

Status Report

Comments from the Co-Chairs

To all the individuals who somehow found time in their already very busy schedules to contribute to the Canadian Strategy for Cancer Control – BC/Yukon Council (CSCC BC/Y) we would like to extend a sincere thank you! Cancer is larger than any one organization can tackle—it engages the healthy as well as the ill, it requires interventions from primary prevention to end-of-life care, and it exists across home, community and hospital settings.

Cancer control requires leadership, partnership and collaboration across public, patient, care provider, and political jurisdictions. It takes the collective, cooperative work of many—some of whom are part of the cancer control community and others from the more general health care sector who may not have typically engaged directly in such endeavours.

The CSCC BC/Y was a means of bringing all parties together, defining shared priorities and mobilizing a collective effort to enhance cancer control in BC and the Yukon. We are grateful for your commitment and hope that the relationships begun with this strategy will strengthen in the future.

We would also like to acknowledge the capable staff contributions of the two people who served as our secretariat – Kavita Sarwal and Susie Wai. Their focus and determination helped turn our good intentions into more tangible deliverables.

As the Canadian Partnership Against Cancer continues its development, we look forward to further opportunities for engagement in BC and the Yukon.



A handwritten signature in black ink that reads "Barbara" followed by a stylized flourish.

Barbara Kaminsky
CEO, Canadian Cancer Society, BC & Yukon Division



A handwritten signature in black ink that reads "Simon Sutcliffe" in a cursive style.

Simon Sutcliffe
Past President, BC Cancer Agency (2008)

Facing the Cancer Challenge

The former National Canadian Strategy for Cancer Control (CCSC) Council, a coalition of cancer experts, governments, advocacy groups and cancer survivors, took up the challenge of creating a cancer control plan for Canada.

In 2005, the result was a blueprint for a comprehensive, collaborative and population-based approach to tackle the looming cancer crisis. The seven priority areas for action were: Primary Prevention, Cancer Journey, Surveillance, Standards, Cancer Guidelines, Health Human Resources and Research.

The CCSC provided a framework that allows each province and

territory to independently build its own cancer control system from a foundation of data and knowledge gathered from across Canada and shared by all.

In 2006, the Federal Government committed \$260 million to implement the strategy over five years and created a new organization, the Canadian Partnership Against Cancer (CPAC). A CPAC Board was appointed to oversee the implementation of the strategy.

CPAC is "determined to bring change to the cancer control system and to work together to stimulate generation of new knowledge and accelerate the implementation of existing knowledge about cancer control across Canada." ■

Action Groups

CCSC BC/Y set up three Action Groups: Primary Prevention, Early Detection/Screening and Quality End of Life/Palliative Care. Based on National CCSC priorities and addressing areas of immediate need for local stakeholders, the groups were designed to optimize existing initiatives and resources without duplicating work already underway.

Each Action Group was responsible for determining its own project initiatives, guided by the following criteria: 1) impact on burden of cancer; 2) urgent and critical to address; 3) scalable and doable to undertake and; 4) offering added value/benefit to current and/or contemplated initiatives. ■

“... the only forum where we have been able to network and build linkages with a diverse group of interested parties. We have benefitted from interacting and learning from these various communities of practice...”

- Ron Chapman, Executive Director, Northern Cancer Control Strategy

Early Detection/Screening

The Early Detection/Screening Action Group focused on issues around establishing a screening program for colorectal cancer (CRC), similar to those currently in place for breast and cervical cancers in BC. The CSCC BC/Y Council’s unanimous recommendation that CRC screening should be the next publicly-funded, organized cancer screening program in BC and the Yukon reinforced the need to focus attention on this issue.

The group’s planning studies helped to develop a snapshot of CRC screening practices, service patterns and capacity issues. These studies included:

- review of population-based CRC screening programs
- snapshot survey of gastroenterologists’ awareness and practices related to CRC screening
- retrospective analysis of CRC screening test utilization data patterns by age and by patient residence from 2001-2005
- prospective four week study of colonoscopy utilization practices in 13 hospitals
- review of communication and marketing strategies for cancer screening programs

Quality End of Life/Palliative Care

The Quality End of Life/Palliative Care (QEOLPC) Action Group provided overall leadership towards changing the focus and enhancing care to better serve the needs of cancer and non cancer patients and their families/caregivers who are living with life limiting illness and faced with End-of-Life (EOL) issues. The three Working Groups included the **Common Data Set Working Group**, the **Education Working Group**, and the **Key Services Working Group**. The group’s work influenced the direction of the recently completed BC MoHS Provincial EOL Strategy and Action Plan. It was also critical in the formation of a national Palliative Care Task Group under the CPAC Cancer Journey Action Group.

The **Common Data Set Working Group’s** completed foundational work led to a successful bid for a \$1 million project grant from CPAC for a Hospice Palliative End of Life (HPEOL) Surveillance Team Network project. Two of the intended outcomes for the project are to improve quality/use of data and to gain a better understanding of HPEOL care.

A literature and jurisdictional review of HPEOL Common Data Sets was completed to address the lack of readily available, consistent, meaningful and accurate data/information about HPEOL patients during their journey through the cancer control, and non-cancer continuum. Based on the review findings, a draft HPEOL core data set comprising of demographic, service, and clinical elements was developed with input and consensus from multiple stakeholder perspectives.

A one-time grant from the Public Health Agency of Canada was secured as the work aligned with the Agency’s focus to support enhancements of cancer registries with palliative care data elements. The result was a snapshot survey of the core data set collected and 21 stakeholder focus groups to determine what ideally should be included in HPEOL core data sets. The work produced useful resources and tools to improve access to information as well as insights for future planning and implementation.

