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Toronto Cancer Prevention Coalition (TCPC) website <http://www.toronto.ca/health/resources/tcpc/index.htm>

TCPC web page for conference background information <http://www.toronto.ca/health/resources/tcpc/conference.htm>

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## **Invited Speakers:**

HIS WORSHIP MAYOR DAVID MILLER, City of Toronto  
DR. DAVID MCKEOWN, Medical Officer of Health, City of Toronto

DR. JACK LEE, Strategic Advisor to the Ministry of Health and Long Term Care (MOHLTC) and Office of the Chief Medical Officer of Health, Province of Ontario

DR. CAROLYN BENNETT, Opposition Critic for Social Development and former Minister of State (Public Health)

DR. LYNN FROM, Dermatologist and Skin Pathologist, Women's College Hospital and Chair of the TCPC Ultraviolet Radiation Working Group

KATRINA MILLER, Toxics Reduction Campaign Director, Toronto Environmental Alliance (TEA) and Member of the TCPC Occupational and Environmental Working Group

NANCY BRADSHAW, Community Outreach Co-ordinator, Women's College Hospital, Environmental Health Clinic and Member of the TCPC Occupational and Environmental Working Group

DR. ROBERT KYLE, Medical Officer of Health, Durham Region and Chair, Cancer Care Ontario-Central East Prevention and Screening Network

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RUTH GRIER, Co-Chair, TCPC Occupational and Environmental Working Group and Member of the Steering Committee

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RACHEL GILLOOLY AND ASSOCIATES, Conference Planners

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# Executive Summary

ON MAY 30, 2006, THE TORONTO CANCER PREVENTION COALITION (TCPC) organized “Building Bridges and Public Policy”, a working conference about preventing cancer and other chronic diseases, that brought together 160 people.

**REPRESENTATIVES FROM 80 ORGANIZATIONS** – from sectors ranging from health, labour, environment and government – joined with grassroots groups and active citizens in an attempt to unite ideas and energy to employ healthy public policy as a tool in the TCPC’s efforts to prevent cancer as well as other chronic diseases.

**BACKGROUND – WHY TCPC HELD THE CONFERENCE** – outlines the history, purpose and objectives for the conference and provides a rationale for the focus on cancer and other chronic diseases and the use of healthy public policy as a mechanism to address them. Building healthy public policy is recognized in the 1986 Ottawa Charter for Health Promotion (among five key actions), as the one with the greatest potential of having the most impact on population health, if health considerations are integrated into public policy formulation across all sectors (in recognition of the broad, socio-economic and environmental determinants of health).

**SPEAKER HIGHLIGHTS** – describes some of the many high points from keynote speaker presentations, as well as providing some articulate quotations.

**WHO CAME? AN OVERVIEW** – provides an overview of the 160 conference participants.

**WHAT THE CONFERENCE ACHIEVED** – details the process of choosing three priority areas: expanding the scope and reach of Community Right-To-Know (CRTK: public access to environmental information), developing and implementing a Shade Policy at the municipal, provincial and federal levels, and Building Healthy Workplaces. As the focus of the afternoon work, participants developed frameworks for action for each priority area. Productive suggestions were synthesized into one framework per priority action area, included in the Appendices: Community Right-To-Know (Appendix D), Shade Policy (Appendix E), and Building Healthy Workplaces (Appendix F). These provide the basis of future collaborative work. There were also many ideas and recommendations generated by the Breakout Round Table Groups



that overlap all three priority action areas. These overarching themes and directions for all priority areas include:

- Develop a sound advocacy plan
- Continue the networking among conference participants
- Expand strategic partnering
- Increase information/data/research
- Expand repertoire of the tools used (research/advocacy, etc.) and improve skills
- Generate options for policy directions
- Advocate for a new policy bottom line
- Get the issues on politicians' radar, election platforms/agendas

#### MOVING FORWARD – NEXT STEPS FOR FURTHER COLLABORATION

Participants interested in each of the Priority Areas identified, need an opportunity to come together to further develop policy directions. The TCPC Steering Committee will facilitate the organization of three one-day follow up meetings, one for each Priority Area: Shade Policy, Building Healthy Workplaces and Community Right-To-Know, beginning now and into 2007. Each group of partners will come together to discuss and decide on an action plan and identify how best to move forward, recognizing that the Priority Areas are at different stages of development and implementation, and will require tailored strategies to move them forward.

In Appendix H, two options for planning the follow up meetings are proposed to provide direction for action to lead the TCPC and its new partners forward and provide the opportunity for further and more effective and comprehensive planning in each Priority Action area.

# I. Background – Why TCPC Held the Conference

The Toronto Cancer Prevention Coalition (TCPC), an organization whose sole purpose is cancer prevention, advocates for prevention policy, education and action. Its membership includes governments, universities, unions, health and environmental agencies, school boards, grassroots groups, activists and survivors who have come together to strengthen cancer prevention efforts and stop cancer before it starts.

TCPC organized this dynamic working conference, *Building Bridges and Public Policy* on May 30, 2006 at the North York Civic Centre in Toronto to explore policy directions needed for preventing cancer and other chronic diseases. This report strives to succinctly capture the proceedings of this full-day event which was intended to both stimulate innovative thought as well as break new ground on collaborative action aimed at advancing healthy public policy.

The Chronic Disease Prevention Alliance of Canada (CDPAC) identifies chronic diseases as the leading causes of avoidable illness, health care utilization, and premature death in Canada<sup>1</sup>. More than half the Canadian population (16 million people) live with chronic illness, while two-thirds of total deaths nationally result from four main clusters of chronic disease – cardiovascular, diabetes, cancers and respiratory illness<sup>2</sup>. Medical care costs for people with chronic diseases account for a significant proportion of Canada’s total direct medical care expenditures – an estimated \$39 billion per year. The indirect costs of chronic illness due to loss of productivity – because of the debilitating nature of these illnesses, and associated premature death – are also high<sup>3</sup>.

*The conference took place on the eve of The Smoke-Free Ontario Act taking effect. This was highlighted by a number of presenters for its example of a successful healthy public policy.*

**Chronic Diseases**

Cancers	Diabetes (Type 2)	Osteoporosis
Cardiovascular Diseases (CVD)	Obesity	Respiratory Illness

Source: Toronto Public Health's Integrated Chronic Disease Prevention Strategic Framework 2004

Canada has a strong reputation internationally for pushing the boundaries in health. In 1986, Canadian leadership in building and protecting health was rewarded by hosting the first international health promotion conference. The ground-breaking Ottawa Charter for Health Promotion, which emerged from this conference, proposed first and foremost, building healthy public policy among the five key health promotion actions urged.

<sup>1</sup> Source: Chronic Disease Prevention Alliance of Canada, 2003, as referenced in Toronto Public Health’s Integrated Chronic Disease Prevention Strategic Framework Working Discussion document (December, 2004).

<sup>2</sup> Source: Advisory Committee on Population Health, 2002.

<sup>3</sup> Source: CDPAC, 2003.



*“As the burden of cancer and chronic disease grows, so will the pressure to act. This is our call to action.”<sup>4</sup>*

Policy is a word heard in the news on a daily basis. However, it is one for which the parameters are often undefined.

While many definitions for the term “policy” exist, the one which is clear and least cumbersome states: “a set of actions, developed and implemented by an authoritative body, designed to improve a situation or set of circumstances.”<sup>5</sup> This definition encourages analysis and advocacy based on whether or not a proposed policy improves health conditions and addresses inequities. This description also fits well with the broader term “healthy public policy” from the Ottawa Charter for Health Promotion itself (see sidebar).

Given this historical context, the Toronto Cancer Prevention Coalition recognized the importance of organizing the conference with the purpose of animating organizations and individuals interested in health promotion to take concerted action for healthy public policy that obviates cancer and other chronic diseases.

Six specific objectives were established:

- To identify those organizations and individuals interested in working with the Toronto Cancer Prevention Coalition (TCPC) and each other;
- To capitalize on strategic planning and implementation opportunities provided by Toronto Public Health, Cancer Care Ontario, provincial and federal governments;
- To build on the momentum of the *Moving Upstream to Improve Health for All Ontarians* conference (February 21-22, 2006), organized by the Ontario Prevention Clearinghouse, and to give shape to related actions;

<sup>4</sup> Source: May 29, 2006 Greetings Letter from Board of Health Chair John Filion to the Participants of Building Bridges and Public Policy Conference.

<sup>5</sup> This is a working definition of policy from a group at the Centre for Health Promotion, University of Toronto



### **Build Healthy Public Policy**

*Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.*

*Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.*

*Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.*

Ottawa Charter for Health Promotion.  
WHO/HPR/HEP/95.1. WHO, Geneva, 1986.  
<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html> (accessed Sept 10, 2006)

Note: the term “healthy public policy” is interchangeable with a recently coined term “Health in All Policy” (HiAP).

- To celebrate related policy and project successes of the TCPC and the Central East Region of Cancer Care Ontario and identify gaps and new opportunities that could be addressed by concerted action;
- To help each conference participant identify where and how they could participate in a collective effort to build bridges and public policy for health promotion and disease prevention; and
- 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.

According to evaluation results and post-conference analysis by the Steering Committee, the conference successfully accomplished most of its objectives.

The TCPC held the conference in order to showcase its work and collaborative successes and to expand on those collaborations, recognizing the importance of bridging its initiatives on cancer prevention with work being done on the prevention of other chronic diseases. The driving force behind this collective action is the burden of chronic disease – on the health of the population, on the health care system, on government budgets – and the many common contributing risk factors, as highlighted by presenter MARY LEWIS, Director of Government Relations and Health Partnerships at the Heart and Stroke Foundation of Ontario, who addressed the plenary on the topic “The Ontario Chronic Disease Prevention Alliance: Guiding Ontario’s Capacity for Public Policy Through Co-ordinated Chronic Disease Prevention”. This is the direction in which most jurisdictions are moving internationally, nationally, provincially and municipally.



## Why a Public Policy Focus?

- Personal choice is a misnomer
- Impact of determinants of health
  - Must get at inequalities

Source: Conference Presentation by Mary Lewis, Director of Government Relations and Health Partnerships at the Heart and Stroke Foundation of Ontario

## II. Speaker Highlights

Toronto Cancer Prevention Coalition Steering Committee member RUTH GRIER and Chair, FIONA NELSON launched the conference with an opening address and welcome to participants.

The morning plenary included speakers from all levels of government.

Municipal perspectives were presented by the City of Toronto Mayor, HIS WORSHIP DAVID MILLER, who talked about the proud legacy of City and Toronto Public Health policies and initiatives which have substantially contributed to creating a healthy Toronto – such as the pesticide by-law and Get Your Move On (a city-wide intersectoral physical activity initiative) – and DR. DAVID MCKEOWN, Toronto’s Medical Officer of Health spoke to Public Health’s 120 year history of working and advocating for the conditions needed for the health of a population to flourish.



