s a resource that allows the group to dedicate itself to the prevention issue, make progress and accomplish results.”*

*“It really is important to look at the barriers created by the association with Public Health, although there are advantages too. Nonetheless, the relationship can be confining.”*

*“The support of the Board of Health has been a great strength, and so has staff support from Toronto Public Health. Yes, there is the perennial issue of advocacy from within, which can be a barrier to action. You have to accept that – it’s been there since day one and you have to work with it and work around it. But who else (other than Toronto Public Health) would have stuck with the coalition and provided the infrastructure to keep it going? So it works both ways – there are advantages and disadvantages.”*

*“I believe the coalition has added value to public health in general more than Toronto Public Health in particular, although it probably has done both. For the coalition, Public Health’s support has both advantages and disadvantages. It’s true there are constraints on our internal capacity to advocate, but that doesn’t mean other coalition members are limited in the same way. The coalition can be independent in its thinking, but it is dependent on the support of Public Health – and that includes the Board of Health and staff.”*

*“The border between the Toronto Cancer Prevention Coalition and Toronto Public Health is not clear. I would like to have a better sense of how much advocacy can be done, what risks are reasonable for the coalition to take, and what the limits are to taking risks.”*

*“Through the coalition, Toronto Public Health was supported by new players who had not been involved before, especially organized labour. There was a transformation in the attitude of Public Health once they had access to such a broad reference group for prevention. They became more confident because they felt fully supported.”*

*“Public Health is getting a big bang for small bucks, with a lot of coalition volunteers working on prevention for nothing.”*

*“Public Health has been strengthened enormously by the coalition’s support and is now the driving force behind the Environmental Exposure and Reporting bylaw. With encouragement, perhaps Public Health could go further, and break down inter-departmental barriers to issues we haven’t yet explored that would benefit from healthy public policy.”*

*“Toronto Public Health has done well with its investment in the Toronto Cancer Prevention Coalition.... Will Public Health continue to support the coalition? Absolutely and unequivocally.”*

*“Sometimes there were significant differences of opinion and approach, but people set aside their ways of looking at things in order to understand the mandates and approaches of others, including Public Health. There were times when the coalition and Public Health had some difficult conversations, but we worked through our differences and reached a new level of cooperation and commitment.”*

*“During our ten-year history with the coalition, Toronto Public Health has never felt encumbered. This is a true partnership built on mutual respect and trust. As relationships have been built and tested over the years, our sense of comfort has increased and we have emerged stronger. Difficult conversations are not so difficult anymore.”*

*“Internally, Public Health is experiencing a time of unprecedented change as we undertake a review that will help us understand our capacity to apply new provincial public health standards to our operations...It’s the first time we’ve had an in-depth operational review since amalgamation (also ten years ago), and it offers a real opportunity and real benefits. The review will include examining how we support coalitions and other community-based groups. The results will help define our relationship with the Toronto Cancer Prevention Coalition, possibly in new ways.”*

*“I’m also looking forward to hearing from the coalition on the subject of how Toronto Public Health could support the coalition differently. For example, could we help build community capacity, identify groups to work with, build mutually beneficial relationships? If we are going to maintain the coalition, we have to share our wants and needs, and that works in both directions.”*

## Relationship to Chronic Disease Prevention

Relating to chronic disease prevention will remain a consideration for the coalition, but the chronic disease framework cannot entirely accommodate the cancer prevention agenda.

*“A few years ago we came close to losing the coalition when Public Health thought it might combine cancer with other chronic diseases. There are some critical aspects of cancer prevention that don’t fit in the chronic disease messaging.”*

*“In the end, the coalition has served chronic disease prevention anyway, but from a cancer prevention base. So it has worked, just not the way we might have expected.”*

*“Probably the most active issues on the coalition, occupational and environmental carcinogens and UVR, have been the ones with the least activity elsewhere. Certainly they did not fit under the chronic disease umbrella. The coalition helped to fill a vacuum and start things moving.’ ‘Right now, prevention partners are saturated, and they need to come together in a collective and concerted way to realize economies of scale and effort, using the common lens of the social determinants of health. Because integration is appealing to a number of (chronic disease) policy agendas, we have to be open to capitalizing on the opportunities it offers, and be flexible enough to carry out our responsibilities by working differently.”*

## Relationship with City Council, Other Divisions and Departments

The apparent reticence of the coalition to leverage promised support from City departments and decision makers was noted vigorously.

*“The Toronto Cancer Prevention Coalition was successful in influencing the Toronto Board of Health and City Council, but what became of that? Did it work? Toronto Public Health doesn’t have the ability to remind Board of Health and City Council of their commitments, so coalition staff are limited in what they can do. Advocacy has to come from coalition supporters outside the City government.”*

*“There has been no effort by the coalition to break down the inter-departmental barriers to action and no inside champion to do it either. The internal weakness in the bureaucracy is matched by a similar weakness at the political level. Politicians don’t know whether it is safe to be on the side of the coalition. They need someone to keep them up to date, to frame prevention issues in a way that attracts their attention and helps them understand that these things are important to their constituents. The coalition has no one to do that, and it’s not Public Health’s job.”*

## Relationship with Other Municipalities, Provincial and Federal Agencies

The coalition was seen as a major influence on prevention work at the provincial level. Hopes were expressed that support might be received from the Canadian Partnership Against Cancer.

*“I think the coalition has had a significant influence on the province’s attitude toward prevention, as well as on a number of specific provincial initiatives...The links forged by the coalition influenced Cancer Care Ontario and forced it to produce Cancer 2020, Ontario’s official prevention plan.”*

*“I would like to see the Primary Prevention Action Group (of the CPAC) fund the coalition as a model for other municipalities (in Canada). I would like the PP-AG to pick up municipal initiatives in general.”*

*“The coalition brought together the prevention players, and produced proposals for grants (from Cancer Care Ontario) to areas that needed attention. I think the coalition helped us get into the whole prevention game...Prevention is now a higher priority than it was a decade ago, and the Regional Cancer Centre has considerably more money to spend on prevention.”*

*“The coalition has grown much bigger than we ever could have imagined, and its effect has been far reaching. Today the province is talking about any number (of issues) because of the groundwork of the Toronto Cancer Prevention Coalition.”*

## The Future: Opportunities, Threats and the Development of the Toronto Cancer Prevention Coalition

Comments on the future of the coalition varied considerably, and included many thoughtful suggestions. There was general agreement that the coalition had more work to do, and that some revisioning, re-evaluation, and recruitment were desirable.

