

# Promoting Health and Preventing Illness: Working Together Across Diseases, Strategies and Silos

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# So What Am I Doing Here?

- Canadian Partnership Against Cancer invited the four major chronic disease-specific charities to collaborate with CPAC on co-sponsoring the Phase 1 CLASP consultation workshops. HSFC and CCS agreed.
- At the first workshop, a number of us met to talk about taking advantage of CPAC's commitment to comprehensive chronic disease prevention to bring together the major disease specific charities to begin a dialogue about how we might collaborate more than we have to date.
- This led to a June 5<sup>th</sup> meeting, hosted by CPAC, focused on initially on prevention.
- I am here to tell you the story of what happened.



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# Chronic Disease Strategies (5) and Related NGOs

## STRATEGY:

1. Canadian Cancer Control Strategy
2. Canadian Heart Health Strategy and Action Plan
3. Canadian Diabetes Strategy
4. National Lung Health Framework
5. Canadian Stroke Strategy

## RELATED NGO:

1. Canadian Cancer Society
2. Heart and Stroke Foundation of Canada
3. Canadian Diabetes Association
4. Canadian Lung Association
5. HSFC and Canadian Stroke Network



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# Convergence of the Strategies

## *All Strategies:*

- focus across the continuum from prevention to care to end-of-life
- have a strong emphasis on prevention
- recognize similar, common risk factors and determinants of health
- target high risk populations, including Aboriginal/Indigenous peoples
- seek to improve knowledge/data and surveillance systems (in part to further prevention)

# Related NGOs

## *All NGOs*

- have mandate in research, health promotion/prevention and advocacy
- have differing relationships with the respective CD strategies
- work together on a variety of prevention initiatives
- have unique priorities
- raise funds from the public



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# Common Prevention Priorities

- Tobacco control and smoking cessation
- Unhealthy diets
- Physical inactivity
- Environmental health – air quality, built environments
- Community right to know – improved health information for the public
- Early screening and detection
- High risk populations
- Determinants of health



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# Collaborative Action Across Diseases

1. Healthy Living
2. First Nations/Inuit/Métis prevention activities
3. Enhanced focus on prevention in the three northern territories (NWT, YK, NT)
4. Joint funding for key, chronic disease prevention research initiatives



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# 1. Healthy Living

- Pooling/sharing respective market research to identify optimal joint framing of Healthy Living promotional activities.
- Identify collaborative opportunities in these areas, including common 'touch points'.
- Identify target populations for collaborative action (i.e. gender, age, ethnicity, etc.).
- Consider optimal paradigm for common messaging (disease prevention v. healthy living).



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## 2. First Nations/Inuit/Métis

- This initiative will need to include federal/provincial/territorial context/actions.
- Presented as a coordinated, collaborative approach to chronic disease prevention (rather than separate, disease-specific approaches).
- Opportunity for all disease orgs to strengthen relationships and prevention initiatives with Aboriginal peoples.



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# Working Together with the Territories

- The various disease-specific orgs have limited capacity to serve the diverse needs of the three Territories.
- Working together across orgs to foster collaboration and better serve the people in the Territories.
- Recognition that the Territorial capacity is limited to work separately with all disease-specific orgs on disparate initiatives.



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# Joint Funding in CDP

- Work together across disease-specific orgs to fund research on prevention initiatives that address common risk factors and conditions.
- Opportunity to:
  - leverage respective research dollars and bring profile to research initiatives; and
  - Enhance collective advocacy efforts based on findings.

# Questions / Comments

- Do these ideas for working together make sense to you?
- Are there other recommended collaborative initiatives/priorities across diseases and disease-specific orgs you would recommend?