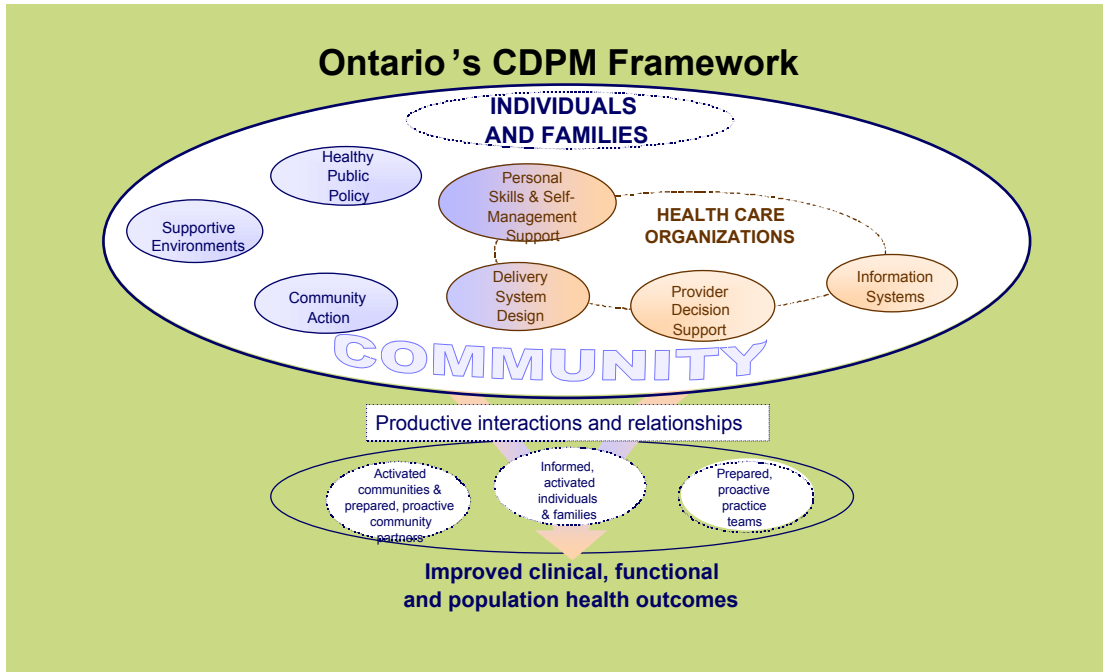
“Since the first public health service was created in Toronto over 120 years ago, public health workers have recognized that if we really want to influence health, if we want to change the health landscape of an entire city, then providing health services alone is not enough – we must create the conditions in which health can flourish. ... Those early advocates sought the same solutions that we do – clean environments, strong social networks, adequate incomes, and strong public education, supported by what we would today call healthy public policy.”

Excerpt from conference remarks by Dr. David McKeown, Toronto’s Medical Officer of Health

“Continue to nag, pester and bite” governments to hold their promises and to implement policies they have adopted.

SIR WINSTON CHURCHILL, AS QUOTED BY FIONA NELSON.

A provincial update on the “Chronic Disease Prevention and Management (CDPM) Framework for Ontario” was delivered by DR. JACK LEE, Strategic Advisor to the Ministry of Health and Long Term Care (MOHLTC) and Office of the Chief Medical Officer of Health, Province of Ontario. Dr. Lee gave an overview of the Framework’s purpose and its potential for improving chronic disease outcomes and decreasing health care costs. He identified the challenge of this in a “health care system designed to treat and cure acute illness, not prevent nor manage chronic illness” and proposed a delivery system re-design focusing on prevention, improved access and continuity of care and flow through the system. Later during questions and answers, Dr. Lee conveyed encouraging news about a provincial inter-Ministerial committee, chaired by the Minister of Health Promotion, intending to look at the health impacts of all policies.



At the federal level, DR. CAROLYN BENNETT, Opposition Critic for Social Development and former Minister of State (Public Health), spoke about the “Health Goals for Canada” and emphasized the importance of intersectoral collaboration and the need for sectors, branches and divisions to take responsibility for the health consequences of their policies. Dr. Bennett, in reference to re-cycling, acknowledged that “some of our kids have been the best environmentalists we’ve had.”

Among the highlighted TCPC successes and their impact on public policy, were the development of a Board of Health approved Shade Policy for the City of Toronto (yet to be approved by City Council) and the work being done to advance Community Right-To-Know (CRTK, public access to environmental information) which has gained much momentum.

The Shade Policy was showcased by DR. LYNN FROM, Dermatologist and Skin Pathologist at Women’s College Hospital and Chair of the TCPC Ultraviolet Radiation Working Group. Dr. From spoke about skin cancer and that 95% is related to sun exposure. She also portrayed an interesting visual depiction of the myriad of issues, in addition to skin cancer, that also have a relationship to shade, and, as such, stand to benefit from the implementation of a Shade Policy.

**Skin Cancer   Obesity   ADD   Climate Change**  
**Air Pollution   Wrinkles   Heat Exhaustion   Violence**  
**Asthma   Energy Savings   Clean & Beautiful City**  
**Heart & Lung Disease   Physical Activity   Urban Heat Island**

**All Have a Relationship to SHADE**

Source: Conference Presentation by Dr. Lynn From, MD, FRCPC; Chair TCPC UVR Working Group

Dr. From introduced the idea of shade trees as a public utility, of designing guidelines for developers and the importance of revitalizing the Shade Policy for re-introduction to Toronto City Council.

CRTK policy aspirations were presented by KATRINA MILLER, Toxics Reduction Campaign Director of the Toronto Environmental Alliance (TEA) and NANCY BRADSHAW, Community Outreach Co-ordinator of Women's College Hospital Environmental Health Clinic, both members of the TCPC Occupational and Environmental Working Group. The pre-amalgamated City of Toronto took initial steps toward developing a CRTK by-law in 1984 in response to the Union Carbide disaster in Bhopal, India. By 1987, CRTK by-law development was halted in hopes of Provincial action. By the late 1990s, in response to Provincial inaction, the amalgamated City of Toronto expressed renewed interest in CRTK. Miller and Bradshaw highlighted many reasons for the need for a CRTK by-law, among them: the huge number of facilities (40,000 plus) not having to report annual pollution releases; no reporting for the industrial use, production and storage of chemicals; the Province giving out permits to pollute but not tracking pollution; and no transparency around emergency prevention and response plans. They outlined the many benefits of instituting a CRTK by-law for Toronto, which included: honouring public and worker rights; encouraging voluntary toxic use reduction and sustainable business practices; aiding in emergency planning; assisting communities and decision-makers in identifying priorities for action; contributing to healthier communities and City; and setting a new CRTK precedent in Canada.



### Community Right To Know Policy Development

- **2000-2001:** City Council commits to developing a CRTK bylaw and adopts the TCPC Occupational and Environmental Working Group report's Action Plan
- **2003:** Majority of City Councillors surveyed recommit to adopting a CRTK bylaw
- **2004:** South Riverdale-Beaches case study completed and presented to the City
- **2005:** Toronto Board of Health directs Medical Officer of Health to report on Community Right-To-Know
- **June 2006:** Medical Officer of Health to report on options to expand Community Right-To-Know

Source: Conference presentation by Katrina Miller, Toxics Reduction Campaign Director of the Toronto Environmental Alliance (TEA) and Nancy Bradshaw, Community Outreach Co-ordinator, Women's College Hospital Environmental Health Clinic

DR. ROBERT KYLE, Durham Region's Medical Officer of Health, illustrated the impacts of community-based projects (with funding provided by Cancer Care Ontario Central East) on the primary prevention of cancer, with a focus on: dietary risk factors, early detection through screening (with some innovative multi-lingual television outreach to ethno-specific groups of women in the GTA), occupational and

environmental carcinogens, sun safety / promoting shade, and tobacco use reduction. ANN NOSRATIEH, Public Health Nurse with York Region Health Services, highlighted York Region's successful community based programs funded by Cancer Care Ontario: Helping Youth Promote the Elimination of Tobacco, Lay Health Educator Program to Promote Cervical Screening among Chinese Women; and campaigns to promote shade and sun safety.

DR. JOHN MCLAUGHLIN, Vice-President of Preventive Oncology at Cancer Care Ontario, spoke about the policies and operations that impact on cancer and chronic diseases. He highlighted CCO's guiding frameworks for prevention: Canadian Cancer Control Strategy, Ontario Cancer Plan (first produced in 2004, updated in 2006), and Cancer 2020 Action Plan. He outlined deliverables for 2006/7 in the areas of tobacco, nutrition, physical activity and healthy body weight, sun safety, and environmental and occupational carcinogens.



## Why is Cancer Prevention Important?

- Cancer is the leading cause of premature death in Canada responsible for almost 30% of all potential life years lost
- Approximately 50% of cancers that will be diagnosed over the next 20 years can either be prevented or detected early, before they become a serious health problem

(Targeting Cancer, An Action for Cancer Prevention and Screening, Cancer 2020, Cancer Care Ontario, 2003)

Excerpt from Dr. John McLaughlin's presentation to the conference.

The presentations can be viewed on the TCPC website at <http://www.toronto.ca/health/resources/tcpc/conference.htm>

### III. Who Came? An Overview

One hundred and sixty participants representing over 80 organizations – primarily from the Greater Toronto area, some from other parts of Ontario, and as far away as Edmonton, Alberta – took part in the conference to work with the Toronto Cancer Prevention Coalition “to build bridges to public policy and to engage in continued collective advocacy for health” to strengthen cancer and other chronic disease prevention efforts.

Participants came from organizations operating at the community, municipal, regional, provincial, and federal levels in sectors ranging from health, labour, the environment and government – and joined with grassroots groups and citizens in an attempt to unite their ideas and energy to employ healthy public policy as a tool in the effort to prevent cancer and other chronic diseases.

For a complete list of organizations participating in the conference, please refer to Appendix B.

## IV. What the Conference Achieved

The morning plenary gave speakers and participants an occasion to celebrate current policy and project successes, as well as to identify gaps and opportunities for concerted action. After an audience Question & Answer session, the discussion leader facilitated “Planning & Working Together: Key Lessons, Strategies & Actions”.

Participants were asked to contemplate strategies on collaboratively working towards developing public policy for health promotion and disease prevention. Participants were given a synopsis of the speakers' comments and Question & Answer session from the morning plenary. Over the lunch break, the Planning Group distilled this information into priority action areas.

After the lunch break, the priority action areas were announced. The afternoon was devoted to breakout group sessions to consider and discuss the priority action areas.

### **The three Priority Action areas are:**

1. Expanding the scope and reach of Community Right-To-Know (CRTK).
2. Developing and implementing a Shade Policy at the municipal, provincial and federal levels.
3. Building Healthy Workplaces.

## **Community Right-To-Know (CRTK)**

A CRTK by-law would ensure that information regarding the harmful substances to which the public is unknowingly exposed and that affect the health of the whole population, are disclosed. CRTK is also described as “public access to information held by government or industry on chemical substances or conditions that might pose a risk to health or to the environment”.<sup>7</sup> The tactics, business arguments and mechanisms for community input and political strategy that have been used in the City of Toronto are transferable to other jurisdictions and other chronic disease issues. They can be extended to and adopted by other communities across Ontario through a process of partnership building and knowledge transfer.

<sup>7</sup> Source: Toronto Public Health. Access to Environmental Information: Preventing Pollution, Avoiding Risks.

## Shade Policy

Bring the Shade Policy by-law back to Toronto City Council, with an improved process based on lessons learned, a broader evidence base, and an expanded coalition of enthusiastic supporters. New, highly creative arguments can make the case for shade as a public utility, emphasizing that specific policy suggestions are not only cheap, effective and doable, but affect a whole range of public health issues and chronic diseases, including heart and lung disease, cancer, and mental health.

## Healthy Workplaces

The workplace is a critical site for health promotion, as it is the setting where most adults spend the greatest proportion of their waking hours. Actions to promote health in the workplace include a multi-strategy approach addressing occupational and environmental carcinogens specific to individual workplaces, as well as proven strategies for addressing other risk factors for chronic disease that impact on the worker population.

## Breakout Roundtable Groups

The Roundtable Group process was explained to participants, who were then asked to go to the one of four room designations on the back of their name badge and, once there, they would self-select which of the three strategic priorities they wished to discuss and develop a framework for each of the above-mentioned three priority areas, which would then serve as the basis of their future collaborative work.

## Developing Frameworks for Action

Participants had 90 minutes to develop the preliminary framework for the Priority Action of their choice. In developing the preliminary framework for each priority, participants were asked to apply the following factors:

- lend themselves to collaborative action
- build on success and opportunities for leverage
- maximize opportunities to impact on a broad range of chronic diseases
- are amenable to policy development
- capitalize on opportunities for advocacy through community engagement

In addition to the above factors, participants used the following questions to refine the development of each Priority Action framework:

- What can we do?
- How can we do it?
- Who among us will work on it?
- What do we do next?

