

## **Case Study: Canadian Partnership Against Cancer**

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### **Background**

Work on a cancer strategy for Canada, the Canadian Strategy for Cancer Control (CSCC), began in the late 90's as an agreement to collaborate among four leading organizations: the Canadian Cancer Society; the National Cancer Institute of Canada; The Canadian Association of Provincial Cancer Agencies; and Health Canada. Together and with over 30 smaller cancer-related organizations across Canada, including -- cancer agencies and programs; health delivery organizations; non-governmental organizations; cancer control and health experts; clinicians and researchers; and patient groups including, patients, survivors and their family members. In 2006, Federal Government announced the creation of the Canadian Partnership Against Cancer, as an organization charged with implementing the CSCC strategy, and mandated it to continue to work with a diverse group of people and organizations to do so. Since then it has received approximately \$50 million annually in five year allotments to implement the CSCC.

CPAC was incorporated as a non-profit organization, and is led by a board of directors comprising 18 members and two *ex officio* members (Health Canada and Province of Quebec). The board is a combination of CEOs from several voluntary organizations (such as the Canadian Cancer Society, the Canadian Association of Provincial Cancer Agencies, and Canadian Blood Services), several provincial and regional government representatives, members from the First Nations, Inuit and Metis community, and a few people who have a direct connection to cancer, either as survivors or as having held governance roles with Canadian cancer organizations. This means Members often have a personal stake in CPAC's outcomes. This enriches the Board with a diversity of perspectives and makes its decision making process very results oriented. CPAC through the Board is accountable to Health Canada and given its makeup, the Board ensure the organization's direction align with agendas provincial and other major stakeholders.

CPAC has a funding agreement with Health Canada that provides it with a broad mandate to implement a Canadian cancer strategy, but it acts with a great deal of autonomy both from the federal government and the provincial governments which have jurisdictional responsibility for health care in Canada. Through its board, it is accountable not just to one government but to all the federal and provincial governments, and to Canada's major cancer-related non-profit organizations.

In addition, the manner in which federal funding has been provided to CPAC, in five year commitments, strengthens this sense of independence. The objective of that funding is to put their limited resources (limited relative to the huge amounts of money being spent collectively each year by all levels of government, research institutes and non-profit agencies) towards the highest and best use in fighting cancer. Its approximately \$50 million in annual funding leverages the \$6 billion spent each year on cancer care in Canada. Yet Lee Fairclough, former

Vice President Strategy, Knowledge Management and Delivery at CPAC, says “we make it clear to potential partners that we were not a research granting organization. We were there to bring together what we each already know separately and then find more effective ways to put it all into action.”

CPAC was also given the authority to provide funding to third parties, thus it conducts its own calls for proposals for investments in the implementation and uptake of evidence, and has the flexibility to direct funding across the priorities it deems appropriate. It is the board as a whole that decides on those priorities. Consequently, instead of the traditional power imbalance that usually favours governments over voluntary and research organizations, “CPAC represents”, according to Claude Rocan, “an attempt to establish a different type of relationship”<sup>ii</sup>.

In fact, CPAC seems to be unique in Canada. As a result of the Federal Cabinet decision, CPAC may be the first non-profit organization that has been given both *de facto* policy authority and the financial resources to implement a national strategy. “This may well be unprecedented in modern times in the health sector,” suggests Rocan. Fairclough, on the other hand, is more circumspect, “while we don’t set policy, we are a trusted broker to influence policy. Not through traditional advocacy means but by bringing to bear the perspectives of patients and the evidence.” Regardless, what seems to have emerged with CPAC and at least with respect to cancer strategies, is that national and provincial policies are being strongly influenced by a non-governmental organization.