The **Education Working Group (EWG)** was tasked with the training and education needs of health care professionals in the area of QEOLPC. A blueprint framework outlining key steps for a workforce capacity education action plan was created detailing the impending shortfall of health care professionals to meet the current—and future—care needs. The creation of the blueprint was jointly funded by CSCC BC/Y and the BC Hospice Palliative Care Association (BCHPCA).

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Many of these studies served as useful resources for the development of related programs/services. They were instrumental in developing a business case for and facilitating the establishment of an organized CRC screening pilot program in BC. ■

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An environmental scan, funded by the Fraser Health Authority, was also conducted to provide baseline data/information about educational and service gaps in HPEOL care delivery. It identified approaches to define workforce needs for various professionals and the service delivery models used in other jurisdictions.

“... meaningful dialogue took place among expert end-of-life clinicians, planners, policy-makers and academics.”

- Pauline James, Manager, Service Redesign and End of Life Care Home and Community Care, BC Ministry of Health Services

In the fall of 2008, the work of the EWG shifted to look more specifically at the education needs of primary care providers and effective strategies to teach the palliative approach to care to this group.

Phase 1, identified practical tools and resources, and developed a model and competencies for general practitioners (GPs). These were presented to a focus group of GPs from across BC. This component served as a catalyst for discussions with the BC General Practice Services Committee. It contributed to securing funding for a Practice Support Program module for EOL Care to be developed for GPs throughout BC. Phase 1 was funded by Vancouver Coastal Health.

Phase 2, focused on the development and testing of an interactive, practice and skills-based workshop designed to promote collaboration in the implementation of a palliative approach to care of patients with chronic, life limiting illnesses.

The workshop was well-received and the resulting curriculum package, coordinated through the BCHPCA Learning Centre for Palliative Care, will enable delivery of similar workshops throughout BC to support integrated health networks and community-based primary care providers in the palliative approach to EOL care for their patients. ■

The BC/Yukon Connection

The CSCC BC/Y Council came together in 2004 with infrastructure funding provided by BC Cancer Agency, the Canadian Cancer Society, BC/Yukon Division, and the Provincial Health Services Authority. The Council played a key leadership role in the promotion, development, and dissemination of the National CSCC recommendations.

The vision was that BC and the Yukon would be well prepared to move forward with any National programs and funding opportunities as they became available. From the beginning, there was a genuine commitment and a belief that much could be achieved by sharing information/knowledge and working together.

Over 200 volunteer stakeholders from 62 organizations participated in CSCC BC/Y, including volunteers in leadership positions. Many partner organizations also provided funding and in-kind resources while the power of the collective group was used to leverage additional funding.

As the CSCC BC/Y evolved, the network gained credibility as an invaluable resource and there were numerous requests to participate in other consultative forums and to provide cross representation on related regional, provincial, and national initiatives. ■

“From the beginning, there was a genuine commitment and a belief that much could be achieved by sharing information/knowledge and working together.”

Primary Prevention

The Primary Prevention Action Group (PP-AG) started with an excellent foundation as work was already underway with the BC Healthy Living Alliance, ActNowBC, and other cancer, primary care, and chronic disease stakeholder organizations. PP-AG's working groups, which included the **Healthy Living Working Group**, the **Environmental and Occupational Cancer Prevention Working Group** and the **Sun Safety Working Group**, focused on creating a forum for collaboration, information sharing, and dialogue about cancer prevention issues.

The **Sun Safety Working Group** created a position statement and brochure on sun protection for infants and expectant and new mothers. The group also produced sun safety information resources for other public health initiatives such as the Toddler Handbook and the Child Passport. A review of outdoor sun shading and awareness practices in schools was commissioned to identify tools and practices for effective school programs.

The CSCC BC/Y Council also endorsed a resolution to restrict the use of sun beds by people under age 18 and commissioned a report on public health campaigns—Sun Protection for Adolescents—to provide a central resource of effective public health strategies that improve knowledge, and sun protective behaviours. ■

Looking back

The CSCC BC/Y broad-based coalition network model demonstrated that collective and collaborative action can be meaningful and effective towards achieving change and advancing the cancer control agenda on common goals and objectives. One of the key strengths contributing to CSCC BC/Y's success was the trust, openness, and willingness of stakeholders to develop new or build on existing networks to create synergistic partnerships.

The timing, alignment, and complexity of the CSCC BC/Y and CPAC's processes and priorities remains an ongoing challenge. Clarity is required regarding CPAC plans to facilitate and support the knowledge translation and implementation of its products within local communities. As well, any plans to bridge the gap between what are the relevant priority and unique needs within the local community versus the pan-Canadian approach still need to be addressed.

While the CSCC BC/Y network model may have been somewhat ill-timed to immediately benefit from CPAC and other provincial and national initiatives, a significant amount of work was undertaken. The resulting processes and products contributed to increasing the capacity and capability of cancer control activities in BC and the Yukon, as well as providing the necessary building blocks, supports and enabling strategies for local communities. ■

“... an important mechanism to bridge national efforts within a local setting. CSCC BC/Yukon networks contributed to the development of collaborative platforms through the ongoing alignment of priorities and engagement of stakeholders.”

- Les Mery, former Executive Director, National Canadian Strategy for Cancer Control/Manager, National Cancer Coordination, Public Health Agency of Canada

THANK YOU TO ALL CSCC BC/Y PAST & CURRENT COUNCIL MEMBERS AND COMMITTEE CHAIRS

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100% PCW