A summary from the roundtable breakout groups has been brought together in one framework per Priority Action area, in the Appendices. Please note that because the four breakout groups (per Priority Action area) worked independently and did not have the opportunity to come together to develop consensus, the ideas captured in the frameworks should be construed as suggestions and not decisions; there may be some overlap and, in some cases, contradiction. As such they are to be understood as works in progress and used as a resource to guide the work in follow-up meetings.

Please see:

- Appendix D: Framework for Action on Priority: Community Right-To-Know (CRTK)
- Appendix E: Framework for Action on Priority: Shade Policy
- Appendix F: Framework for Action on Priority: Building Healthy Workplaces

## **Overarching Themes & Directions for All Priority Action Areas**

Many rich ideas for building bridges and working collaboratively to develop healthy public policy in the three Priority Action areas were generated. Many of the recommendations overlap all three Priority Action areas. Two key thrusts emerged as essential to the work ahead: a) developing a clear and detailed policy vision for each Priority Action area; and b) developing a sound and creative advocacy strategy to garner public and political support. To operationalize these, participants identified detailed components and steps to be planned and implemented, which have been categorized using the following themes:

- Continue the networking among conference participants;
- More strategic partnering: more Information/data/research;
- Expand repertoire of the tools used (research/advocacy, etc.) and improve skills;
- Generate options for policy directions;
- Advocate for a new policy bottom line; and
- Get the issues on politicians' radar, election agendas.

Detailed suggestions and practical considerations for planning and implementing each of these themes and developing a policy vision and sound advocacy strategy for each priority area appear in Appendix G: Overarching Themes & Directions for the Three Priority Action Areas.

## V. Moving Forward

### – Next Steps for Further Collaboration

#### Next steps for collaborative work on healthy public policy for preventing cancer and other chronic diseases

The Toronto Cancer Prevention Coalition Steering Committee realizes that those interested in each of the Priority Action areas, who at the May 30th conference, participated in one of four afternoon breakout sessions, need an opportunity to come together to further develop the Priority Action areas and policy directions.

Beginning now and into 2007, the TCPC will facilitate the organization of one-day follow-up meetings for each Priority Action area. Each group of partners will come together again to discuss and decide on an action plan and identify how best to move forward, recognizing that each Priority Action area is at a different stage of development.

The Occupational & Environmental Working Group of the TCPC is already working on the CRTK issue and has planned a follow-up meeting for December 5th, 2006 in Toronto. The meeting will address the statement: CRTK is critical to understanding and preventing potential health and environmental risks for all who live and work in a community. And more specifically, will address each of the following questions:

- How can a CRTK bylaw help make your neighbourhood safer?
- How has CRTK helped workers improve workplace health and safety?
- How to use available resources to help you start CRTK activities?
- How can you join others that are working on CRTK initiatives?

A larger CRTK meeting in 2007 is also being planned to which top North American and international experts on environmental and occupational issues will be invited.

In the follow-up meetings, the Priority Action groups will determine short-term and long-term actions, and appropriate strategies to realize the vision, goals and objectives.

Appendix G outlines two options for consideration when deciding how to move forward.

# Appendices

- APPENDIX A:** Conference Program Agenda
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- APPENDIX D:** Framework for Action on Priority:  
Building & Expanding Community Right-To-Know (CRTK)
- APPENDIX E:** Framework for Action on Priority: Shade Policy
- APPENDIX F:** Framework for Action on Priority: Building Healthy Workplaces
- APPENDIX G:** Overarching Themes & Directions for the Three Priority Action Areas
- APPENDIX H:** Considering Options: How to Move Forward

## APPENDIX A

# Conference Program Agenda



Toronto Cancer Prevention Coalition

277 Victoria Street, Suite 203 Toronto, Ontario M5B 1W2

Telephone: (416) 392-7472 Fax: (416) 392-0635

Email: [tcpc@toronto.ca](mailto:tcpc@toronto.ca)

[www.toronto.ca/health/resources/tcpc/index.htm](http://www.toronto.ca/health/resources/tcpc/index.htm)

### STEERING COMMITTEE:

**Fiona Nelson**

*Chair*

**Linda Ferguson**

*Toronto Public Health*

**Dr. Lynn From**

*Division of Dermatology,  
Women's College Hospital*

**Norman Giesbrecht**

*Centre for Addiction  
& Mental Health*

**Marlene Greenberg**

*Toronto Sunnybrook  
Regional Cancer  
Centre*

**Ruth Grier**

*Environmental and  
Occupational Carcinogens  
Working Group*

**Brian Hyndman**

*Centre for Health  
Promotion,  
University of Toronto*

**Andrew King**

*United Steelworkers  
of America –  
National Office*

**Jack Shapiro**

*Citizen Member*

**Patricia Smith**

*Citizen Member*

**Frances Walsh**

*Canadian Cancer Society –  
Toronto Region*

## Building Bridges & Public Policy

***A one-day working conference about preventing cancer and other chronic diseases***

### PROGRAM AGENDA

Tuesday, May 30, 2006

Council Chambers, North York Civic Centre,

5100 Yonge Street, Toronto, Ontario

7:30 am to 4:30 pm

#### Conference Learning Objectives:

- Help participants identify how they can collaborate on public policy for health promotion and disease prevention.
- Celebrate current policy and project successes, and identify gaps and opportunities for concerted action.

**7:30 am** REGISTRATION AND BREAKFAST

**8:30 am** PLENARY & WELCOME

*Moderator:* **RUTH GRIER**, Toronto Cancer Prevention Coalition;  
Former Ontario Minister of Health & Minister of the Environment

*Speaker:* **FIONA NELSON**, Chair, Toronto Cancer Prevention Coalition

**8:45 am** *Creating a Healthy Toronto*

*Speaker:* His Worship Mayor **DAVID MILLER**, City of Toronto

**9:00 am** *The Role of Toronto Public Health in Creating a Healthy Toronto*

*Speaker:* **DR. DAVID McKEOWN**, Medical Officer of Health, City of Toronto

**9:15 am** *A Chronic Disease Prevention and Management Framework for Ontario*

*Speaker:* **DR. JACK LEE**, Public Health and Health Promotion Consultant,  
Senior Strategic Advisor to the Chief Medical Officer of Health and Ministry of  
Health Promotion, Province of Ontario

**9:30 am** *A Vision for Canada's Health*

*Speaker:* **DR. CAROLYN BENNETT**, Opposition Critic for Social Development and Candidate  
for the National Leadership of the Liberal Party

**9:45 am** AUDIENCE Q & A'S

**10:00 am** BREAK – POSTER PRESENTATIONS & DISPLAYS

## AGENDA CONT'D

- 10:15 am** PLENARY
- Welcome and Introductions, **CAROL TIMMINGS**, Healthy Living Director, Chronic Disease Prevention Toronto Public Health
- a) Toronto Cancer Prevention Coalition: Projects & Their Impact On Public Policy  
– *Community Right-To-Know Strategy and Shade Policy*
- Speakers:  
**KATRINA MILLER**, Toxics Campaigner, Toronto Environmental Alliance (TEA) and Toronto Cancer Prevention Coalition Occupational and Environmental Carcinogens Working Group  
**NANCY BRADSHAW**, Community Outreach Coordinator, Environmental Health Clinic, Women's College Hospital, Toronto Cancer Prevention Coalition Occupational and Environmental Carcinogens Working Group  
**DR. LYNN FROM**, Dermatopathologist, Women's College Hospital, Professor Emeritus, University of Toronto, Chair, Toronto Cancer Prevention Coalition Ultraviolet Radiation Working Group
- b) Central East Region: Projects and Their Impact on Primary Prevention of Cancer
- Speakers: **DR. ROBERT KYLE**, Medical Officer of Health, Durham Region, & Representatives from York Region Health Services Department
- c) Cancer Care Ontario: Policies and Operations That Impact on Cancer and Other Chronic Diseases
- Speaker: **JOHN McLAUGHLIN**, PhD., Vice-President, Prevention, Cancer Care Ontario
- d) Ontario Chronic Disease Prevention Alliance: Building Ontario's Capacity for Public Policy Through Coordinated Chronic Disease Prevention and Health Promotion
- Speaker: **MARY LEWIS**, Director, Government Relations & Health Partnerships, Heart and Stroke Foundation of Ontario, Member of the Ontario Chronic Disease Prevention Alliance
- 11:15 am** AUDIENCE Q & A'S
- 11:30 am** *Planning & Working Together: Key Lessons, Strategies & Action*
- Moderator: **RUTH GRIER**
- Discussion Leader: **VALERIE HEPBURN**, Director, Planning and Corporate Projects, Canadian Cancer Society National Office
- What have we learned from this morning?
  - What are the high leverage areas for action and where might we go next? What are the barriers and how do we overcome them?
- 12:00 pm** LUNCH – POSTER PRESENTATIONS & DISPLAYS
- 1:30 pm** PLENARY – *Breakout Round Table Group Process based on the Outcomes of the Morning's Discussion and Questions*
- Moderator: **RUTH GRIER**
- Discussion Leader: **VALERIE HEPBURN**
- 1:45 pm** BREAKOUT ROUND TABLE GROUPS
- Determining a collaborative start-up strategy.
- 3:15 pm** BREAK – POSTER PRESENTATIONS & DISPLAYS
- 3:30 pm** PLENARY & PANEL:
- RUTH GRIER AND VALERIE HEPBURN**
- Where do we go from here? What do we do immediately?
  - What are our longer-term goals and priorities for action?
- 4:15 pm** FINAL WORDS
- FIONA NELSON**

