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**Public Health**
277 Victoria Street
Toronto, Ontario
Canada M5B 1W1
www.city.toronto.on.ca
Tel: 416-392 1560 ex 87131
Fax: 416-392 1483

Valerie Hepburn
Health Education
Consultant
Health Promotion and
Advocacy
Public Health

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Dear Forum Participant:

On behalf of the working group for the forum "Towards a Toronto Cancer Prevention Council" I want to thank you for giving your time and expertise to the event. We appreciate your contribution to the proceedings, a copy of which is enclosed.

The forum achieved an important outcome: consensus among participants to move forward with a Toronto Cancer Prevention Council. Over the months ahead we will be exploring ways and means of making the Council a reality, and hope we can call upon your continued interest and support as we progress.

Once again, many thanks for attending the forum and making it a success.

Sincerely yours,

Valerie Hepburn

Valerie Hepburn, Toronto Public Health
Member of the Working Group

attachment

*Centre for Health Promotion*
UNIVERSITY OF TORONTO

# Towards a Toronto Cancer Prevention Council: A Structured Dialogue on Cancer Prevention in the New City

Monday February 9, 1998, 9:00 a.m. - 1 p.m.
Alumni Hall, Victoria College, University of Toronto

## Proceedings

**Introductory Remarks** ***Dr. Irving Rootman, Director, Centre for Health Promotion***

The forum opened with remarks by Dr. Irving Rootman, Director of the Centre for Health Promotion at the University of Toronto. Dr. Rootman noted the wide range of interests present at the forum, including Cancer Care Ontario and Regional (CCOR) representatives, public health department staff, environmental activists, business and labour representatives and former members of the Ontario Task Force on the Primary Prevention of Cancer. The wide range of groups willing to participate in the forum is a hopeful sign, since multi-sectoral collaboration is crucial for concerted action on cancer prevention.

To set the context for the agenda, Dr. Rootman reviewed the key objectives of the forum. Specifically, the forum was organized to:

1. initiate the formation of a Toronto Cancer Prevention Council;

2. discuss cancer prevention priorities that could be implemented at the municipal level in Toronto, with reference to the recommendations of the Ontario Task Force on the Primary Prevention of Cancer; and

3. discuss how a multi-sectoral council (comprising, for example, government, community health and education groups, the academic community, business, labour and members of the public) could coordinate and resource such activities.

In closing, Dr. Rootman expressed hope that the forum would help to identify some of the key cancer prevention issues in Toronto as well as the steps needed to establish a multi-sectoral council addressing these issues.

100 College St., Suite 207, Banting Institute, Toronto, Ontario, M5G 1L5
Phone: (416) 978-1809 Fax: (416) 971-1365

**Keynote Address** *Dr. Robert Buckman, Oncologist, Toronto-Sunnybrook Regional Cancer Centre*

Dr. Buckman's address focussed on the reasons underlying the general lack of commitment to cancer prevention efforts. In order to increase public commitment to cancer prevention, the following challenges need to be addressed:

1. In many instances, there is insufficient evidence to link the incidence of cancer to a particular cause. In cases where sufficient evidence does exist, however, the "facts" seldom lead to the "changes in what people do" that are necessary to prevent cancer.

2. Cancer prevention efforts are not sufficiently "dramatic, sexy, newsworthy, expensive or high tech" to capture public attention. Most of the cancer-related "breakthroughs" publicized in the media are related to advances in treatment rather than prevention.

3. Cancer prevention messages generate a high level of perceived confusion and contradiction, fuelling public sentiment that so-called "experts" don't really know anything about the causes of cancer. To illustrate his point, Dr. Buckman described a number of "perceived cancer risks" that have not, in fact, proven to be carcinogenic, including: DDT, hydro lines, cell phones, "sick buildings", stress, and low levels of anger (i.e, "Type B" behaviour).

Dr. Buckman attributed the prevailing confusion about causality to the tendency of the lay and scientific communities to address cancer as though it were a single disease; in fact, the term "cancer" comprises a heterogenous group of over 200 pathologies that, for the most part, are unrelated to one another.

To foster progress on cancer prevention, Dr. Buckman identified the need to "unpack" the notion of cancer as a unified disease. Cancer should be regarded as a "disease process".

In closing, Dr. Buckman stressed the need to exercise caution and patience when explaining cancer prevention "facts", theories and strategies to the general public. Effective public action for prevention is the product of "evidence, communication, care, expertise and patience."