*“Has the coalition done everything it needed to do? Has it reached a natural end point? Tobacco, screening, nutrition and alcohol are part of Public Health programming; physical activity and UVR are being worked on by Public Health along with different internal and external players, but other risk factors need more work. The environment has made progress, and occupational issues have too, but there is more to do.”*

*“Looking ahead, should any coalition go on forever? Probably not. Once it has done its work maybe it has lived out its usefulness. Has the coalition reached that point? It’s a good question for the coalition itself to consider.”*

*“The Toronto Cancer Prevention Coalition has many more decades of work to do. It could be the cornerstone of cancer prevention, but it isn’t currently. Coalition members need to make themselves part of official policy making; they need to be front and centre of the policy-making agenda, municipally, provincially, and federally. If they want to inform policy options – and I believe they do – they need to be highly visible and make themselves the ‘go-to’ group for a range of policy and research initiatives. For example, the coalition could play a critical role in asking why people have the risk behaviours they do – and getting the answers.”*

*“If the (Cancer Care Ontario GTA) grant program continues, the Toronto Cancer Prevention Coalition needs to make quality proposals in line with implementing the intention and directions of Cancer 2020 and the Ontario Cancer Plan.”*

*“The coalition should reform itself. It’s a good thing for the City to attempt to address cancer prevention, and on that basis there should be a meeting of the coalition and Public Health to look at prevention issues and decide what to do about them. It would be a shame to ‘can’ the coalition, but there could be ways for it to do things differently or better. You can’t do everything and some things may not be worth doing. Other issues really belong to Public Health. As a volunteer you have to choose your battles and where you put your effort.”*

*“The coalition should begin by reviewing the progress made over the past decade, and what hasn’t been done and why. It will be difficult to be completely honest, but it’s necessary and there’s lots to be proud of. Once the coalition has reviewed the state of play, it can look at opportunities and pressing needs, and work on directions that fit and barriers along the road. Where the coalition can help others with a mandate to do prevention work, it should.”*

*“For the next ten years, the coalition should set targets and measurements within the domain of what can be done by key players carrying out their roles and responsibilities in relation to the organizations from which they come, as well as to the coalition. It would be good if we could pull together the most recent stats as a tool for future planning. Whatever we do should be based on and build from the most recent cancer data.”*

*“I don’t think the coalition should get hung up on whether all the goals have been achieved. There have been some incremental changes, and that’s what’s important.”*

*“Ultimately I would say, build on what has worked. Take stock. Identify strategies for course corrections where they are needed. Look through the lens of healthy public policy to determine what else you might do.”*

*“There should be ongoing recruitment of new, skilled and dedicated people. Every organization needs to be renewed, and people should know when it’s time to go. I also think there needs to be some regeneration of the working groups. Some of them have so few members that they barely qualify – or don’t qualify – as a group.”*

*“The coalition needs to develop well-informed targets to address the medicalization of cancer prevention. Due to advances in genetics and genetic screening, there is a belief, reinforced by the big pharmas, that there may soon be a tailor-made pill suited to your individual genetic prototype that will keep you from getting cancer.”*

*“The coalition needs to address changing perceptions about the environment. When the coalition started ten years ago, there was not the awareness of global warming and other environmental issues that is out there today. This may influence how environmentalists spend their time and*

resources. They may not need to use the fear of cancer to advance their issues now that they have greater leverage elsewhere.”

“The nutrition issue needs attention because it affects everyone. People need to be helped to have a healthy diet. I don’t pretend to know what that involves, but at least the public should be warned about the dangers of eating at McDonald’s. Why can’t notices be posted? The City of New York has banned the use of trans fats by restaurants. Why can’t we do the same in Toronto? I appreciate that people don’t always know what food is good for them, and they eat junk because it’s cheap.”

“There are some opportunities that the coalition could capitalize on right now. For example, data on rising melanoma rates in young women begs a policy on artificial tanning and tanning beds. Making shade part of the built environment is another. The coalition needs advocates to do this work. It needs people who can watch for opportunities and capitalize on them, building a critical mass of advocacy that informs the work of the coalition and keeps its policy agenda vital, current and relevant.”

“The coalition should continue to focus on influencing, developing and implementing prevention policy. There is a lot of work to be done in all risk factors. The biggest challenge and barrier is the lack of resources.”

“The coalition has the ability to tackle the big social issues in relation to dietary risk factors – like the food system, healthy eating and sustainable agriculture in a way no one else can, and make connections to decision makers that will produce change. Why be bound by projects and risk factor working groups when you can be a vital force for social change? It means getting out there, talking about food systems, being alert to opportunities such as the Public Health Food Strategy, connecting the dots—being creative, vocal, building relationships with the right people at the right time based on the right opportunities.”

“In general, I think the coalition could do with a transition plan for what’s next.”

“Not all coalitions last. A decade of operations is a good time to look at relevance and renewal. Strategic planning is one option.”