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## APPENDIX B

### Organizations Represented at the Conference

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ALBERTA CANCER BOARD  
ALCOHOL POLICY NETWORK – ONTARIO PUBLIC HEALTH ASSOCIATION (OPHA)  
ANNE JOHNSTON HEALTH STATION  
ASSOCIATION TO REDUCE ALCOHOL PROMOTION IN ONTARIO (ARAPO) – ONTARIO PUBLIC HEALTH ASSOCIATION (OPHA)  
BREAST CANCER RESEARCH AND EDUCATION FUND  
CANADIAN AUTO WORKERS (CAW)  
CANADIAN BREAST CANCER FOUNDATION  
CANADIAN CANCER ADVOCACY NETWORK  
CANADIAN CANCER SOCIETY – ONTARIO DIVISION  
CANADIAN CANCER SOCIETY – TORONTO DIVISION  
CANADIAN CANCER SOCIETY – SMOKERS’ HELPLINE  
CANADIAN CANCER SOCIETY – NATIONAL DIVISION  
CANADIAN DIABETES ASSOCIATION  
CANADIAN ENVIRONMENTAL LAW ASSOCIATION  
CANCER CARE ONTARIO  
CANCER CARE ONTARIO – ABORIGINAL UNIT  
CASA DONA JUANA  
CENTRE FOR ADDICTION AND MENTAL HEALTH  
CENTRE FOR HEALTH PROMOTION – UNIVERSITY OF TORONTO  
CHATHAM-KENT PUBLIC HEALTH UNIT  
CITIZENS FOR A SAFE ENVIRONMENT  
COUNTY OF LAMBTON, COMMUNITY HEALTH SERVICES DEPARTMENT  
DELCAN CORPORATION  
DURHAM REGION HEALTH DEPARTMENT  
ENERGY NATUROPATHIC HEALTH CENTRE  
ETOBICOKE – YORK LOCAL HEALTH COMMITTEE  
FOODSHARE  
HAMILTON PUBLIC HEALTH  
HEART AND STROKE FOUNDATION OF ONTARIO  
INTERNATIONAL INSTITUTE OF CONCERN FOR PUBLIC HEALTH  
KINGSTON, FRONTENAC, LENNOX & ADDINGTON PUBLIC HEALTH  
LAWRENCE HEIGHTS COMMUNITY HEALTH CENTRE  
LOCAL HEALTH COMMITTEE NORTH REGION  
LOCAL HEALTH INTEGRATION NETWORK - SOUTH EAST  
LOCAL HEALTH INTEGRATION NETWORK - CENTRAL  
LOCAL HEALTH INTEGRATION NETWORK - CENTRAL WEST  
LONDON HEALTH SCIENCES CENTRE  
MIDDLESEX-LONDON HEALTH UNIT  
MILLER NEIGHBOUR & ASSOCIATES  
MINISTRY OF HEALTH AND LONG TERM CARE  
MOUNT SINAI HOSPITAL – MARVELLE KOFFLER BREAST CENTRE  
NATIVE CANADIAN CENTRE OF TORONTO  
NIAGARA REGION PUBLIC HEALTH  
OCCUPATIONAL HEALTH CLINIC FOR ONTARIO WORKERS - SARNIA  
OCCUPATIONAL HEALTH CLINIC FOR ONTARIO WORKERS – TORONTO  
ONTARIO BREAST SCREENING PROGRAM  
ONTARIO CANCER INSTITUTE  
ONTARIO COLLEGE OF FAMILY PHYSICIANS  
ONTARIO ECO SCHOOLS PROGRAM  
ONTARIO FEDERATION OF LABOUR  
ONTARIO MINISTRY OF ENVIRONMENT  
ONTARIO PREVENTION CLEARINGHOUSE  
OSTEOPOROSIS CANADA  
OTTAWA PUBLIC HEALTH  
PETERBOROUGH LABOUR COUNCIL  
PUBLIC HEALTH AGENCY OF CANADA – ONTARIO  
REGION OF HALTON HEALTH DEPARTMENT  
REGION OF PEEL HEALTH DEPARTMENT  
RETIRED CITIZEN  
RYERSON UNIVERSITY SCHOOL OF ARCHITECTURE  
RYERSON UNIVERSITY, SCHOOL OF NUTRITION  
SCARBOROUGH LOCAL HEALTH COMMITTEE  
SHERBOURNE HEALTH CENTRE  
SIMCOE MUSKOKA DISTRICT HEALTH UNIT  
SOUTH RIVERDALE COMMUNITY HEALTH CENTRE, JOY LUCK WOMEN’S PROJECT.  
ST. MICHAEL’S HOSPITAL  
STEELWORKERS LOCAL 4120 – UNIVERSITY OF GUELPH  
THE LEARNING PARTNERSHIP  
THE OLIVE BRANCH OF HOPE  
THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE  
TORONTO CANCER PREVENTION COALITION  
TORONTO CITY PLANNING, URBAN DESIGN  
TORONTO EAST YORK LOCAL HEALTH COMMITTEE – CENTRE FOR ENVIRONMENT  
TORONTO ENVIRONMENTAL ALLIANCE  
TORONTO FRANCOPHONE CENTER  
TORONTO PUBLIC HEALTH  
TORONTO SUNNYBROOK REGIONAL CANCER CENTRE  
TORONTO WORKERS’ HEALTH & SAFETY LEGAL CLINIC  
TREE CANADA FOUNDATION  
UNITED STEELWORKERS OF AMERICA  
UNIVERSITY OF TORONTO - ONTARIO CANCER INSTITUTE  
UNIVERSITY OF TORONTO - MEDICAL RESIDENT, COMMUNITY MEDICINE  
UNIVERSITY OF TORONTO – STUDENT  
WOMEN’S COLLEGE HOSPITAL  
WOMEN’S COLLEGE HOSPITAL, ENVIRONMENTAL HEALTH CLINIC  
WOMEN’S HEALTH CARE CENTRE – PETERBOROUGH REGIONAL HEALTH CENTRE  
WOMEN’S HEALTHY ENVIRONMENT NETWORK  
YORK REGION HEALTH SERVICES DEPARTMENT

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## APPENDIX C

## Poster Presentations &amp; Displays

ORGANIZATION	PHONE #	POSTER/DISPLAY
Canadian Cancer Society	416-440-3330	<u>DISPLAY</u> : Smoker's Helpline – smoking/tobacco – Smokers Helpline cessation service
Cancer Care Ontario	416-971-9800	<u>POSTER PRESENTATION</u> : Attitudes and behaviours of young men towards vegetable and fruit consumption <u>POSTER PRESENTATION</u> : Effect of a community-based fruit and vegetable delivery program during breast cancer treatment
Durham Region Health Dept.	905-668-7711	<u>DISPLAY</u> : Early Detection Saves Lives
International Institute of Concern for Public Health	416-465-7635	<u>DISPLAY</u> : Citizens for a Safe Environment (CSE)
Occupational Health Clinic for Ontario Workers - SARNIA	519-337-4627	<u>POSTER PRESENTATION</u> : Identification of Work-Related Asbestos Disease in a Canadian Community and Occupational & Environmental Histories of Breast Cancer Patients: A Canadian Case Study
Occupational Health Clinic for Ontario Workers, Inc. (OHCOW)	416-449-0009	<u>POSTER PRESENTATION &amp; DISPLAY</u> : Community Right-To-Know Developments in Toronto
Ontario Prevention Clearinghouse	416-408-2249	<u>DISPLAY</u> : Canadian Health Network print information about the website and the 22 national affiliates that support it
Ryerson University, School of Nutrition	416-979-5000 ext 6942	<u>POSTER PRESENTATION &amp; DISPLAY</u> : A collaborative project by the Dietary Risk Factors Working Group of the TCPC, Toronto Sunnybrook Regional Cancer Centre
Sherbourne Health Centre	416-324-5063	<u>POSTER PRESENTATION &amp; DISPLAY</u> : Making us Visible: Promoting Access to Breast Health and Breast Cancer Services for Lesbian and Bisexual Women
South Riverdale Community Health Centre - Joy Luck Women's Project	416-461-1925	<u>DISPLAY</u> : A breast health program for the Chinese and South Asian Communities in Toronto
Toronto Cancer Prevention Coalition	416-819-8705	<u>POSTER PRESENTATION</u> - Sail Shade Canopy Demonstration Project <u>POSTER PRESENTATION</u> - Our experience using OMNI/ Rogers Multicultural Media to provide information on women's cancers to the diverse communities in Toronto <u>DISPLAY</u> - Toronto Cancer Prevention Coalition Resources
Toronto Public Health	416-338-0910	<u>POSTER PRESENTATION</u> : Smoking Cessation Program for Lesbian, Gay, Bi-sexual, Transsexual, Queer (LGBTQ) Communities <u>DISPLAY</u> : Smoke Free Ontario (T-DOT) – Tobacco Don't Own Toronto <u>DISPLAY</u> : Cancer Screening Displays for Breast and Cervical Health
York Region Health Services	905-940-1787	<u>DISPLAY</u> : Cancer Screening Cards and Campaign <u>DISPLAY</u> : Sun Safety at the Beach Project

## APPENDIX D

# Framework for Action on Priority: Build & Expand Community Right-To-Know (CRTK)

**Background:** This framework consists of the merger of ideas from four roundtable breakout groups focussing on Community Right-To-Know (CRTK). The four groups worked independently and did not have the opportunity to come together and discuss their ideas nor develop consensus. The ideas captured here in the framework are best construed as suggestions and not decisions. This framework is therefore, a post-conference compilation of the four breakout groups’ work on this priority area, there may be some overlap and even contradiction. The framework is to be understood as a work in progress which will be used as a resource to guide the work in the follow-up meetings.

### POST-CONFERENCE ADDENDUM (PCA): details, examples or comments added for clarity

What can we do? Proposed specific actions/activities	How can we do it?	Who among us will work on it?	What do we do next?
<p>Build a “coalition” of organizations and individuals interested in promoting CRTK by-law.</p> <p><b>PCA:</b> Start with municipal level, and work with larger network to lobby other levels of government.</p>	<ul style="list-style-type: none"> <li>• Partner with TCPC’s Occupational &amp; Environmental Working Group</li> <li>• Identify and build partnerships with industry champions</li> <li>• Partner with organizations such as CAW; workers, health and safety committees, public health units and the education system</li> <li>• Listen to and work with individuals and families at community level encouraging them to embrace “Right-To-Know” (starting from childhood)</li> <li>• New partnerships with academia for research to support change</li> </ul>	<ul style="list-style-type: none"> <li>• TCPC will continue to advocate</li> <li>• Toronto Public Health (TPH) re: Board of Health representative</li> <li>• Canadian Cancer Society (CCS)</li> <li>• Ontario College of Family Physicians (OCFP)</li> <li>• Canadian Breast Cancer Foundation</li> <li>• Canadian Auto Workers (CAW)</li> <li>• Toronto Environmental Alliance (TEA)</li> <li>• Pollution Probe</li> <li>• Women’s College Hospital (WCH)</li> <li>• Community Health Centres (CHCs)</li> <li>• Centre for Addiction and Mental Health (CAMH)</li> <li>• Canadian Association of Naturopaths</li> </ul>	<ol style="list-style-type: none"> <li>1. Names and numbers to be pulled from conference master list.</li> <li>2. Nominate steering committee.</li> <li>3. CCS Boardroom is available for meetings (with notification).</li> <li>4. Give Board of Health an update on June 19th.</li> <li>5. Keep in touch and share.</li> <li>6. Get issue on the agenda in the upcoming municipal election (Nov. 2006).</li> </ol>

<p><b>What can we do?</b>  <b>Proposed specific actions/activities</b></p>	<p><b>How can we do it?</b></p>	<p><b>Who among us will work on it?</b></p>	<p><b>What do we do next?</b></p>
<p>Involvement of industry.</p> <p><b>PCA:</b> In our experience, when trying to advance policies that potentially affect an industry's "bottom line," one good approach is to consider incentives for businesses that are early adopters. For example, a tax incentive could be established for dry cleaning businesses that reduce their use of perchlorethylene by 90% or greater. If we want to work with industry this is one route we may want to explore – to lobby government for tax incentives or other incentives for "green businesses."</p> <p><b>PCA::</b> Another approach is through "good neighborhood agreements" whereby community groups and local business work together to set targets re: emissions reductions that the business agrees to meet. Business is profiled as a "good neighbour."</p>	<ul style="list-style-type: none"> <li>• Involve workers and business owners from outset</li> <li>• <b>PCA:</b> Businesses sometimes hesitant at outset; but more receptive when some "green businesses" come on board and are profiled – particularly when they can show economic benefits from the change.</li> <li>• Find common positions - even interim</li> <li>• Consider how government can support business if policy passed (e.g. staging, phasing in)</li> <li>• Connect on other related shared issues</li> <li>• Learn from previous successful initiatives</li> <li>• Agree to key communication messages if possible (situations exist to strengthen partnerships)</li> <li>• Profile one industry that has successfully disclosed and changed products</li> </ul>		
<p>Build evidence/scientific case, especially on alternatives.</p> <p><b>PCA:</b> TCPC Working Group did a needs assessment in South Riverdale/Beaches in 2004 and TPH released a report in 2006 that pointed out the gaps and needs. Therefore, we have the data.</p> <p><b>PCA:</b> The information that was gathered from the CELA report, TPH, and South Riverdale can be used by other communities to point out gaps, as the gaps are imbedded in municipal, provincial and federal legislation.</p> <p><b>PCA:</b> It's important to engage the community members at the beginning to see where their concerns and priorities lie. Once that is established, each community can use some of the strategies, tools and best practices that have been developed (Canada, U.S. and Europe) and adapt their approach to meet the specific needs and priorities of that community.</p>	<ul style="list-style-type: none"> <li>• Research (compile and conduct)</li> <li>• Find partners to help</li> <li>• Needs assessment in each community, demonstrate financial and other benefits (see row below, column to the left for more details)</li> <li>• Conduct Health Impact Assessment (HIA) to look at various alternatives of different policy directions, with intent to maximize health benefits and minimize health risks. Taking broad view (health determinants), demonstrate social and economic benefits (also note risks).</li> <li>• Tap into what other communities are doing</li> <li>• Use Riverdale (lead contamination of soil) and other case histories to educate and advocate</li> <li>• Co-ordinate information; mapping portal to gather and access information</li> <li>• Relate environmental health into community health profiles (TPH)</li> </ul>		