Dr Richard Schabas, Director of Preventive Oncology at Cancer Care Ontario, questioned the extent to which Dr. Buckman emphasized the heterogeneity of cancer. Given that: 1). the majority of cancer deaths are attributable to four types of cancer (lung, breast, prostate and colorectal); and 2). these types of cancer share a common range of risk factors, there is some basis for dealing with cancer as a single disease.

**Panel Presentations**

A portion of the forum was devoted to presentations from a panel representing the range of stakeholders in the field of cancer prevention. Panel members offered the following perspectives on cancer prevention priorities and the possible role of a Toronto-based cancer prevention council:

***Ruth Grier*** *Visiting Environmentalist,*
*Innis College, University of Toronto*

Ms Grier's presentation focused on the timeliness of addressing cancer prevention in the City of Toronto. At present, a number of recent developments favour a more concerted focus on cancer prevention priorities.

First, with the establishment of Cancer Care Ontario (CCO), the province now has an agency explicitly responsible for cancer prevention. In its strategic plan, CCO identified two organizational objectives relative to cancer prevention: to reduce the incidence of cancer (through primary prevention), and to reduce mortality from cancer (through screening). To further these objectives, CCO is in the process of establishing cancer prevention and screening networks throughout Ontario.

The second factor favouring cancer prevention initiatives at the local level is the emergence of a new city structure in Toronto. In particular, the establishment of a new Board of Health provides a timely opportunity to advocate a cancer prevention agenda.

Lastly, the report of the Ontario Task Force on the Primary Prevention of Cancer provides a comprehensive blueprint for action that can be adopted by a community-based council. Over the course of its existence, the Task Force reviewed known evidence on the major risk factors for cancer, including tobacco, diet, sunlight, alcohol and occupational and environmental carcinogens. This review formed the basis for a series of action-oriented recommendations, many of which are applicable at the local level.

In closing, Ms Grier noted that Toronto can benefit from a multi-sectoral council that unites key interests. Such a council could serve as a model for cooperation that helps to break down perceived barriers erected by competing interests in cancer prevention (i.e., tobacco vs. diet vs. environment). The work of a cancer prevention council could also help to reduce the incidence of other chronic diseases with similar risk factors (e.g., heart disease and respiratory conditions).

***Dr. Robert Kyle*** ***Prevention Coordinator, Central East Region, Cancer Care Ontario***
***Medical Officer of Health, Regional Municipality of Durham***

Dr. Kyle provided an overview of CCO's prevention efforts at the regional level. Founded in April, 1997, CCO will be the principal advisor to the Province of Ontario on cancer issues. This mandate includes the management of eight regional Councils (CCORs). The Central East CCOR encompasses the new city of Toronto as well as Simcoe County and the regions of York, Peel and Durham. The composition of the Central East CCOR is multi-sectoral, including representatives form the District Health Council, the Canadian Cancer Society, Sunnybrook Regional Cancer Centre, the University of Toronto Faculty of Medicine, family physicians and the community.

Each of the CCORs is in the process of establishing cancer prevention and screening networks, which will be responsible for coordinating prevention and screening activities within their respective catchment areas. Dr. Kyle is the volunteer coordinator of Central East CCOR's Prevention and Screening Network, which held its first meeting on January 23, 1998.

Dr. Kyle noted that the Task Force report provides a useful starting point for the Network. The revised Mandatory Health Programs and Services Guidelines for public health units have also been identified as a helpful resource for the Network.

In closing, Dr. Kyle felt that a multi-sectoral Toronto Cancer Prevention Council would complement the activities of the CCOR prevention and screening network. Dr. Kyle noted that the Council should not be viewed as duplicating the activities of the network, since the latter entity serves a catchment area larger than Toronto and has responsibilities for screening as well as prevention.

*Dr. Graham Pollett* *Prevention Coordinator, Southwest Region, Cancer Care Ontario*
*Medical Officer of Health, Regional Municipality of Middlesex-London*

Dr. Pollett provided an overview of the Coordinating Committee for the Primary Prevention of Cancer (C2P2C), a cancer prevention group established by the Middlesex-London Health Unit in 1995. At present, C2P2C comprises 18 members representing a range of cancer prevention interests. A coordinator was appointed by the health unit to oversee C2P2C activities.