## Recommendations

*Based on the findings and analysis of the report, Ten Years Later,*

1. a) That the steering committee of the Toronto Cancer Prevention Coalition undertake a process of reflecting on the past decade of operations and planning for the next decade that includes, but is not limited to:
  - Examination of accomplishments and unrealized priorities;
  - Analysis of the strengths and weaknesses of the coalition’s operations and structure;
  - Evaluation of the coalition’s mandate, mission and terms of reference, including goals and objectives, roles, responsibilities and composition of the steering committee and working groups, terms of office, and responsibilities and benefits of membership;
  - Analysis of the coalition’s role as an independent body and with other partners in addressing the determinants of health;
  - Analysis of the roles of coalition members, including Public Health, external agencies and citizen volunteers over the past decade and identification of roles for the future;
  - Evaluation of gaps in membership relative to skills required by the coalition, and to equitable access and inclusion of groups reflecting the diversity of the Greater Toronto Area;

- Collecting data and other information to help define the needs for cancer prevention that the coalition might address in the decade ahead, as well as emerging opportunities;
  - Undertaking an environmental scan to help define the coalition's unique niche, as well as the full range of opportunities for partnership with other organizations, coalitions, and municipal, provincial and federal agencies and governments;
  - Analysis of the coalition's role and capacity in advocacy, as well as its credibility with decision makers in the City bureaucracy, with provincial and federal agencies, and in the municipal, provincial and federal political structure;
  - Analysis of the coalition's communications to the public at large, and identification of gaps in strategy and material support;
  - Analysis of opportunities for sustainable funding at the provincial and federal level.
- b) That the coalition seek funding or develop in-kind resources to accomplish the process as recommended above and complete it as soon as possible, preferably before the end of 2009.
2. Based on the outcomes of 1. above, that the Toronto Cancer Prevention Coalition:
- a) Engage a process of strategic planning that includes all the stakeholders listed in the coalition's literature, with the purpose of developing the coalition's vision, mission, goals, operational targets, key relationships and structure for the next ten years;
  - b) Be proactive in participating in the Toronto Public Health operational review in order to:
    - i. Confirm or redefine the relationship and mutual support between the coalition and Public Health, and the roles, responsibilities, strengths and limitations of each;
    - ii. Clarify the relative roles and accountabilities of each in a full range of policy development and implementation that includes advocacy, writing, costing, application, tracking and evaluation, review and revision.
  - c) Based on a) and b), produce an operational plan and implementation strategy that identifies targets and expected resources for the next ten years, as well as issues related to recruitment, roles and relationships, succession, and communications;
  - d) Seek funding or in-kind resources to accomplish the processes as recommended above and complete them within the next year.
3. Based on outcomes related to recommendations 1. and 2., that the Toronto Cancer Prevention Coalition report back to Board of Health and City Council on:
- a) Progress in implementing the Action Plan for Cancer Prevention since 2001 and the priorities from the roundtables in 2002, and
  - b) The coalition's plans for the next decade;
- for the purpose of raising the coalition's profile internally, galvanizing support from City divisions and staff, and identifying decision makers to move issues forward at the political and bureaucratic levels.
4. a) That the Toronto Cancer Prevention Coalition consider an immediate report to the Board of Health and City Council, with distribution to other key partners, on its intentions relative to recommendations 1 through 3 above, to be written immediately after the recommendations are considered and related decisions made.
- b) That the content of this report be utilized for funding proposals to relevant provincial or federal bodies, including the Primary Prevention Action Group of the Canadian Partnership Against Cancer.

## Appendix A

### *Terms of Reference of the Toronto Cancer Prevention Coalition*

*As approved at the founding meeting, November 25, 1998*

#### **Goal:**

- To reduce cancer incidence by creating a high-profile/effective/powerful/multi-stakeholder/sustainable coalition, evidence and suspect based, which advocates for prevention policy, education and action at the local government level and beyond.

#### **Objectives:**

- To coordinate cancer prevention initiatives including public education regarding primary and secondary prevention of cancer in Toronto;
- To provide and enhance a visible presence in acting as a watchdog, promoting and advocating for cancer prevention in Toronto;
- To provide and enhance a strong voice for influencing policy decisions, especially at the municipal level, and to act on issues that impact on cancer prevention in communities across Toronto;
- To provide a context for groups and individuals to work together with an outcome-oriented approach to take action on preventable cancers and their associated risk factors;
- To accomplish objectives beyond the scope of any one organization;
- To provide a forum for planning, decision making, discussion, networking and collaboration;
- To provide a forum for sharing, debating and reaching consensus on evidence regarding cancer causation and prevention;
- To provide an opportunity for the community to raise concerns, seek support, and advocate for action;
- To bring equity and accessibility to the prevention of cancer in the diverse Toronto community;
- To develop an environmental scan of risk-issue groups and their activities;
- To set strategic directions and track progress toward specific goals;

To start forming a steering committee.

#### **Chairperson:**

- A community-based individual (job description required)

## **Membership:**

### *Organizations and their representatives*

- Interest groups
- Agencies
- Service providers
- Healthy City Office
- School boards
- Child care centres
- Public Works, Parks and Recreation, and other City departments

### *Individual members*

- Consumers
- Survivors
- Advocates

## **Criteria for Membership:**

- Commitment to cancer prevention
- Commitment to joint efforts
- Willingness to contribute in-kind or financial support to the activities of the coalition.

## **Selection Criteria:**

- Diverse representation of organizations which have a mandate in cancer prevention and or in addressing cancer-related risk factors.
- Volunteer
- Recruited
- Open
- City-based and City-wide

## **Accountability:**

- The coalition is accountable to its members.
- Each member representing an organization is accountable to that organization.
- There should be an annual report to the community and City Council.

## **Meetings:**

- A minimum of six meetings a year.

## **Communications:**

- An overall communications plan needs to be developed.

## Appendix B

*From Policy to Action: Charting a Course for the Toronto Cancer Prevention Coalition (March 7 and 8, 2000)*

### List of Working Group Research Reports and Presenters

#### PHYSICAL INACTIVITY

*Exploration and evaluation of effective methods of establishing a foundation for physical activity among 3-to 8-year-old children*

**PRESENTERS:**

**Barbara Hansen**, Community Development Specialist and Health Education Consultant, Toronto Public Health;

**Dr. Maru Barrera**, Pediatric Clinical Health Psychologist, Haematology/Oncology Program, Hospital for Sick Children, Toronto.