What can we do? Proposed specific actions/activities	How can we do it?	Who among us will work on it?	What do we do next?
<p>Needs assessment in each community.</p> <p>Ask TCPC to undertake a needs assessment (funded by Cancer Care Ontario). Caution to work within the definition {boundaries} of Local Health Integration Networks (LHINs).</p>	<ul style="list-style-type: none"> <li>• Research to determine what information is available and where the gaps exist to build our policy movement. <b>PCA:</b> this has been done see above</li> <li>• Facilitate neighbourhood action</li> <li>• Lobby the government for the full disclosure of information</li> <li>• Key messaging to the public via knowledge translation (communication)</li> </ul>		<p>For funding approach CCO and Ministry of Health Promotion.</p>
<p>Communication</p>	<ul style="list-style-type: none"> <li>• Look for comparable successes that we can communicate <b>PCA:</b> share success stories with government, the public and industry to provide examples of CRTK initiatives that can be adopted or adapted elsewhere or more broadly.</li> <li>• Involve early innovators/champions</li> <li>• Look for high profile person(s) to take on the cause</li> <li>• Engage the media</li> <li>• Develop messages / calls for actions suited to varying audiences / stakeholders (individual, government, industry, communities). <b>PCA:</b> For example the options/messages that we convey to a community member about taking action (how to lobby, become part of an advocacy group, etc.) will be different than the “calls for action” that we present directly to the policy maker.</li> <li>• Spin long-term benefits as short-term benefits if possible <b>PCA:</b> Share early success stories, for example, companies that reduce their use and/or releases of toxic substances as a result of CRTK initiatives.</li> <li>• Disclose what’s not being told</li> </ul>		<p>Let other communities know Toronto's work on environmental issues.</p>

<p><b>What can we do?</b>  <b>Proposed specific actions/activities</b></p>	<p><b>How can we do it?</b></p>	<p><b>Who among us will work on it?</b></p>	<p><b>What do we do next?</b></p>
<p>Lobbying governments at all three levels to:</p> <ul style="list-style-type: none"> <li>• <b>PCA:</b> improve public access to existing environmental and occupational health and safety information,</li> <li>• <b>PCA:</b> expand pollutant release and transfer programs, thereby providing more complete and accurate information, for example, tracking companies' use of toxic substances, not just the releases, and changing requirements so small companies are mandated to report on their use and release of toxic substances.</li> </ul> <p>More regular monitoring                      Influence governments to return to doing their own standards testing on all segments of the population.</p> <p>Influence manufacturers, distributors, governments to list everything on the labels including growing methods (i.e. use of particular pesticides to produce ingredients) and point of origin.</p>	<ul style="list-style-type: none"> <li>• Work with unions, public health units and educators. <b>PCA:</b> At the municipal level, PHU more likely to work internally to shape the policy agenda, and leave the lobbying to the other external groups/partners. And as legislation at one level changes, that provides some leverage for changes at other levels of government.</li> <li>• Elect representatives who are supportive</li> <li>• Get issue(s) on the agenda in next election at all levels of government; upcoming                             <ul style="list-style-type: none"> <li>- Municipal: November 2006</li> <li>- Provincial: 2007</li> <li>- Federal ???</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>• TCPC Chair will talk to Carolyn Bennett re: status and possible next steps</li> <li>• Participant from Alberta Cancer Board knows of "List of Best Practices".</li> </ul> <p><b>PCA:</b> Internet search found that this List of Best Practices is included in a report commissioned by the National Committee on Environmental &amp; Occupational Exposures (NCEOE) describing the best practices in prevention of exposure to occupational and environmental cancer causing agents in Canada (e.g. study of Toronto's Beaches/South Riverdale neighbourhoods was highlighted). This report was showcased at a May 31st symposium, sponsored by ACB and the Canadian Strategy for Cancer Control's NCEOE.</p>

## APPENDIX E

# Framework for Action on Priority: Shade Policy

**Background:** This framework consists of the merger of ideas from four roundtable breakout groups focussing on Shade Policy. The four groups worked independently and did not have the opportunity to come together and discuss their ideas nor develop consensus. The ideas captured here in the framework are best construed as suggestions and not decisions. This framework is therefore, a post-conference compilation of the four breakout groups’ work on this priority area, there may be some overlap and even contradiction. The framework is to be understood as a work in progress which will be used as a resource to guide the work in the follow-up meetings.

### POST-CONFERENCE ADDENDUM (PCA): details, examples or comments added for clarity

What can we do? Proposed specific actions/activities	How can we do it?	Who among us will work on it?	What do we do next?
<p>Revise Toronto Shade Policy with a “Call to Action”.</p>	<p>Policy revising should include:</p> <ul style="list-style-type: none"> <li>• Develop a business case that includes data on the usage of spaces, cost / benefit analysis, benefits, and community success stories. Emphasizing how it relates to economics - including cost savings of re-greening. Include cost of trees and for temporary and permanent man-made shade. Think broadly in terms of projected health care costs saved by reducing skin cancer incidence; decreased pollution / improved air quality contributes to decrease respiratory illness incidence and hospitalization etc.</li> <li>• Focus on children - where they live/play, therefore focus on City-owned (or broader) Parks and on school-boards</li> <li>• Need to relate the broader health and social benefits very clearly to the policy e.g.</li> </ul>	<ol style="list-style-type: none"> <li>1. Invite delegates today to work on issue further.</li> <li>2. TCPC Shade Policy Committee to take lead in facilitating / expanding partnerships around shade.</li> </ol> <p>Potential Partners (including sources of citizen engagement):</p> <ul style="list-style-type: none"> <li>• City planners</li> <li>• Builders/developers</li> <li>• Parks and forestry</li> <li>• Community developers</li> <li>• Recreation centers</li> <li>• School boards, parent councils, students (e.g. environment clubs); especially from Eco-schools (add: and those aspiring to become, Toronto District School Board)</li> </ul>	<ol style="list-style-type: none"> <li>1. Identify what needs to be included in the business case.</li> <li>2. Assess what information from the Australian model can be directly applied or adjusted and modified to suit the Ontario context.</li> <li>3. Determine the necessary and critical partners required to be involved at all levels.</li> <li>4. Forwarding recommendations to UV Radiation Working Group of the TCPC and have them link back with us for assistance and recommended other partners for follow-up.</li> </ol>

What can we do? Proposed specific actions/activities	How can we do it?	Who among us will work on it?	What do we do next?
	<p>physical activity, cools the city, cleans the air, good for mental health, benefits elderly and homeless people, etc.</p> <ul style="list-style-type: none"> <li>• Mention how shade and sun safety piece added benefit to heat stroke Toronto Initiative</li> <li>• Perhaps re-name strategy “Health and Shade”</li> <li>• Encourage the City to lead by example. Write into brief the shade options to be considered. Pilot opportunities of Nathan Phillips Square, the Waterfront. Pilots serve to mobilize the community, build community awareness, date and support for a policy.</li> <li>• Has been at a municipal level, so we know it needs to be pared down to a smaller scale; start with one small area (e.g. outdoor swimming pools), then target other public spaces (e.g. public squares, school yards, etc.). Start with small community successes; get some data to back it up. Shade audits, which some communities are conducting provide these, as well as protocols, costing details, where shade is at various times of day / when people use space, etc. NB: audits look at existing patterns, not the ideal targets.</li> <li>• Design guidelines, targets and address practical issues e.g. need to plant appropriate types of trees and have sufficient depth of soil to keep trees alive; who continues to look after the trees; detail time and cost commitments. NB: Street Scape Manual details how to manage and care for trees</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental groups</li> <li>• Collaborating more with other municipal agencies to have a stronger voice (e.g. City run daycares and day camps, “Get Your Move On” folks; Toronto Housing Corporation re: community gardens and shade)</li> <li>• Communities which have success stories (and those expressing interest in change)</li> <li>• See kids as forces of change for shade</li> <li>• Heritage Toronto</li> <li>• Canada Blooms, gardening groups &amp; clubs</li> <li>• Public Health Agency of Ontario</li> <li>• Provincial Cancer Screening and Prevention Council</li> <li>• Canadian Cancer Society</li> <li>• Community Health Centres</li> <li>• Ontario Sun Safety Working Group</li> <li>• Ontario Camping Association and camp owners</li> <li>• Clean Air Partnership</li> <li>• Pedestrian and bike committees</li> <li>• Heat - island effect</li> <li>• Key planning committees</li> <li>• Representative from Etobicoke – York Local Health Committee, Board of Health</li> </ul>	<ol style="list-style-type: none"> <li>5. Getting into planning committees.</li> <li>6. Continuing with education efforts and awareness.</li> <li>7. Developing a tool kit for developing shade for local communities; including shade audit tools and UVR Working Group/TCPC learnings.</li> <li>8. Developing web-site with key word “shade” for easy find; perhaps re-name strategy “Health and Shade”. Durham developed website demonstrating how to create shade. Could be used to let developers know where to drop off trees. Could link to other success stories e.g. Eco-schools.</li> <li>9. Research funding sources and seek funding to move plan:             <ol style="list-style-type: none"> <li>a. advocacy plan</li> <li>b. build support from key stakeholders and/or partnerships</li> <li>c. re-write policy with specific examples from Toronto and cost-benefit analysis.</li> </ol> </li> </ol> <p>Clearly identify who can move the cause / process forward.</p> <p>Have conference specific to shade policy.</p>

What can we do? Proposed specific actions/activities	How can we do it?	Who among us will work on it?	What do we do next?
	<ul style="list-style-type: none"> <li>• Legislation and enforcement</li> <li>• Shade starts with trees; look beyond to other sources. One community used sails to create shade. Expand sail initiative to schools, etc.</li> <li>• Find out what's happening in other jurisdictions noting what worked re: implementing shade policies e.g. litigation in Australia has lead to policy</li> <li>• Need a Waterloo Region model for other municipalities <b>PCA:</b> another group specifically proposed supporting the Shade Policy Committee's recommendations to shorten report and take out Australian examples and add Canadian examples. Actively and purposely identify other groups/individuals for cross-pollination of ideas. Draw on and contribute to evolving best practices.</li> <li>• Build shade into risk assessments. There is movement to change shade into a scoreable criteria; needs to be quantified that x amount of shade is needed for safety/health. NB: can't score a potential vendor on it unless there is a policy. More education in this area needed.</li> </ul> <p>Develop a sound advocacy plan:</p> <ul style="list-style-type: none"> <li>• Identify allies (e.g. Eco-schools from the TDSB), opponents. Initiate and encourage collaboration. Build support for policy through other local stakeholders.</li> <li>• Strengthen citizen engagement</li> <li>• Have a clear vision of what we want to advocate for, then plan</li> <li>• Link to Active 2010 and Cancer 2020 targets</li> <li>• Acquire resources to engage policy expert</li> </ul>	<p>NB: Various city department representatives (Parks, Recreation, and Forestry, Planning) participated in the development of the initial shade policy.</p>	<p>Conference could be a driver to generate publicity and mobilize people when report (business case) is released.</p>