There have been several factors that have encouraged this unique status. These include:

- The fact that cancer affects 1 in 3 Canadians and costs governments approximately \$6 billion annually in healthcare expenditures.
- While over \$550 million was spent in Canada on cancer research in 2011, only a small portion of cancer related funding went towards cancer prevention strategies even though the evidence is clear that 1/3 of cancers are preventable with the cessation of tobacco, and another 1/3 of cancers are preventable with lifestyle changes to diet and exercise.
- There has been strong and persistent public pressure to find a cure for cancer and for federal and provincial governments to work more closely together on cancer control and other health issues<sup>iii</sup>.
- The recognition that no single government has all the knowledge necessary to eliminate cancer and that working together could provide an important opportunity to build a more comprehensive, shared knowledge base.
- All three major political parties supported the CSCC in the 2006 election campaign, suggesting a consensus that the CPAC NGO approach allowed operational flexibility and an opportunity for relationship building that was more difficult in the existing government apparatus,<sup>iv</sup> where any government’s claim to be ‘in charge’ would be universally challenged.

CPAC does not actually have direct service delivery capability and it does not seek to address the entire cancer control universe. Instead it seeks to “maximize the development, translation, and transfer of knowledge and expertise across Canada”<sup>v</sup> through the CSCC. The CSCC had eight strategic priorities: primary prevention; screening/early detection; surveillance; development of

evidence-based diagnostic and treatment standards; clinical practice guidelines; research; health human resources; and patient-centred support. These eight priorities have since evolved and are currently reflected in the strategic plan of the organization. CPAC is a small organization with only 100 employees but it has no intention of growing larger as an organization -- preferring that the funds it receives are used for cancer-related interventions and activities and not for administrative overhead. As well, in implementing Canada's cancer strategy, CPAC takes great pains to engage the public, in particular those people who have an interest in or who are affected by cancer, especially First Nations, Inuit and Métis partners who have traditionally had little voice in steering cancer strategies.

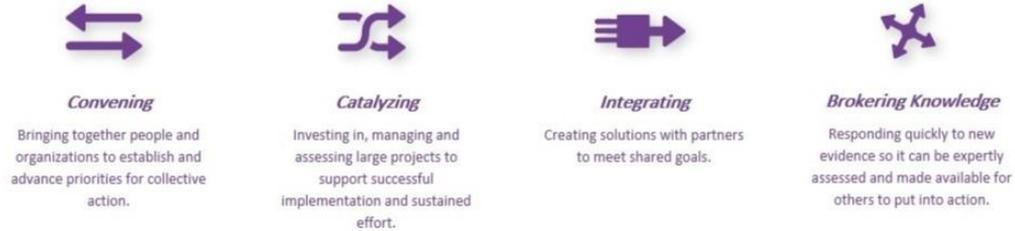
## **The Partnership**

“Our main challenge” says Fairclough, “has been how to get people together to target gaps in our knowledge and practice in dealing with cancer. Creating an organization outside of traditional provincial and federal ministries of health was key to establishing alignment among the partners. One outcome of this was to create an ability and a framework for multi-year funding of initiatives. The former allowed us to develop a pan-Canadian approach to problem solving while the latter allowed us a time frame that permitted us time to think and learn together.”

What has helped tremendously in guiding the partnership is that the partners themselves are driven by their shared passion to fight cancer. Many of the participants have direct experience with cancer patients and therefore the work is personal for them. This has generated a results-based orientation that tends to prevail over organizational turf concerns and the usual propensity to put the needs of the home organization above the needs of any partnership. As initiatives come up, the partners become involved at their discretion and they can be involved in a number of initiatives at any one time. To participate, however, they must adhere to certain criteria, including: having their own relevant partner network; committing to a pan-Canadian process of knowledge exchange and joint problem solving; be willing to put knowledge into practice; and to share the risks. CPAC funds are then allocated based on the potential to discover better ways and/or accelerated ways of implementing what the partners already know, learning from one another across the country.

Operating as a separate organization from federal, or provincial, or territorial governments, has proven to be a key strength. As a result they are not viewed in the usual federal-provincial policy dynamic. CPAC is not viewed as a competitor by any government. This means it can act as a catalyst without being seen as a threat jurisdiction-wise. Furthermore, it offers opportunities for public-private collaboration that might not otherwise be undertaken due to adversarial political environments. Lastly, not only is CPAC accountable to each partner organization for results, but the partners themselves are also mutually accountable through their personal interactions and an annual reporting process that is public for all to see.