#### DIETARY RISK FACTORS

*Environmental scan and needs assessment using group interviews to explore perceptions and experiences related to diet and cancer among four different ethnocultural community groups in Toronto*

**PRESENTERS:**

**Marlene Greenberg**, MS, RD, Health Promotion Manager, Preventive Oncology Program, Toronto-Sunnybrook Regional Cancer Centre;

**Jess Haines**, Graduate Student, Master of Health Science Program, University of Toronto;

**Anda Li**, Health Counsellor, Immigrant Women's Health Centre & Aids and Information Line, Toronto;

**Mary-Jo Makarchuk**, Public Health Nutritionist, Toronto Public Health;

**Judy Paisley**, PhD., RD, Assistant Professor, School of Nutrition, Ryerson Polytechnic University, Toronto.

#### ALCOHOL

*Environmental scan and summary of the current status of the association of alcohol and cancer*

**PRESENTERS:**

**Norman Giesbrecht**, PhD, Senior Scientist, Centre for Addiction and Mental Health, Toronto;

**Paula Neves**, MPA, Project Coordinator, Alcohol Policy Network, Ontario Public Health Association, Toronto.

## **ENVIRONMENTAL AND OCCUPATIONAL CARCINOGENS**

*Synthesis of data and information with respect to the prevention of cancer from environmental and occupational sources in Toronto*

### **PRESENTERS:**

**Andy King**, Executive Director, Occupational Health Clinics for Ontario Workers, Inc. (Toronto);

**Rich Whate**, Toxics Program Coordinator, Toronto Environmental Alliance (TEA).

## **ULTRAVIOLET RADIATION**

*Exploration of international policies related to solar ultraviolet radiation, the state of their implementation and relevance to the Greater Toronto Area, and the status of prevention activities in the GTA*

### **PRESENTERS:**

**Bonnie Cunningham-Wires**, R.N., B.A., BScN., Public Health Nurse, Toronto Public Health;

**Lynn From**, M.D., FRCPC, Head, Division of Dermatology, Department of Medicine, Women's College Campus, Sunnybrook & Women's Health Sciences Centre and Professor of Medicine and Pathobiology, University of Toronto.

## **EARLY DETECTION & SCREENING**

*Identification of systemic and personal/social barriers to screening for breast and cervical cancer and the early detection of ovarian cancer*

### **PRESENTERS:**

**Raylene Godel**, breast cancer survivor, Board Member, Cancer Care Ontario;

**Lynne Nagata**, MHSc., CHE, Regional Administrator, Ontario Breast Screening Program-Central East Region.

## **TOBACCO**

*Investigation of adolescent smoking among ethnoracial teens, using the East Indian Community in Toronto as an example*

### **PRESENTERS:**

**Nicole de Guia**, Research Associate, Ontario Tobacco Research Unit (OTRU), University of Toronto;

**Mary-Anne McBean**, BSc., BScN, Health Promotion Consultant in Tobacco, Toronto Public Health;

**Lynn and Julia Saldanha**, members of the study population.

## Appendix C

### *The Toronto Cancer Prevention Coalition Action Plan for Toronto*

*As approved by the Board of Health, 2001*

*(later called Action Plan for Cancer Prevention in the City of Toronto)*

The Toronto Cancer Prevention Coalition recommends that the City of Toronto, working with its partners in the community and other levels of government, make the prevention of cancer a priority by taking action as recommended below on the major risk factors for cancer, and evaluating annual progress in the actions taken.

### Ultraviolet Radiation

1. The City of Toronto, through Public Health, should develop and implement a comprehensive, multi-sectoral sun-safety program modeled on such proven programs as the SunSmart Community Program of Victoria, Australia, to protect Toronto residents from UV radiation.
2. Toronto City Council should direct the relevant divisions within the City to set, enforce and monitor shade provision in public places and facilities under City jurisdiction, both built and natural, through urban design and planning and/or bylaws.
3. The City of Toronto should:
  - a. Write and implement a policy to require and provide sun-protective attire and supplies (including hats, protective clothing and eyewear and sunscreen) for all City employees who work outdoors; and
  - b. Evaluate implementation of the policy in terms of the education of employees, the availability of supplies/protective attire, and compliance.

### Dietary Risk Factors

The City of Toronto should help Toronto residents eat a diet that lowers their cancer risk by:

4. Continuing current food and nutrition programs for ethnoracially diverse communities, and developing more multicultural nutrition programs that increase access and services across the City's population;
5. Supporting investigation into community-based nutrition needs and evaluation of community-based nutrition programs to ensure best practice and effective use of resources;
6. Providing a program to promote the consumption of vegetables and fruit, based on research indicating that eating substantial and varied amounts of vegetables and fruit may prevent 20% or more of cancer cases.

## Physical Activity

7. In light of expert consensus indicating that people should be physically active on most days of the week to reduce their cancer risk, the City of Toronto should continue to provide, and ensure access to, physical activity programs and facilities for Toronto residents of all ages.
8. The City of Toronto should challenge the current culture of inactivity by continuing to support and expand City initiatives that encourage physical activity as an early and lifelong habit, including:
  - a. A City of Toronto Visions for Physically Active Children and Families;
  - b. Programs in agencies serving children and in schools;
  - c. Toronto's Be Active, Be Healthy campaign;
  - d. A Pilot Project to increase children's physical activity in ethnoracially diverse and socio-economically disadvantaged areas of Toronto; and
  - e. Access to playground structures, safe and affordable indoor space and outdoor environments, low or no-cost programs, and provision of child care and transportation to promote participation.

## Alcohol

9. Because the risk of cancer increases with the amount of alcohol consumed, the City of Toronto should support restricted access to alcohol by advocating for:
  - a. Continued, rigorous government control of sales and services, advertising and promotion;
  - b. Prices and taxes that encourage low-risk drinking; and
  - c. Mandatory server training for all alcohol licensees, in order to minimize high risk alcohol consumption among patrons of these premises.
10. The City of Toronto, working with Public Health, should support dissemination of accurate and current information to the public about the link between drinking and cancer by:
  - a. Explicitly recognizing alcohol as a risk factor and outlining related prevention activities;
  - b. Endorsing, and educating Toronto residents about, the Low-Risk Drinking Guidelines—which set a daily upper limit of two standard drinks, with a weekly maximum of 14 for men and 9 for women; and
  - c. Working with community partners and other levels of government to achieve these goals.
11. The City of Toronto should support targeted education to reduce alcohol-related cancer risk by:
  - a. Encouraging the Toronto School Boards to build into health education programs, strategies that delay the onset of drinking among youth and promote low-risk drinking practices; and
  - b. Working with government, community and professional organizations to explicitly recognize alcohol as a risk for cancer, and to develop and disseminate clinical practice guidelines that educate health professional about this risk and encourage risk reduction among their patients/clients.