<p><b>What can we do? Proposed specific actions/activities</b></p>	<p><b>How can we do it?</b></p>	<p><b>Who among us will work on it?</b></p>	<p><b>What do we do next?</b></p>
	<ul style="list-style-type: none"> <li>• Identify upcoming opportunities e.g. reporting back to Board of Health, or some of the other committees on successful pilot projects (e.g. shade audit of two Toronto parks and the sail shade canopy) and future priorities.</li> <li>• Obtain data/stats. Helpful info from CCO's provincial survey</li> <li>• Ensure that Councilors understand (last time they didn't) the problem/issue, ideas, terms and requirements. Councilors need more specific details of what it looks like in a community. Need to introduce policy to politicians ahead of time, so you can get them on board early and so they can discuss it when it comes to Council. Work on the politicians opposing first time round to understand what issues were. Write a standard letter to councilors. NB: Election year timing good.</li> <li>• Approach the Canadian Strategy for Cancer Control (CSCC) or other sources for funding or to do pro bono work to support advocacy /survey.</li> <li>• Some advocacy needed directed at the urban planning profession which is not regulated in terms of credentials for environmental design. See public space in terms of esthetics and utility, not in terms of human health or watershed vitality, etc. There's no requirement to have shade; trees don't need to be in practical places. Trees often deleted from artists rendition of a plan.</li> </ul>		

What can we do? Proposed specific actions/activities	How can we do it?	Who among us will work on it?	What do we do next?
<p>Engage the business community more broadly and work with developers, specifically, to get more mature trees planted in school yards and playgrounds.</p>	<ul style="list-style-type: none"> <li>Secure funds; Waterloo has been active in securing funds for trees from Evergreen (NGO)</li> <li>Approach developers</li> </ul>		
<p>Communicate Toronto's experience to other municipalities:</p> <ul style="list-style-type: none"> <li>To build critical mass for change</li> <li>Need to collaborate regionally and strategize on the pooling of resources</li> </ul>	<ul style="list-style-type: none"> <li>Take message to where potential partners are; presentations at conferences e.g. OPHA, other school boards</li> <li>Involve public health units across municipalities</li> <li>Link issue to municipal elections</li> <li>Haliburton Health for Life: go to trails and map out how much shade there is at each park, and then ask municipal government to create more shade and develop a shade policy</li> </ul>		
<p>Advocate for provincial statement or "Call to Action" to support municipal initiatives.</p>	<ul style="list-style-type: none"> <li>Legislation and enforcement. Need to identify appropriate Ministries: Municipal Affairs and Housing, Building and Development Branch Ontario (Building Code), Acts pertaining to daycares and day camps; and Environmental Health (Ministry(s): Environment, Health Promotion or MOHLTC?)</li> </ul>	<p>Sources of citizen engagement / networking / partnering:</p> <ul style="list-style-type: none"> <li>Association of Ontario Health Centres (AOHC)</li> <li>Ontario Chronic Disease Prevention Alliance</li> <li>Chronic Disease Prevention Alliance of Canada</li> </ul>	

## APPENDIX F

# Framework for Action on Priority: Building Healthy Workplaces

**Background:** This framework consists of the merger of ideas from four roundtable breakout groups focussing on Building Healthy Workplaces. The four groups worked independently and did not have the opportunity to come together and discuss their ideas nor develop consensus. The ideas captured here in the framework are best construed as suggestions and not decisions. This framework is therefore, a post-conference compilation of the four breakout groups' work on this priority area, there may be some overlap and even contradiction. The framework is to be understood as a work in progress which will be used as a resource to guide the work in the follow-up meetings.

### POST-CONFERENCE ADDENDUM (PCA): details, examples or comments added for clarity

What can we do? Proposed specific actions/activities	How can we do it?	Who among us will work on it?	What do we do next?
<p>Develop overall wellness policies in the workplace.</p> <p>Healthy workplace consists of:</p> <ul style="list-style-type: none"> <li>• Health &amp; safety issues</li> <li>• Corporate Culture: employee wellness committee; antibullying/violence, more respect</li> <li>• Personal health practices</li> </ul> <p>Educate, behaviour change, wellness programs.</p> <p><b>PCA:</b> The emphasis on wellness and behaviour is troublesome for those who work heavily in the field. It ignores the role which work design and job insecurity play. Assumption that down the road there will be an opportunity to engage with this.</p>	<ul style="list-style-type: none"> <li>• Develop healthier workplace policies</li> <li>• Utilize public health workplace wellness teams</li> <li>• Explore with unions and health units working together at provincial level and local level</li> </ul>	<ul style="list-style-type: none"> <li>• Smartrisk, Ontario Public Health Association (OPHA)</li> <li>• Labor Associations</li> <li>• Occupational Health and Safety Committees</li> <li>• A provincial organization working group made up of Public Health, WSIB, Ministry of Labour, Unions</li> </ul>	<ol style="list-style-type: none"> <li>1. Have conference suggestions reviewed by TCPC Occupational &amp; Environmental Carcinogens Working Group.</li> <li>2. Support current initiatives.</li> <li>3. Have forum more often.</li> <li>4. Group (members at the table) to learn more about each other's roles, interests, goals.</li> <li>5. Want workplace association to expand their membership <b>PCA:</b> There is currently an initiative underway from The Health Communication Unit (THCU), that is comprised of Health Units, NGOs and some Union representatives.</li> </ol>

<p><b>What can we do?</b>  <b>Proposed specific actions/activities</b></p>	<p><b>How can we do it?</b></p>	<p><b>Who among us will work on it?</b></p>	<p><b>What do we do next?</b></p>
<p><b>PCA:</b> This reflects divergent approaches to health promotion in the workplace:                      1) lifestyle/ captive audience approach: while you have a captive audience, convey to them the healthy lifestyle messages some health educators are so eager to promote                      2) focus on the serious health issues specifically originating from workplace conditions and their role as workers.</p>			
<ul style="list-style-type: none"> <li>Encourage workplaces to obtain accreditation through the National Quality Institute.</li> </ul>			
<p>Legislative requirement for all employers to have a health impact analysis to identify what carcinogens and other substances/ conditions inside and outside the workplace contribute to cancer and other chronic diseases; and to develop a plan to eliminate/substitute those substances/conditions that a company is accountable for. Information to be reported and made publicly available.                      NB: there is some obvious tie-in to/overlap with CRTK</p> <p>Identify as a source of pollution for public's health. For example, when companies spray pesticides there is a health impact for the general public utilizing the space and living in the vicinity. Need to</p>	<ul style="list-style-type: none"> <li>Connect with research institute; review global data.</li> </ul> <p>Advocate to government for:</p> <ul style="list-style-type: none"> <li>Policy development</li> <li>Incentives for workplaces</li> <li>Legislation/enforcement; advocate improved Occupational Health &amp; Safety Act</li> <li>Penalties for those not complying</li> <li>Certification</li> <li>Integrate it</li> </ul> <p>Policy must recognize the central role of workplace in the development of disease</p> <ul style="list-style-type: none"> <li>Build into the strategic plan</li> <li>Look at entire health</li> <li>Use employees to drive this</li> </ul>	<ul style="list-style-type: none"> <li>Toronto Public Health (TPH)</li> <li>TCPC Occupational &amp; Environmental Carcinogens working group</li> <li>Canadian Auto Workers (CAW) and other unions</li> <li>Any workplace that is willing</li> <li>Canadian Diabetes Association</li> </ul>	

What can we do? Proposed specific actions/activities	How can we do it?	Who among us will work on it?	What do we do next?
<p>emphasize particular concern for children's health, due to their increased susceptibility.</p> <p>Need to advance the following: 1986 WHIMIS legislation came into place but there is less enforcement now (driven by market); younger workers haven't been trained.</p>	<ul style="list-style-type: none"> <li>• Incorporate substitution, CRTK, shade issues</li> <li>• Different agencies must address it</li> </ul> <p>Make contracts between employers and public health (is it not preferable to advocate for legislation?).</p> <p>All Public Health Units should have a Workplace Team. <b>PCA:</b> Workplace health is part of mandatory programs although each Health Unit will operationalize the work differently.</p> <p>Policies needed in order to enforce existing WHIMIS legislation.</p>		
<p>Enforcement and Indoor Air Quality (IAQ): needs more monitoring / surveillance.</p>	<ul style="list-style-type: none"> <li>• Hire more province-wide Occupational Hygienists to monitor and survey workplaces and ensure workplaces are in compliance or monitor trends and levels.</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Labour should be hiring Occupational Hygienists.</li> </ul>	
<p>Asbestos</p> <ul style="list-style-type: none"> <li>• Removal of asbestos from the workplace</li> <li>• Ban asbestos in City of Toronto</li> </ul>	<ul style="list-style-type: none"> <li>• Remove asbestos from areas where it is exposed. Care to be taken with demolition.</li> <li>• Lobby City of Toronto and Province of Ontario on production, use and export of asbestos.</li> </ul>	<ul style="list-style-type: none"> <li>• Joint Health &amp; Safety Committees (JHSC) - should be educated and survey the buildings in which they work – for the presence of asbestos/identify locations/document and relay this information to all employees, maintenance staff, occupants etc.</li> <li>• CAW, Occupational Health Clinics for Ontario Workers (OHCOW) already working on it</li> <li>• Day of Mourning- April 28- more awareness</li> </ul>	

What can we do? Proposed specific actions/activities	How can we do it?	Who among us will work on it?	What do we do next?
		<ul style="list-style-type: none"> <li>• Get government bodies to help relay information with regard to asbestos and have them support these initiatives and implement them in workplace policies and laws and regulations.</li> </ul>	
<p>Increase public knowledge and awareness of environmental issues, carcinogens in the workplace.</p>	<ul style="list-style-type: none"> <li>• Media, posters, template letters.</li> <li>• Build on comprehensive workplace health program. Public health to work on individual behaviour/practice.</li> <li>• Public Health needs to ensure there is a voice for Occupational Health as well.</li> <li>• Public Health should not be kept separate from Occupational Health.</li> <li>• Public Health needs to be more responsible with regard to Occupational Health</li> <li>• Conferences</li> <li>• Cancer Care Ontario - Cancer and the Environment Stakeholder Group - Cancer 2020</li> <li>• Surveillance of cancers in Ontario, get numbers, trends etc.</li> <li>• Registries should be developed to track histories of cancers (including exposure to carcinogens)</li> <li>• More awareness - conferences and forums to get voice for Occupational Health out there and invite keynote people and partners, coalitions to participate, mandatory if one must do that</li> </ul>	<p><b>PCA</b> : This section refers to the previous section numbered 5 about THCU, and TPH representative already followed up with the group on the day of the conference</p> <ul style="list-style-type: none"> <li>• Toronto Public Health Workplace Lead</li> <li>• Will contact person in organizations to expand beyond Public Health</li> <li>• Circulate e-mail list of interested individuals in group</li> <li>• Canadian Auto Workers (CAW) to take on to Ontario Federation of Labour (OFL) if TPH gets a negative response</li> <li>• York Public Health can follow up with Ontario Occupational Nurses' Association (OONA), with organization's response as well from TPH</li> <li>• Educate community organizations</li> <li>• Need to get regional councilors to get on board and help drive the awareness</li> <li>• Take advantage of venues out there - policy makers, politicians need to give Occupational Health a voice and place in laws, regulations, enforcement, education along with other issues such a banning smoking!</li> <li>• Develop partnerships and coalitions</li> <li>• Provincially the Ministry of Health needs to support this, implement and enforce this and include Occupational Health.</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up on what is happening at Cancer Care Ontario (CCO) re: research into environmental carcinogens.</li> </ul>