Figure 1: CPAC Partnership Model



## Partnership Process

The partnership process surrounding any initiative begins with networking among stakeholders to establish a purpose and goals. Then, rather than rushing to decisions and actions, time is set aside to jointly create an agenda for getting together; to build relationships; to share information and learn together; to set priorities and to assess what ultimately is done and its impact. The partnership is about collective learning and sharing the risk for developing new programs and policies. For that “we need multiple partners with different backgrounds and interests” to present a variety of perspectives, contribute different resources and provide sufficient inclusion to ensure implementation. “We encourage our partners to be involved in the development of an initiative so that there is a vested interest for them in making use of any new products or information”.

Since CPAC is about implementing what is already collectively known, what does it take to do that? How do you move people from being proprietary in their concerns to being open to a process of co-learning? To begin with, to ensure that they’re focused on the right thing, CPAC demands that partners will use what they learn. Consequently, they develop measures of performance together to make sure the results are meaningful to everyone, and that whether they succeed or not, the experience still contributes to collective learning.

The relationships with partners vary. Partners may contribute direct funding, or in-kind services, knowledge or on-the-ground experience. Partners can be involved in multiple initiatives and they can choose for themselves which initiatives they want to participate in and which they don’t. An initiative may also include a funded planning period to consider the nature of the challenge and who can do what best. Funding can shift based on a variety of factors, including: the impact of prototypes, the engagement of partners, perceived need, etc. It is a dynamic process.

CPAC deals with multiple audiences but they are also constantly looking for new people and organizations to engage with. Despite their principal focus being on clinicians and care givers, the products CPAC produces are the result of a broad collection of interest groups and the results meant to be used widely.

## Putting Effective Governance Into Practice

An example of effective governance at CPAC involves its cancer screening initiative. A US study recently flagged cancer screening as an issue<sup>vi</sup>. CPAC then decided to undertake a review of the evidence for screening. They then brought together a mix of clinicians in a learning event to assess that review. CPAC did not hand pick these clinicians. They asked for nominations from various jurisdictions and organizations across the country. With them CPAC undertook impact

modeling of different kinds of interventions; they developed a framework for policy; and they fostered a policy debate around alternative prevention strategies.

In this way when CPAC undertakes an intervention (eg. its recent initiative to measure improvements in cancer control for Métis in Canada), existing data informs any decisions, the partners engage in debating its implications, they co-design a response or prototype, the intervention is measured, and the measured outcomes help to inform the next stage of the intervention. However, even before serious work begins, there can also be a funded planning period to support the local stakeholders preparing a proposal. That stakeholder engagement is valued and CPAC regularly schedules knowledge exchange events with stakeholders in order to seek their input and participation.

“Each issue we undertake is about bringing people together to solve problems. There is intent, specific objectives, shared risk, and there are metrics behind it all.”

CPAC’s overall approach was described to us as a combination of:

- a) Being clear on what CPAC is and what it is not
- b) Recognizing that a centralized approach is not workable. The issues are chosen because they demand a wide range of contributors from clinicians to health system administrators to policy makers to researchers to patients.
- c) Getting interested stakeholders involved from the beginning in the development of an initiative is key (eg. Cancer Screening study) where they are brought together to look at the evidence and provide fresh perspectives.
- d) Events are intentionally structured to allow multiple perspectives to be shared and for everyone to become invested in the analysis and the action outputs.
- e) Being clear to people in the end that “we developed things together”. Any achievement is not owned by CPAC but by everyone.

Still, as Fairclough specifically pointed out, the ability to collaborate should not be assumed. While partnerships are about bringing people together to solve issues, they are not simply a ‘gab fest’ but they must reflect the clear intents among the partners to achieve specific purposes and goals. In order to retain that clarity throughout the process of engagement, they have program metrics behind their work to sort out what works and what doesn’t. One of the big challenges CPAC faces is that this is a new way of working. Most people we were told are not accustomed to working in this fashion, and so generally speaking, these partnership skills have to be learned by the participants as they move forward. One of the core competencies CPAC has identified of itself has become the knowledge of how to affect cooperation and the practices which support it.