## Occupational and Environmental Carcinogens

12. The City of Toronto should adopt and apply, to all City policies and activities, the precautionary principle, the weight of evidence approach, pollution prevention, just transition to protect jobs of workers affected by changes in industrial processes, and the community's right to know. The City should also advocate for their adoption and application by governments and community partners at the federal and provincial level.
13. The City of Toronto, through the City Solicitor and with input from the Medical Officer of Health, should develop and implement a Community Right-to-Know bylaw, as adopted by City Council in the Environmental Plan in 2000, and report on its development and implementation by the end of 2001, with clear priorities, steps and timelines.
14. The City of Toronto should develop a process to support the phase out of the use and/or release of eight chemicals in the City – benzene, diesel exhaust, polycyclic aromatic hydrocarbons, perchlorethylene, dioxin, methylene chloride, asbestos, and pesticides. The City should produce a specific plan for this purpose by the end of 2001, with clear priorities, steps and timelines.
15. The City of Toronto should be a model employer and demonstrate leadership in cancer prevention by directing its Joint Health and Safety Committee(s) to prepare targets and timelines for identifying and eliminating the City's use and/or release of suspected carcinogens in the workplace.
16. The City of Toronto should:
  - a. Call upon the Ministry of Labour to develop regulations that require the mandatory examination of substitutes for workplace carcinogens; and
  - b. Advocate to the federal and provincial governments for the elimination of carcinogens from our environment.
17. The City of Toronto should encourage Cancer Care Ontario and other relevant agencies and levels of government
  - a. To develop appropriate mechanisms for monitoring exposures to occupational and environmental carcinogens, and
  - b. To educate health professionals and the public about these exposures.

## Tobacco

18. The City of Toronto should make tobacco control programs targeted to youth a priority, such as Not to Kids which reduces early tobacco use and later cancer risk. Establishing this multi-component, multi-disciplinary initiative as a standard program is key to a comprehensive approach to tobacco-related cancer prevention.
19. The City of Toronto should support alternatives to youth smoking by:
  - a. Developing and delivering community recreation programs that are engaging, culturally relevant and accessible to the ethnoracially diverse youth population of Toronto, and
  - b. Supporting community organizations that provide tobacco prevention and cessation programs to young people.
20. The City of Toronto should advocate
  - a. To the provincial government to make cancer prevention a priority by implementing such tobacco reduction policies as smoke-free indoor workplaces and increased taxes on cigarettes; and
  - b. To the federal government to pass Bill S-15, which provides a source of funding for comprehensive youth tobacco programming.

## Appendix D

### *Key Informant Interviews:*

#### *Selection and Process*

### Subjects

The following criteria were used to select subjects for key informant interviews:

1. Knowledge of the coalition and its development over the ten years of its history.
2. Direct experience of the coalition's operations, including
  - as a member or leader of the steering committee and/or a working group, and/or
  - as a funder, and/or
  - as a partner, and/or
  - as a decision maker with Toronto Public Health.
3. Availability to be interviewed within the timeline for writing the report.

### Bias

Interview subjects were not asked to declare any conflict of interest based on their current relationship to or role with the Toronto Cancer Prevention Coalition or Toronto Public Health.

### Process

All interviews except one were conducted in person. Each subject was sent a series of questions in advance, and – where relevant – background documentation with respect to their role, responsibilities, and decisions while involved with the coalition.

In order to fulfill the commitment to Cancer Care Ontario, the funder of the project, common questions were asked of all subjects in relation to the strengths and weaknesses of, and opportunities and threats/challenges to the coalition, as well as key relationships and future directions (see Common Interview Questions below.)

Each interview took between one and three hours, depending on what the interview subject wished to contribute. No attempt was made to truncate comments, and subjects had the right to add any other information they considered relevant.

Within two days of each interview, each subject was sent by e-mail the text of their interview, and asked to revise any text that was inaccurate or considered inappropriate. Subjects were also told that they could revise any of their comments upon reviewing the draft report. All comments, however, would

- remain confidential,
- not be attributed, and
- not be interpreted; that is, comments from the text of the interview would be used as written or as revised by the interview subject.

## Common Interview Questions

1. What were your expectations of the Toronto Cancer Prevention Coalition when it began? Has the coalition realized those expectations? Are your expectations different ten years later? What are they currently?
2. In your opinion, what has the coalition as a whole delivered that you consider valuable? What do you consider the most notable achievement – or achievements – of the coalition? What shortcomings or disappointments do you consider notable? What do you consider the coalition's greatest strength, greatest weakness?
3. Has your support of the Toronto Cancer Prevention Coalition been worth the investment? What has the coalition delivered that you could not have achieved on your own or working in another way?
4. What targets should the coalition aim for in the next decade? What barriers would have to be overcome to meet them? What might the coalition continue, drop, adjust, or change?
5. (Final questions) Are there any other comments you would like to add?

## Sources

### 1995

*Recommendations for the Primary Prevention of Cancer.* Report of the Ontario Task Force on the Primary Prevention of Cancer. March, 1995.

Zuckerman, Kaluzny and Ricketts. *Alliances in Health Care: What we know, what we think we know, and what we should know.* Health Care Management Review. Aspen Publishers. 1995.

*Review of the Report of the Ontario Task Force on the Primary Prevention of Cancer.* Report to the Toronto Board of Health from the Acting Medical Officer of Health. May 4, 1995

### 1996

*Update on the Ontario Task Force on the Primary Prevention of Cancer.* Report to the Toronto Board of Health from the acting Medical Officer of Health. May 16, 1996.