To focus its activities in the context of other prevention efforts in the community, C2P2C developed an issue-driven model. The model positions C2P2C as the "hub" responsible for bringing together community initiatives focused on the risk factors identified in the Task Force report.

Activities carried out by C2P2C include: developing a continuing education course on cancer prevention; working at the municipal level to strengthen an anti-smoking bylaw; and producing an overall strategic plan. Lessons learned from the C2P2C experience to date include: the importance of the coordinator position; the need for the coalition to carry out its own projects in order to sustain momentum; the challenge of maintaining a focus on primary prevention, since participants are interested in screening as well; and the need for patience when dealing with varying levels of commitment, turf wars, group dynamics, etc.

Dr. Pollett expressed his hope that C2P2C would serve as a model for other communities. In particular, the C2P2C model could be used to guide the development of CCOR-sponsored prevention initiatives at the community level.

*Lois Corbett* *Toronto Environmental Alliance*

Ms Corbett noted that the environmental movement has a strong interest in the development of a cancer prevention council: the large number of forum participants from environmental organizations is clear evidence of commitment to collaboration with other sectors. However, some key barriers to collaboration need to be addressed.

Differences in organizational culture is one of the key barriers to closer collaboration between the medical ("cancer") and environmental sectors. The absence of a clear link between cancer and the environment, for example, is often used to justify the

perpetuation of environmentally damaging activities. Moreover, the health sector's obsession with finding a "cure" for cancer implies that environmental degradation contributing to cancer can continue if the resulting damage is "treatable".

The health and environmental sectors share a number of common interests. However, corporations often pit these sectors against one another. Another key barrier to collaboration is the tendency of some environmental activists to use cancer in opportunistic ways (e.g., as a scare tactic to raise public concern about the environment).

Ms Corbett noted that the environmental movement has a long history of marginalization, which can help to guide the "patience, skill and expertise" needed for cancer prevention to succeed. The environmental movement's tendency to address issues in a holistic way can also be adopted for cancer prevention efforts.

Toronto has received international recognition for its environmental protection efforts. For example, environmental groups in the Toronto area played a key role in setting the terms of debate for sunsetting hazardous chemicals, setting zero discharge limits, etc. A Toronto-based cancer prevention council could build on these successes.

In closing, Ms Corbett noted that the timing for the establishment of a Toronto Cancer Prevention Council "couldn't be better". The new City Council may be receptive to a public health agenda. The support of key decision makers, such as municipal politicians, can help to foster positive outcomes. For example, [the then-federal environment minister] Jean Charest's concern about the exposure of his children to sunlight helped to solidify a commitment to prevent the depletion of ozone in the early 1990s.

### *Cathy Walker Health and Safety Officer, Canadian Auto Workers*

Ms Walker's presentation focussed on the actions needed to deal with exposure to carcinogens in the workplace. Using lung cancer as an example, Ms Walker noted that 24 of the 25 known causes of lung cancer were discovered as a result of deaths attributed to workplace carcinogens.

At present, hundreds of thousands of Canadian workers are exposed to workplace carcinogens, such as arsenic and metal lubricants. In some cases, corporate compliance with regulatory standards has resulted in the replacement of banned substances with more harmful products. For example, a number of companies are using trichlorethylene, a

known carcinogen, as a substitute for CFCs.

The CAW has been actively involved in efforts to replace workplace carcinogens with safe, non-toxic alternatives. For example, the installation of "parts washers" on assembly lines eliminates the need for a number of carcinogenic chemicals. The CAW is also involved in educational efforts, such as the production of the "Before Their Time" video on cancer in the workplace.

In closing, Ms Walker reiterated the need for a greater focus on the prevention of carcinogens in the workplace. "If we did as much to get rid of workplace carcinogens as we did to control smoking, a lot of workplace deaths would be prevented."

***Catherine Black ** Director for the Americas, Worldwide Field Operations, NCR Canada***

Ms Black's presentation focussed on the reasons why cancer prevention efforts are attractive to the private sector. Cancer is a sensitive issue for corporate executives: many CEOs who survived bouts with cancer are reluctant to discuss their experience due to perceived threats to their credibility and career path. By dispelling some of the myths surrounding the illness, cancer prevention efforts help to overcome such barriers to communication.