What can we do? Proposed specific actions/activities	How can we do it?	Who among us will work on it?	What do we do next?
<p>Develop research agenda re: chemicals:</p> <ul style="list-style-type: none"> <li>• Precautionary principal - develop stronger use similar to European countries</li> </ul>	<ul style="list-style-type: none"> <li>• Connect with research institutes</li> <li>• Global data</li> </ul>	<ul style="list-style-type: none"> <li>• University/Schools - should be educating students with regard to workplace health/safety as well as health promotion in general. We are gearing our students to become professionals, lets make them educated as healthy and safe professionals as well as healthy lifestyles outside the workplace</li> <li>• TCPC Occupational &amp; Environmental Carcinogens working group</li> </ul>	
<p>Purchasing/Procurement Policy for the City of Toronto that ban carcinogenic materials within the workplace:</p> <ul style="list-style-type: none"> <li>• Advocate for all IARC groups of carcinogens to be used (rather than only Group 1 of known carcinogens)</li> <li>• City of Toronto as Policy Innovator: leading the way, setting an example for other organizations – governmental, business, not-for-profit - to follow</li> </ul>	<ul style="list-style-type: none"> <li>• Lobbying</li> <li>• Advocacy</li> </ul> <p>To get traction on this, need changes at higher level e.g. better people elected so there's a political system that will respond; proportional representation.</p>		<ul style="list-style-type: none"> <li>• To follow up with the City of Toronto on this.</li> </ul>
<p>Get MDs to take better exposure/occupational histories of patients:</p> <ul style="list-style-type: none"> <li>• Forms for this, called Taking an Exposure History, are located on the Ontario College of Family Physicians' website <a href="http://www.ocfp.on.ca/English/OCFP/Communications/publications/default.asp?s=1#EnvironmentHealth">http://www.ocfp.on.ca/English/OCFP/Communications/publications/default.asp?s=1#EnvironmentHealth</a></li> </ul> <p>More research and surveillance.</p>	<ul style="list-style-type: none"> <li>• Establish coalition</li> <li>• Adequate documentation for surveillance registry</li> <li>• Advocacy - OMA, researchers, Ministry, CCO</li> <li>• Pay physicians</li> <li>• Training on how to do it</li> <li>• Advocate for health system to see this as a priority</li> </ul>	<ul style="list-style-type: none"> <li>• Perhaps TCPC Occupational &amp; Environmental Carcinogens Working Group can take on</li> <li>• Occupational Health Clinics for Ontario Workers (OHCOW)</li> <li>• Canadian Auto Workers (CAW)</li> <li>• physicians</li> <li>• Ontario Medical Association (OMA)</li> </ul>	

## Parking Lot (for interesting additional ideas)

To point re: National Quality Institute add [www.nqi.ca](http://www.nqi.ca) (a Not-for-profit organization in workplace excellence based on quality systems and healthy workplace criteria).

- A certification mark by an accredited certification body's stamp of approval is a visible sign that a product or service meets the established standards for safety and quality and that the company has gone to the effort of proving it.

The Standards Council of Canada [www.scc.ca](http://www.scc.ca) accredits organizations to perform product and service certification.

Notes from one of the breakout groups on Lobbying/How We Can Advocate, can also be applied to other arenas, like CRTK:

- Awareness raising is important, but there's no use knowing if you can't do anything about it. Important to recognize the power structure.
- To get traction to advance many of these policy directions, there needs to be changes at higher lever e.g. better people elected so there's a political system that will respond; proportional representation.
- Any policy changes need to be looked at in terms of narrowing or widening the health impacts on people.
- Need to look at the source.
- Each level of government needs to do health impact analysis. Noted if not the right machinery, it will just be on paper.
- Info/Research. More funding of research is needed. Lobby for funding for good information. Has to be a credible source to attract researchers. Look to trusted organizations such as the Canadian Cancer Society and lobby them for a stronger stand on occupational carcinogens. Put case together with good research.
- Develop a grassroots strategy with good information and recommendations to move forward.
- Need to stretch beyond our own sector. Partnership is crucial. Draw on insight, experience, skills and resources of all.
- Involve labour in lobbying strategies – they have much to offer in this area.
- Non-profit sector do good work; great to partner with them.
- Entertainment/artistic partners – great to champion, but hard to get.
- Organize the injured workers to tell their story rather than Corporate sponsorship (e.g. Heather Crowe's experience of developing lung cancer as a non-smoker working as a waitress in a smoking restaurant).
- Engage corporate partners.
- Champions. Breast Cancer has moved up so quickly on the agenda because of this. Now a ``sexy`` issue. Learn lessons from this experience. Someone with `status` or cause. Women organizing this touched people. Has to become an issue of the general population.
- Important to link to grassroots initiatives e.g. CRTK can be linked to what's happening in the workplace. Prevent cancer conference next spring talking about this; need to join in on this.
- Learn lessons from tobacco strategy – and apply to occupational health field. Profile: awareness-raising like tobacco – draw on personal stories. Everyone knows someone affected. Focus on cancer prevention (not on how to treat); need to look at the source.
- To the list of chronic diseases, suggest adding mental health, predicting it will be big in the next few years
- **PCA** by one reviewer: Important to recognize that cancer in the workplace is not limited to occupational carcinogens, that lifestyle/behavioural choices and organizational culture also contribute to the incidence of cancer.

## APPENDIX G

# Overarching Themes & Directions for the Three Priority Action Areas

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### Develop Policy Options and a Sound Advocacy Plan

The main elements of developing policy options and a sound advocacy plan were identified by participants as:

- Have a clear vision of what is to be advocated for, then plan.
- Clearly identify how and who can move the cause/process forward. Look for support, backing and champions.
- Gather data (facts, proof) to make the case: why does the situation exist and, most importantly, how can the problems best be resolved.
- When generating ideas and options for policy directions, consider how each would benefit (and alternately cost) a sector of the population and society in general?
- Look for support.
- Identify the best possible levers to do the most good and make difficult work easier by being strategic, efficiently using resources, etc.
- Develop education and communication messages, strategy, materials and tools (including popular education approaches); make it attractive and work with the media to give the issue(s) more visibility.
- Pool resources, acquire funding to carry out collaborative work in general, engage a policy expert specifically.

**To operationalize the above, participants identified components and steps to be planned and implemented, detailed under the main themes below:**

### Continue Networking Among Conference Participants

- Forward the frameworks' recommendations to appropriate TCPC Working Groups and have them link back with TCPC for assistance and to recommend others to approach as prospective partners.
- Names and numbers to be pulled from conference master list.
- Nominate steering committee (CRTK).
- Keep in touch and share what is known and learned (e.g. best practices, new advocacy opportunities, advocacy successes).
- Map the linkages/affiliations of people attending the conference or otherwise allied with the TCPC, as well as the concurrent work of their organizations on the 3 priority areas (e.g. TCPC Occupational & Environmental Carcinogens Working Group Co-Chair is also a member of the Canadian Strategy for Cancer Control's National Committee on Environmental & Occupational Exposures - NCEOE).

## More Strategic Partnering

- Make sense of existing partnerships. Be more strategic about partnering. Distinguish between smart options for partnering (when it's most appropriate to co-operate, on-going, underpinning of relationship) and smart advocacy opportunities (when lobbying is needed to move things forward, timing is key). This can be tricky sometimes. How to balance / shift between these takes diplomatic finesse.
- Partner with TCPC's existing Working Groups (relevant to each Priority Action area).
- Determine the necessary and critical partners required to be involved at all levels.
- More savvy/strategic collaboration with other municipal agencies/departments to have a stronger voice.
- Partnership is crucial. Draw on insight, experience, skills and resources of all. Need to be a true partnership: put issues on the table, support common positions, bringing together/contribution of resources, infrastructure, etc.
- Build support of the public and allied groups.
- Communicate Toronto's experience to other municipalities in order to build critical mass for change, collaborate regionally and strategize on the pooling of resources.
- Strengthen partnerships – provincial and local. How should this be done, to be most productive?
- Identify allies and nay-sayers. Initiate and encourage collaboration. Build support for policy through other local stakeholders.
- Understand the competing interests that exist and address those concerns when developing policy options.
- Need to stretch beyond one's own sector to form strategic partnerships that cross sectors. Draw on insight, experience, skills and resources of all. New partnerships with academia for research to support change. Engage the media, a very powerful vehicle for message/cause.
- Involve labour in lobbying strategies – they have much to offer in this area.
- Non-profit sector do good work; great to partner with them.
- Strengthen citizen engagement. Listen to and work with individuals and families at the community level encouraging them to embrace policy direction e.g. "Right-To-Know" (starting from childhood). Merging with or sparking community action for increased civic engagement and advocacy. Engage in public awareness-raising on policy/advocacy issues and options, and encourage increased voice from civil society and pressure on appropriate levels of government relating to policy decisions impacting on their well-being.
- Important to link to grassroots initiatives e.g. CRTK can be linked to what's happening in the workplace.
- Develop a grassroots strategy with good information and recommendations to move forward.

- Identify and bring some champions on board – early involvement important. For example, build partnership with industry for CRTK. Breast cancer has moved up quickly on the agenda because of this. Now a “sexy” issue. Learn lessons from this experience. Someone with `status` or cause. Women organizing this touched people. Has to become an issue of the general population.
- Look for high profile person(s) to take on the cause. Entertainment/artistic partners – great to champion, but hard to get.
- Organize injured workers to tell their story rather than corporate sponsorship (e.g. Heather Crowe’s experience of developing lung cancer as a non-smoker working as a waitress in a smoking restaurant).
- Participating on planning committees that are involved in developing public policy (e.g. the Shade Policy Committee of TCPC).
- Tap into what other communities are doing.
- Find common ground/positions.
- Strategize on the pooling of resources.

### More Information/Data/Research

- Policy options must be "evidence-informed"; a more appropriate term than evidence-based, because a lot happens in between research and policy development.
- Actively and purposely identify other groups/individuals for cross-pollination of ideas.
- Draw on and contribute to evolving best practices.
- Start with our own small community successes; get some data to back it up.
- Develop a shade tool kit to share TCPC and working groups’ learnings.
- Develop TCPC’s current website, with key word relating to the priorities, so that they are easy to find. Co-ordinate information; mapping portal (WEB) to gather and access information.
- Find out what’s happening in other jurisdictions, noting what worked/what didn’t re: developing/ implementing policies, advocacy tactics, etc. Learn from previous successful initiatives (draw on success stories from local to international levels), e.g., with regard to shade policy, assess what information from the Australian model can be directly applied or modified to suit the Ontario context.
- Researchers must be agents of knowledge translation.
- Encourage researchers to add policy implications at the end of their research documents.
- More funding of research is needed. Lobby for funding for good information. Has to be a credible source to attract researchers. Look to trusted organizations such as the Canadian Cancer Society to take a stronger stand on environmental and occupational carcinogens.
- To the list of chronic diseases, suggest adding mental health, predicting it will be big in the next few years.

## **Expand Repertoire of the Tools Used (Research/Advocacy, etc.) and Improve Skills**

- Each level of government needs to conduct health impact analyses. Important to know how to influence, so that they do not simply become more studies which are shelved.
- Conduct health impact assessment (HIA) to look at various alternatives of different policy directions/alternatives, with intent to maximize health benefits and minimize health risks. Taking broad view (health determinants), demonstrate social and economic benefits (also note risks).
- Policy changes need to be looked at in terms of narrowing or widening the health impacts on people: narrowing or widening the existing health inequities and/or minimizing the health risks and maximizing the health benefits. Health impact assessment (HIA) applied within an equity framework should aim to do both.