### 1997

Joan Lee and Suzanne Jackson: *Community-Based Coalitions and Intersectoral Partnershipss: A Literature Review.* Partners in Prevention Coalition and North York Community Health Promotion Research Unit. May, 1997.

### 1998

*Towards a Toronto Cancer Prevention Council: A Structured Dialogue on Cancer Prevention in the New City:* Staff notes re: background and chronology; objectives and purpose of forum; staff briefings and correspondence re: opening remarks, keynote address, introduction of speakers and panelists, panelists' remarks, closing remarks; invitation, participant and media package; notes from discussion groups and plenary session; participant list, evaluations and thank-you letters; report on proceedings. February 9-March 31, 1998.

*A Framework for Cancer Prevention in the City of Toronto.* Report to the Toronto Board of Health from the Medical Officer of Health. July 9, 1998.

*Developing Effective Coalitions: An Eight-Step Guide.* Ontario Injury Prevention Resource Centre of the Ontario Public Health Association. July, 1998.

*Minutes of the Founding Meeting of the Toronto Cancer Prevention Coalition, including goals, conceptual framework, proposed terms of reference, and role of Toronto Public Health.* November 25, 1998.

*Minutes of the First Meeting of the Steering Committee of the Toronto Cancer Prevention Coalition.* December 15, 1998.

### 1999

*Correspondence between Dr. Sheela Basrur, Medical Officer of Health, City of Toronto, and Dr. Robert Kyle, Prevention and Screening Coordinator, Cancer Care Ontario, Central East Region.* March 24, 1999.

*Status Report: Progress of the Toronto Cancer Prevention Coalition.* Report to the Toronto Board of Health from the Medical Officer of Health. March 25, 1999.

*Correspondence between Dr. Sheela Basrur, Medical Officer of Health, City of Toronto, and Dr. Richard Schabas, Head, Division of Preventive Oncology, Cancer Care Ontario.* April 12, 1999.

*The Proposed Governance Model for Advanced Environmental Decision Making for the City of Toronto.* Toronto City Council. June 1, 1999.

*Calling Back the Cancer Prevention Community: Agenda, opening and concluding remarks; framework for a critical path for the working groups of the Toronto Cancer Prevention Coalition; tasks and timelines; working group activation package, list of participants; History and Future flowchart; minutes of working groups—Occupational Carcinogens, Physical Inactivity, UVR, Dietary Risk Factors, Tobacco, Early Detection and Screening, Environmental.* June 22, 1999.

*Vision for Physically Active Children and Families endorsed by City of Toronto Public Health, Parks & Recreation, Children's Services, the Toronto Children's Advocate, and the Children and Youth Action Committee.* June, 1999.

*Status Report: Progress of the Toronto Cancer Prevention Coalition.* Report to the Toronto Board of Health from the Medical Officer of Health. October 5, 1999.

*Briefing for Researchers and Convenors of the Working Groups of the Toronto Cancer Prevention Coalition.* November 30, 1999.

Effective Public Health Project: *Coalition Effectiveness in Heart Health Promotion, Tobacco Use Reduction and Injury Prevention*. Region of Hamilton-Wentworth Social and Public Health Services; Kingston, Frontenac and Lennox and Addington Health Unit; Middlesex-London Health Unit; Sudbury and District Health Unit; Toronto Public Health; Ottawa-Carleton Health Department; Public Health Branch, Ontario Ministry of Health. 1999.

## 2000

Minutes of the Interim Steering Committee of the Toronto Cancer Prevention Coalition, staff correspondence and funding proposals, January-September, 2000.

*From Policy to Action: Charting a Course for the Toronto Cancer Prevention Coalition*: Participant Kits for Days 1 and 2, including working group reports (see listing in Appendix B of this report); background information, agenda, presenters' remarks and presentations, list of participants and follow-up correspondence; list of values, principles and aspirations; small-group workbooks and summary of themes and priorities; media kit and media reports. March 7 and 8, 2000.

Florin, Mitchell, Stevenson and Klein: *Predicting Intermediate Outcomes for Prevention Coalitions: A Developmental Perspective*. Evaluation and Programming. Pergamon Press. March, 2000.

*Dedicated to the Prevention of Occupational and Environmental Cancers*. Fact Sheet of the Windsor Cancer Prevention Coalition. June 15, 2000.

## 2001

Meeting of Toronto Cancer Prevention Coalition steering committee and working group convenors to consider Action Plan for Cancer Prevention: Agenda, description of group task, criteria for considering recommendations, staff correspondence. January 18, 2001.

*Terms of Reference of the Environmental Task Force, based on the Report 'New City, New Opportunities'*. Toronto City Council. March 10, 2001.

*Toronto Cancer Prevention Coalition Action Plan for Toronto*. Report to the Toronto Board of Health from the Medical Officer of Health. May 7, 2001.

Letters of Support to the Toronto Board of Health for the Toronto Cancer Prevention Coalition's Action Plan. May 22, 2001.

*Sustainability Roundtable: First Status Report*. Report from Councillor Jack Layton, Sustainability Advocate to Policy and Finance Committee, Toronto. May 29, 2001.

*Clause embodied in Report No. 3 of the Board of Health, as adopted by the Council of the City of Toronto at its meeting on May 30, 31 and June 1, 2001 re: Toronto Cancer Prevention Coalition's Action Plan*. Office of the City Clerk, Toronto.

*Preventing Occupational and Environmental Cancer: A Strategy for Toronto*. Occupational and Environmental Working Groups of the Toronto Cancer Prevention Coalition. May, 2001.

*Regional Implementation of the Cancer Care Ontario Strategic Plan*. Operations report of Cancer Care Ontario. 2001.

## 2002

*Sun Protection: Policy on Climate-Related Hazards*. City of Toronto Human Resources Policies re: Health and Safety. February 18, 2002.

*Ten Key Carcinogens in Toronto Workplaces and Environment: Assessing the Potential for Exposure*. Report from Sheela V. Basrur, Medical Officer of Health, Toronto. March, 2002.