Human resource structures in workplaces have a key role to play in cancer prevention. Cancer prevention efforts make sound economic sense as a means of addressing the reduced output and productivity resulting from cancer in the workplace. Ms Black noted that the proposed Toronto Cancer Prevention Council offered the following elements of a "sound business plan": a multi-sectoral response for addressing the Task Force report; a means of realizing "economies of scale" through joint ventures; and a focal point for fostering a "culture of prevention".

** Catherine Black's presentation was delivered by Valerie Hepburn, Health Promotion and Advocacy, Toronto Public Health.

*Questions for Panel Members*

Forum participants offered the following questions and comments in response to the panel presentations:

Dan Leckie, a former City of Toronto councillor, posed some questions related to the C2P2C effort described by Graham Pollett: What is the role of the Coalition within the city of London? Who is the Coordinator? What are some of the "deliverables" developed by the Coalition?

In response to these questions, Dr. Pollett noted that the City of London had two representatives on the Coalition: one from the Parks and Recreation Department and one from the Board of Health. The Coordinator is a designated health unit position. The role of the Coordinator is largely process-related; no particular skill set is required. The key achievement of the Coalition to date is the fact that it has enabled diverse interests to address the Task Force report in a concerted way.

Joe Mihevc, a City of Toronto councillor and a member of the Board of Health, noted that six additional citizen representatives to the Board of Health need to be appointed.

Individuals interested in the formation of a Cancer Prevention Council should work to identify potential candidates for these positions. It would also be beneficial if interested individuals made a presentation to the Board of Health. Councillor Mihevc felt that the new Board of Health would be generally supportive of the Council concept.

Debbie Field, Executive Director of FoodShare, noted that the process of creating broad, inter-sectoral groups such as a cancer prevention council can be complex. The formation of a council necessitates a strong commitment to diversity.

Dr. Buckman addressed some possible misconceptions arising from Cathy Walker's presentation. Workplace carcinogens account for a very small percentage of lung cancer deaths: current evidence indicates that over 90 percent of all lung cancer deaths are attributable to tobacco.

Dr. Buckman asked about the most expedient way of getting political commitment for cancer prevention. In response, Lois Corbett noted that there is no easy way of achieving this objective. Prevention advocates need to be aware of the depth and sophistication underlying communication strategies. Prevention messages should emphasize the holistic nature of good health in order to appeal to a broad audience.

Ruth Grier warned against the tendency to negate the importance of "suspected" carcinogens, such as workplace chemicals. Small contributions to cancer prevention can foster "buy-in" from a broad range of groups.

Jack Shapiro, a Toronto citizen and member of CCO's Preventive Oncology Committee, asked if the Middlesex-London Coalition had acted on Task Force recommendations aimed at preventing cancers attributable to UV radiation. Dr. Pollett noted that acting on the Task Force recommendations is the responsibility of Coalition members, rather than the Coalition itself. The Middlesex-London Sunsense/UV Awareness Committee, a Coalition member, is actively pursuing the Task Force recommendations on sunlight.

Marlene Greenberg, a health promotion manager at Toronto-Sunnybrook Regional Cancer Centre, stressed the need for Council members with a background in sociology and anthropology. Sociological expertise on the Council is needed to address the reasons why society is resistant to change. The Council also needs to be empowered with the tools to foster change. Unfortunately, there may not be any meaningful action on cancer prevention until more people experience the burden of illness.

Marilyn Churley, a Member of Provincial Parliament for the Toronto riding of Riverdale, stressed the need to focus on provincial cancer prevention efforts. Although the provincial government has not shown a high level of commitment to cancer prevention, it plays a critical role in regulating some of the key risk factors related to cancer. Ms Churley encouraged participants to support an all-party resolution to phase out environmental toxins.

**Small Group Discussions and Reports**

Following the panel presentations, participants convened in small groups to consider the following questions:

1. What are some priority activities that might be carried out by the Council?

2. How could your organization benefit from a relationship with the Council?

3. Are you prepared to pursue your organization's involvement with the Council?

4. Are you prepared to request your organization's support for the Council?

Each group had a designated facilitator and recorder. Groups were given forty-five minutes to consider the above questions. The small groups then shared their ideas in a plenary session. Group facilitators offered the following summaries of their groups' deliberations:

*Valerie Hepburn*

The Council needs to look at models of prevention and coalition building (e.g., Graham Pollett's work in Middlesex-London);

Inventories of current interventions/activities should be developed to help focus the work of the Council;

There is a danger of too much government involvement in the Council; other groups need to play an active role as well.