## **Generate Options for Policy Directions:**

- Need to look at the source/root causes of the problem and develop policy interventions to address them.
- Consider how each policy suggestion/direction/option would benefit (and alternately cost) a sector of the population and society in general?
- Be strategic. Pilot: start with one small area (e.g. outdoor swimming pools), then target other public spaces (e.g. public squares, schoolyards, etc.).
- Framing the issue, Shade Policy re-vamping could include, for instance: a focus on a population sub-group (such as children – where they live/play), and target City-owned (or broader) parks and schools. Need to relate the broader health and social benefits very clearly to the policy, e.g. physical activity, cools the city, cleans the air, good for mental health, benefits elderly and homeless people, etc. Learn lessons from tobacco strategy – and apply to occupational health field. Profile: awareness-raising like tobacco – draw on personal stories. Everyone knows someone affected. Focus on cancer prevention (not on how to treat); need to look at the source.
- Develop a business case (e.g. for shade) that includes data on the usage of spaces, cost / benefit analysis, and community success stories. Emphasize how it relates to economics – including cost savings of re-greening. Include cost of trees and for temporary and permanent man-made shade. Think broadly in terms of projected health care costs saved by reducing skin cancer incidence; decreased pollution / improved air quality contributes to decreased respiratory illness incidence and hospitalization etc.
- Develop policy options which can be introduced incrementally; more palatable to politicians and those they work with in the civil service.
- Economic considerations often steer policy directions. It is important to outline economic benefits and challenges to particular public policy directions. A methodology known as full cost accounting was suggested. While full cost

accounting has its origins in assessing business costs, it was applied years later to assessing environmental costs. The technique could also be extended – using a health determinants approach – to assess health and social costs. This expanded methodology could then be used to identify the health impacts (positive, negative and uncertain) of each economic consideration. For example, the economic benefits of CRTK are not understood completely nor have they been sufficiently explored. CRTK, like many public policies and programs, is framed more as an economic burden, which is often deceiving. CRTK needs to be placed in an economic benefits vision (e.g. something like green businesses).

### Full cost accounting:

A tool to identify, quantify and allocate the direct and indirect environmental costs of ongoing company operations. Full cost accounting helps identify and qualify the following four types of costs for a product, process or project: direct costs, hidden costs, contingent liability costs, and less tangible costs.

Source: GEMI. 1994. Quoted by: International Institute for Industrial Development Economics at Lund University. 2000. Continuity, credibility and comparability. Sweden. Appearing at: [http://glossary.eea.europa.eu/EEAGlossary/F/full\\_cost\\_accounting](http://glossary.eea.europa.eu/EEAGlossary/F/full_cost_accounting) (accessed Sept. 14/06)

## Advocate for a New Policy Bottom Line

- When thinking about the reasons given by politicians when not choosing the most health-positive route in a policy direction, one breakout group noted an often used bottom line – sometimes declared, often undeclared – for government policy decisions at all levels – seems to be that of the economic imperative. This appears in various forms. One is to frame public policies and programs as economic burdens, without highlighting their potential economic benefits. The other is to support policy decisions that facilitate a climate that is good for businesses, rather than focusing on the potential for bringing about more equity (i.e. narrowing the gap between the richest and the poorest segments of our society). Gearing public policies towards an economic bottom line has proven in the long run to not be in the best interest (and sometimes at the peril of) future sustainability nor for the public's health.
- What about a health imperative or public health bottom line for all public policy? We need to encourage governments to be explicit about (or expose through advocacy) what the bottom line is on all policy directions and decisions. Incorporate this as a consistent key message in all future policy and advocacy initiatives, it ties in with health impact assessment of policy directions.

## Get Issues on Politicians' Radar, Election Agendas

- Ensure that politicians understand the issues, ideas, terms and requirements. It is believed that in the first round of the shade policy discussions, Councillors did

not fully understand. They need more specific details of what it looks like in a community. Policy(ies) need to be introduced to politicians ahead of time to get them on board early so they can discuss it when it comes to Council. Work should be done with opposing politicians to understand what their issues are. Write a standard letter to councillors NB: election year timing good.

- Outline for decision-makers the anticipated consequences (positive and negative) of action and inaction (e.g. the cost to the healthcare and other systems of not dealing with carcinogens in the workplace).
- Go to politicians with solutions, not merely problems.
- Identify to whom it is best to target advocacy within each level of government.
- Stay current with what's going on politically at all levels. Identify how to access what's going on in the provincial government e.g. information, who would be advocated to? A post-conference example: at a June 19th deputation on CRTK to the Toronto Board of Health CELA staff mentioned the Ontario Ministry of the Environment is about to review its Certificates of Approval Program. Certificates of Approval are required for facilities that release emissions to the atmosphere, discharge contaminants to ground and surface water, provide potable water supplies, or store, transport or dispose of waste. Proponents of these types of activities are required to obtain Certificates of Approval to ensure that the environment will not be adversely affected. MOE is looking to reform this system in ways that might not capture smaller "lower risk" facilities in neighbourhoods; and they are considering downloading the management of the new system, that has different requirements for facilities based on risk ranking, to the municipal level or a third party. If MOE is not involved in this program or reduces its role, the need for municipalities to become involved is both timely and crucial.
- Build on politicians' desire to see the City of Toronto as a policy innovator. Encourage the City to continue to lead the way, setting an example for other organizations – government, business, not-for-profit – to follow. Using shade as an example: write into a brief the shade options to be considered, pilot opportunities of Nathan Phillips Square, the waterfront. Pilots serve to mobilize the community, build community awareness, data and support for a policy. Purchasing and Procurement Policy for the City of Toronto that ban carcinogenic materials within the workplace; advocate for all IARC groups of carcinogens to be used (rather than only Group 1 of known carcinogens).
- Get issues on the agenda in upcoming elections (at all levels of government: municipal, provincial, federal) and on politicians' platforms.
- Awareness raising is important, but there's no use knowing if you can't do anything about it. Important to recognize how to influence the power structure.
- Get traction to advance many of these policy directions. There need to be changes at higher levels, e.g. better people elected so as to make changes to the political system, so that it becomes one that will respond better (e.g. via proportional representation).

## APPENDIX H

### Considering Options: How to Move Forward

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What next steps are needed in the collaborative work on healthy public policy for preventing cancer and other chronic diseases?

Two options each action group could consider when planning how to move forward are outlined below. There is latitude at the follow-up meetings for the action groups to expand to include other groups and individuals who are interested, are currently involved in the issue or who have something to share, but who did not attend the May 30th Conference.

#### OPTION 1

**Step 1:** In-depth reflection on collaboration and partnering would involve identifying:

- Who is missing from the table? Identify prospective participants for the next phase of collaboration, planning and action, in each of the three Priority Action areas.
- Who else is working on healthy public policy for preventing cancer and other chronic diseases? Specifically, who are progressive thinkers and doers in this area, and what are opportunities for collaboration?
- An additional tool for planning and developing timelines for strategic action. Each Priority Action Group could develop a ‘roadmap’ to chart opportunities for collaborative action, advocacy, or networking – initiated and organized by the TCPC, its partners, or external parties – and progress made over time (victories and setbacks) would be useful if revisited and updated on a regular basis.

**Step 2:** Reflection, analysis and more detailed recommendations:

Each Priority Action area-specific symposium start by looking at all proposed actions and activities, itemized in the “What Can We Do” column in the frameworks and take time to further develop them.

**Step 3:** Prioritizing Policy Projects for Action

Each group would then decide on (by consensus process or voting, to be determined) a realistic number of policy and advocacy initiatives to address over the next two years. Time frames may vary according to what is realistic for each priority group.

While the vision and commitment to preventing cancer and other chronic disease may be endless, practical considerations of time, energy and multiple responsibilities will necessitate choosing which issues to focus on now, and which

must be worked on later. The Priority Action Groups will also have ethical and strategic considerations with which to contend. The TCPC proposes that each group prioritize the policy and advocacy initiatives to be addressed over the next two years, considering the following criteria:

- Will have the most population health impact.
- Will work to decrease health inequities (the gap between the most vulnerable and the most privileged).
- Are likely to get the most movement.
- Lend themselves to collaborative action.
- Build on success and opportunities for leverage.
- Maximize opportunities to impact a broad range of chronic diseases.
- Are amenable to policy development.
- Capitalize on opportunities for advocacy through community engagement.

## OPTION 2

**Step 1:** In-depth reflection on collaboration and partnering would involve identifying:

- Who is missing from the table? Identify prospective participants for the next phase of collaboration, planning and action, in each of the three Priority Action areas.
- Who else is working on healthy public policy for preventing cancer and other chronic diseases? Specifically, who are progressive thinkers and doers in this area, and what are opportunities for collaboration?
- An additional tool for planning and developing timelines for strategic action. Each Priority Action Group could develop a ‘roadmap’ to chart opportunities for collaborative action, advocacy, or networking – initiated and organized by the TCPC, its partners, or external parties – and progress made over time (victories and setbacks) would be useful if revisited and updated on a regular basis.

### **Step 2:** Articulating the Vision

Before proceeding on the actions identified in the framework, each area-specific group would discuss and document a vision for its framework. What is the ideal to work towards?

- What would ideal healthy workplaces look like?
- What would ideal public access to community right-to-know look like?
- What would ideal shade provision look like?

**Note:** While everyone may not buy into the entire vision, opportunities to choose to work on specific aspects of the vision they do support will be possible. On a positive note, this option would illustrate how much common ground is reflected within each framework.

**Step 3:** Identifying Conditions Necessary to Realize the Vision

The next step in this strategic planning route would involve each Priority Action Group detailing what specific conditions would need to exist, be developed, or change from what currently exists to move towards that ideal. What needs to happen or change for the vision to be realized? This involves understanding current and various political and organizational conditions, and would include, but not be limited to:

- Becoming aware of current data (quantitative and qualitative). What does the evidence indicate most influences health, positively and negatively, in each area of interest. This also entails identifying where there are gaps in knowledge or evidence, which is another possible target for further policy and advocacy development.
- Identifying how each jurisdiction is responsible for what piece of the pie. In other words, what are municipal, provincial, national and international obligations in each of the three areas; how is that responsibility spread out organizationally, for example among departments, for each particular level of government or organization. This includes, but is not limited to, statutory obligations through legislation, the fiscal responsibility of possessing and managing the use of or distributing funds to address particular elements of the area of interest, organizational mandates or political promises made. This will help to identify and distinguish between partners to work with or specific targets for advocacy in the quest to develop healthy public policies for each Priority Action area. What processes and opportunities exist for influencing policy directions at each level of government? And within each level of government, what are opportunities for cross-sectoral work on the determinants of health influencing each Priority Action area. For example, the new Ontario Minister of Health Promotion chairs the Inter-Ministerial Committee on Health Promotion, which brings high level staff from all provincial ministries together to look at the health implications of the policy directions and decisions being taken.
- Is there citizen or TCPC action on areas relating to the Priority Action areas or to other closely related topics? Consider the effects of liberalizing trade agreements on limiting governments' responsibility to protect citizens' and communities' best interests, including health determinants, by restricting or compromising governments role in regulating the market place, while at the same time consolidating the power and wealth of trans-national corporations (Ron Labonte, Canada Research Chair of Globalization and Health Inequities, University of Ottawa).
- Within each level of government and particular departments responsible for different areas, what persons are specifically assigned a role in policy development who would also be open to seeing the TCPC as partners at their policy development table?

- What are proven best practices, legislation, policies, programmes or community actions and what inspiring innovative ideas are emerging from sources both local and international, that can be drawn upon to inform the development of concrete policy proposals and advocacy initiatives.

#### **Step 4:** Identifying Barriers to Realizing the Vision

What barriers currently exist which inhibit achieving the vision? This is a critical question to be addressed and answered, and an essential step often missing from strategic planning exercises.

#### **Step 5:** Prioritizing Policy and Advocacy Initiatives for Action

Draw upon and expand the work started on May 30th, and outlined in the frameworks, by identifying:

- What concrete actions can be taken to overcome obstacles, keeping in mind the opportunities that could be capitalized on to bring about the conditions necessary to realize the shared visions: enough shade for a healthy environment, healthy workplaces and adequate public access to community right-to-know?

#### **Summary:**

In essence, both options lead the TCPC and its new partners to doing more comprehensive strategic planning in each Priority Action area. The first step in so doing requires the TCPC and its partners to start planning and organizing three distinct meetings or symposia, one for each of the three Priority Action areas: shade, healthy workplaces, and community right-to-know. At each meeting, participants interested in one particular topic – along with other interested organizational representatives and citizen activists identified as key stakeholders in the areas – will be brought together to further the cause through concerted collaborative action.