*Roundtable Forum—From Planning to Action*: Invitation, agenda, background information and framework for discussion, opening and closing remarks, summary of recommendations, participant list. Toronto Cancer Prevention Coalition and Toronto Public Health. May 1, 2002.

*Action Plan for Cancer Prevention and Strategies Developed to Implement the Action Plan: Framework for Implementation from Roundtables*. Toronto Cancer Prevention Coalition. May, 2002.

*Toronto Cancer Prevention Coalition Retreat*: Agenda, background information, discussion topics, and minutes summarizing aspirations, goals, process, structures and strategies. September 17, 2002.

*Toronto Cancer Prevention Coalition: Roundtable Recommendations*. Report to the Toronto Board of Health from the Medical Officer of Health. November 7, 2002.

*Clause embodied in Report No. 6 of the Board of Health, as adopted by the Council of the City of Toronto at its regular meeting held on November 26, 27 and 28, 2002 re: Toronto Cancer Prevention Coalition's Roundtable Recommendations*. Office of the City Clerk, Toronto.

## 2003

*Targeting Cancer: An Action Plan for Cancer Prevention and Detection.* Cancer 2020 Summary Report: Cancer Care Ontario. 2003.

*A Call to Action Concept—Enhancing Opportunities & Overcoming Barriers.* Staff planning document. April, 2003.

*Physical Activity and Public Health: A Call to Action.* Report to the Toronto Board of Health from the Medical Officer of Health. June 4, 2003.

Dwyer, Hansen, Barrera, Allison, Ceolin-Celestini, Koenig, Young, Good and Rees: *Maximizing children's physical activity: an evaluability assessment to plan a community-based, multi-strategy approach to an ethno-rationally and socio-economically diverse city.* Health Promotion International. Oxford University Press. 2003.

*Healthy Eating Policy.* Toronto Public Health, Divisional Policy and Procedures Manual. September 16, 2003.

*Toronto Cancer Prevention Coalition New Conference:* media kit with background information and data, media advisory, speaking notes, brochure titled Cancer doesn't have to happen: find out why. September 16, 2003. Various media reports, 2003.

## 2004

*Cancer Prevention as Important as Treatment.* The Gallon Environment Letter, pp 13-14. Canadian Institute for Business and the Environment. March 20, 2004.

Robert Chernomas and Lissa Donner: *The Cancer Epidemic as a Social Event.* Canadian Centre for Policy Alternatives, Manitoba. March, 2004.

*Shade Policy and Technical Considerations for the City of Toronto.* Report to the Board of Health from the Medical Officer of Health. October, 2004.

*Development of a Community Right-to-Know Strategy for Toronto: Case Study in South Riverdale/ Beaches Community.* Report to the Toronto Board of Health from the Occupational and Environmental Carcinogens Working Group of the Toronto Cancer Prevention Coalition. December 10, 2004.

## 2005

*Community Right-to-Know Strategy for the City of Toronto.* Presentation to the Board of Health by Andrew King and Ruth Grier, Co-chairs of the Occupational and Environmental Carcinogens Working Group of the Toronto Cancer Prevention Coalition. January 17, 2005.

*Toward a Healthy City: Strategic Plan 05-09.* Toronto Public Health. 2005.

*Shade and Technical Considerations for the City of Toronto.* Communication from the Board of Health to the Toronto Cancer Prevention Coalition and the Children's Working Group of the Roundtable on Children, Youth and Education. May 9, 2005.

*Toronto needs shady deal.* Report in Metro News. April 5, 2005.

*Voting on the sunny side.* Report in the Toronto Star. May 5, 2005.

*Dovercourt Park Shade Project.* Booklet for Pilot Event. October 1, 2005.

*Framework for Nathan Phillips Square Design Competition and Capital Funding Forecast for Project Implementation.* Toronto Staff Report to the Administration Committee and Finance and Planning and Transportation Committee from the Deputy City Manager and Chief Financial Officer. October 26, 2005.

Adrina Ambrosii and Heidi Campbell: *How to Conduct a Shade Audit.* City of Toronto Division of Parks, Forestry and Recreation and Toronto Public Health. November, 2005.

## 2006

*Cancer Tipping Point.* Letter to globeandmail.com from the Occupational and Environmental Carcinogens Working Group of the Toronto Cancer Prevention Coalition. February 10, 2006.

*Building Bridges and Public Policy: a one-day working conference about preventing cancer and other chronic diseases:* Background information for participants, media advisory, agenda, tools for break-out groups, and conference proceedings. May 30, 2006.

National Committee on Environmental and Occupational Exposures: *Prevention of Occupational and Environmental Cancers in Canada: A Best Practices Review and Recommendations.* Primary Prevention Action Group, Canadian Strategy for Cancer Control. May, 2006.

*Future Directions of Get Your Move On – Results of GYMO Leadership Group Consultations and Research of Urban Physical Activity Campaigns.* The Alder Group. June 15, 2006.

The Provincial Cancer Prevention and Screening Council: *Report on Cancer 2020: A Call for Renewed Action on Cancer Prevention and Detection in Ontario.* Canadian Cancer Society and Cancer Care Ontario. June, 2006.

Consolidated Clause in Board of Health Report 4 re: Ionizing Radiation and Public Health in the City of Toronto (GTA) in Relation to the Refurbishment and Expansion of Nuclear Power Reactors and Facilities on Lake Ontario, as considered by City Council on June 27, 28 and 29, 2006 and adopted without amendment. Office of the City Clerk, Toronto.

Correspondence from Dr. David McKeown, Toronto Medical Officer of Health to the Honourable Laurel Broten, Ontario Minister of the Environment re: *Request for Review of Ontario Drinking-Water Quality Standard for Tritium*. September 27, 2006.

Accomplishments from Call to Action to Get Your Move On, June 2003—December, 2006.

*Building Bridges and Beyond: Expanding and Enhancing Community Right-to-Know*. Proceedings of a one-day workshop to build bridges and public policy on improving public access to environmental health information. December 5, 2006.