The Council can be a credible voice for prevention initiatives.

The Council should focus on specific strategies leading to action.

Certain key sectors (e.g., labour) may need to be convinced that the Council is relevant for their agenda.

*Bob Alexander*

How will the Council interact with CCOR and other key players?

The duplication of existing efforts needs to be avoided by the Council.

The predominance of a biomedical model of prevention is problematic. The Council needs to go beyond this limited paradigm.

Getting Toronto City Council to commit to a cancer prevention agenda will be a key challenge.

The Council needs to focus on the issue of voluntary vs. involuntary exposure to

carcinogens. At present, there are over 11,000 chemicals in Ontario communities.

The group had a number of concerns pertaining to Council membership: Who decides? How will key voices be heard?

*Maria Lee*

Further work is needed to identify key stakeholders and cancer prevention efforts in Toronto.

The Council should be "an independent body connected to a political body". The Toronto Food Policy Council could serve as a possible model of governance.

The composition of the Council should reflect the broad diversity of Toronto's communities.

To distinguish it from existing efforts, the Council should focus on the prevention of involuntary exposures (i.e., things that people cannot control).

Potential corporate partners include banks and insurance companies.

A cancer prevention "hotline" is one possible information resource that could be coordinated by the Council.

Access to information dissemination should be flagged as a key benefit of Council membership.

There is some concern that a multi-sectoral Council may be too broad to function effectively.

*Carol Mee*

The group had difficulty answering the questions without knowing more about the proposed structure of the Council.

More background information is needed before commitments to support the Council can be made.

The mandate of a Cancer Prevention Council should extend beyond tobacco.

Those interested in forming a Council should undertake a 2-3 day retreat to examine models and governance structures.

*Michelle Dvorak*

Education should be a key priority of the Council. Educational efforts need to re-frame what cancer is and put forward key messages to further community action.

The work of the Council should complement existing efforts, such as heart health initiatives.

To avoid duplication, the Council should focus on priorities that are not addressed by existing efforts (e.g., environmental carcinogens).

*Bonnie Cunningham-Wires*

The group felt that the Council was needed. However, a number of issues need to be clarified before the Council can be established.

The role of the Council needs to be clarified to avoid duplication.

The expectations of potential Council members need to be fleshed out in more detail.

There is a need for community representation on the Council.

More information is needed before potential sources of revenue and in-kind supports can be identified.

The Council can play a greater role in areas where little is being done.

*Cathy Clarke*

The group had a number of questions about the membership of the Council and its relation to other community agencies.

Do the Task Force recommendations form the "blueprint" for the work of the Council? Many of the recommendations are not amenable to action at the local level. Does the fact that most of the recommendations are directed to the province mean that the Council is expected to play a strong advocacy role?

There is a particular need for cancer prevention initiatives addressing children.

To avoid duplication, the Council should support collaborative projects wherever possible.

All Council members should have an equal voice.

***Irv Rootman***

The group questioned the use of the term Council. Is Coalition a more appropriate label?

There was a general feeling that a Council should be put in place.

A "more representative" version of the London model could be adopted as a governance structure for the Council.

The Council could serve as a useful "sparkplug" for spinoff activities.

**Closing Remarks** ***Liz Janzen, Regional Director, Toronto Public Health***

Liz Janzen delivered closing remarks on behalf of Dr. Sheela Basrur, Medical Officer of Health, Toronto. Ms Janzen noted that the Department of Public Health, as an organization with a cancer prevention mandate, is interested in supporting the work of a Cancer Prevention Council.

Ms Janzen summarized the key messages emanating from the small group sessions:

There is general agreement that "something" needs to be done, but it's not clear what that "something" entails;

The Council needs to avoid duplicating existing efforts. As an inter-sectoral body, it can help to prevent the duplication of efforts by local stakeholders;

The advantages and limitations of various governance models need to be considered before the Council's structure can be determined;

The Council needs to be sensitive to the diverse, multicultural nature of Toronto;

The Council needs to think about how best to achieve impacts at a municipal level while maintaining federal and provincial linkages.

In closing, Ms Janzen reiterated Toronto Public Health's commitment to support the Council. The role of the planning committee in organizing the forum was gratefully acknowledged.