## 2007

*Reducing the Burden of Toxic Chemicals and Health*. Notice of a presentation by Devra Lee Davis, Director, Center of Environmental Oncology, University of Pittsburgh Cancer Institute, and Ken Geiser, Co-Director, Lowell Center for Sustainable Production, University of Massachusetts. Occupational and Environmental Carcinogens Working Group, Toronto Cancer Prevention Coalition. February 6, 2007.

*Winner Announced in Nathan Phillips Square Design Competition*. Notice forwarded from the Coordinator of the Toronto Cancer Prevention Coalition to the Shade Policy Committee. March 9, 2007.

*Alcohol and Cancer: Best Advice*. Centre for Addiction and Mental Health. March, 2007.

*Shade of Good Health and a Green City: Conference Report*. Shade Policy Committee of the Toronto Cancer Prevention Coalition's Ultraviolet Radiation Working Group. May 11, 2007.

*Toronto Public Health Programs and Activities Promoting Early Detection and Screening for Cancer*. Staff report to the Toronto Board of Health from the Medical Officer of Health. May 29, 2007.

*Shade Policy for the City of Toronto*. Report to the Toronto Board of Health from the Medical Officer of Health. September 4, 2007.

Correspondence from the Secretary of the Toronto Board of Health to the City Manager re: *Shade Policy for the City of Toronto: Decision Advice and Other Information*. September 19, 2007.

*Alcohol, Cancer & Public Policy: a Half-Day Seminar on Recent Research and Emerging Prevention Opportunities*: Background information, agenda, participant list, and proceedings. October 31, 2007.

*Toxics in Toronto: You Have a Right to Know*. Brochure produced by the Toronto Environmental Alliance for the campaign for Community Right to know. Exact date unknown.

*Secrecy is Toxic: A Citizen's Guide to Community Right-to-Know*. Brochure produced by the Toronto Environmental Alliance and the Toronto Cancer Prevention Coalition. Exact date unknown.

Armstrong, Dauncey and Wordsworth: *Cancer: 101 Solutions to a Preventable Epidemic*. New Society Publishers. 2007.

## 2008

*Environmental Reporting and Disclosure: Consultation Document on a Proposed Program for Toronto*. Toronto Public Health. January, 2008.

Correspondence from Peter Goodhand, Chief Executive Officer, Ontario Division, Canadian Cancer Society to Dr. David McKeown, Medical Officer of Health, Toronto supporting Toronto Public Health's leadership in cancer prevention re: environmental reporting and disclosure. Letter to the editor, Toronto Star re: *Ten Top Health Scares* from Occupational and Environmental Working Group. January 9, 2008.

*Toronto's Reporting and Disclosure Program*: Response from the Toronto Cancer Prevention Coalition's Occupational and Environmental Carcinogens Working Group to Dr. David McKeown, Medical Officer of Health. February 6, 2008.

*Toronto Cancer Prevention Coalition Fact Sheet*: Mission, objectives, frequently asked questions, history/chronology and descriptions of working groups. March, 2008.

Report to the Toronto Cancer Prevention Coalition's Steering Committee from the Coordinator re: *Meeting with representatives of the Primary Prevention Action Group of the Canadian Partnership Against Cancer*. March 26, 2008.

*Strengthening Alcohol Policy in Ontario*. Staff report to the Toronto Board of Health from the Medical Officer of Health. May 5, 2008.

*Toronto Public Health's Integrated Chronic Disease Prevention Strategic Framework and Cancer Logic Model*. Operational planning documents for implementation by Toronto Public Health staff. 2008.

*Proposal for Development of a Toronto Food Strategy*. Staff report to the Toronto Board of Health from the Medical Officer of Health. June 2, 2008.

## Key Informant Interviews

*(in chronological order)*

Jack Shapiro, Order of Canada, Citizen Member and Founding Chair, Interim Steering Committee, Toronto Cancer Prevention Coalition. June 23, 2008.

Dr. Robert Kyle, Medical Officer of Health, Durham Region. Coordinator of the former Prevention and Screening Network, Central-East Region, Cancer Care Ontario. July 4, 2008.

Brian Hyndman, Founding Member and former Chair, Steering Committee, Toronto Cancer Prevention Coalition. July 7, 2008.

Marlene Greenberg, Manager, Cancer Prevention, Preventive Oncology Program, Odette Cancer Centre. Founding Member of the Toronto Cancer Prevention Coalition, Chair of the Dietary Risk Factors Working Group and current Member of the Steering Committee. July 9, 2008.

Liz Janzen, Director, Healthy Living-Healthy Communities, Toronto Public Health. July 10, 2008.

Barbara Hansen, Consultant, Planning and Policy, Toronto Public Health and former Project Coordinator, Get Your Move On. Founding member, Toronto Cancer Prevention Coalition and former Convenor, Physical Activity Working Group. July 11, 2008.

Ruth Grier, former Minister of Environment and former Minister of Health, Province of Ontario. Founding Member of the Toronto Cancer Prevention Coalition and former Co-Chair, Occupational and Environmental Carcinogens Working Group and former Member of the Steering Committee July 16, 2008.

Dr. Lynn From, Derma-pathologist, Women's College Hospital. Chair, UVR Working Group and Steering Committee Member, Toronto Cancer Prevention Coalition. July 25, 2008.

Carol Timmings, Interim Director, Planning and Policy, Toronto Public Health. July 28, 2008.

Andy King, National Health, Safety and Environment Coordinator and Department Leader, United Steelworkers of America, Canadian National Office. Co-Chair, Occupational and Environmental Carcinogens Working Group and Steering Committee Member, Toronto Cancer Prevention Coalition. July 30, 2008.

Dr. Norman Giesbrecht, Senior Scientist, Centre for Addiction and Mental Health. Chair, Alcohol Working Group and Steering Committee Member, Toronto Cancer Prevention Coalition. August 6, 2008.

## Additional Consultation with

The Chair and Coordinator of the Toronto Cancer Prevention Coalition.

Linda Ferguson, Manager Toronto Public Health,  
Re: Early Detection and Screening.

## The Toronto Cancer Prevention Coalition Steering Committee Members

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