According to Fairclough, no matter the urgency of the issue or their goals, there has to be time for the back and forth that is needed to set an agenda. There has to be time to discuss and learn together. There has to be time to assess the impact of any interventions and who is best positioned to scale it up should it be found effective. And importantly, the discussions often take place face-to-face as an explicit tool for making the relationships personal. While online forums may be used to keep the momentum going once it is started, they do not replace face-to-face meetings. That personal dialogue builds trust, discovers tacit information, cements moral contracts and encourages mutual accountability. CPAC has developed a toolkit to help

stakeholders engage effectively in partnership and knowledge exchange that it has made available on its website [Cancerview.ca](http://Cancerview.ca).

Even after the development process, CPAC remains engaged with its partners as part of the process of implementation. It can see the results and is able to help the group modify its approach collectively, if it becomes necessary. For the partners, it seems easier to change direction by being part of a community than by being a solitary actor with sole responsibility and a commitment to soldier on and see things through.

The impact of CPAC's collective learning approach and the process of eliciting shared commitments has a strong influence on the nature of CPAC governance. In one sense, CPAC represents a case where the role of government has been turned upside down. Instead of being the funding party that dictates terms to a non-profit, governments must learn to act as equal partners. Says Rocan, "Health Canada and the Public Health Agency of Canada often find themselves in the position of participating, not as parties with a stronger role than any other organization, but as one of many parties. If either agency has a particular interest in one of the eight strategic priorities, or in a sub-strategy within them, it may decide to participate more actively by contributing funding for a particular purpose. This was the case recently when PHAC and Heart and Stroke Canada contributed funding to CPAC for the Coalitions Linking Action and Science for Prevention (CLASP) programs to integrate cancer and other chronic disease prevention programs. Because they were providing funding, both organizations received a seat at the table to participate in steering those programs."<sup>vii</sup>

The fact that public stakeholders can come together under an umbrella such as CPAC to work towards solving tough, complex problems, suggests governments can assume different roles in pursuit of the public interest. Government doesn't always have to be the only one to solve the problem. In fact, sometimes it may be counterproductive for them to do so because it may eliminate the possibility of different voices from being heard or different resources from being contributed. How many of these roles – funder, policy maker, regulator, honest broker, catalyst, data provider, conflict resolver, convener -- can a government assume? At this time we don't know without greater experimentation, but we do know that the availability of more options makes any organization more adaptable.

Yet as the case of CPAC illustrates, at times government had the opportunity to act in several of these roles as an enabler/ broker/ facilitator in order to permit a variety of organizations to come together to discover and implement innovative cancer solutions. CPAC teaches us that governments can indeed help to ensure that shared learning finds its way into action and that the learnings from organizations like CPAC can productively inform policy and legislative change. The natural scope of governments may also provide a unique advantage in helping to ensure that the lessons learned from a group such as CPAC can be shared with other groups with entirely different agendas, such as diabetes or education. And the general lessons learned about collaboration can certainly be disseminated widely by government shared to all manner of issue domains and partnerships.

In the end, CPAC represents a significant new governance model one which Michael Prince described as "a platform for communication between governments, non-government agencies,

health professionals, and cancer survivors and families” as well as “an opportunity to modernize the management of chronic diseases and to further democratize the conduct of intergovernmental relations”<sup>viii</sup>.

### **Lessons**

- Recognizing that no single government has all the knowledge necessary to solve the problem and that the existing governmental apparatus wasn't capable of achieving the cancer related goals.
- Recognizing that a centralized approach is not workable.
- The need to be constantly looking for people and organizations to engage with.
- The importance of having a board with a diverse set of skills, experience and perspectives.
- Taking great pains to engage the public, in particular those people who have an interest in or who may be affected by change.
- Mandating potential partners to have demonstrated prior collaboration experience and able to bring their networks to the table as a condition of membership.
- Establishing clear intents among the partners to achieve specific purposes and goals and having program metrics behind them to sort out what works and what doesn't
- Setting aside sufficient time for discussions to take place face-to-face as an explicit tool for developing relationships and making the work personal.
- An observation of the general lack of facilitative and collaborative skills among participating partners, requiring that someone in the group have them – in this case CPAC – while ensuring time set aside for the others learn as they go.
- Operating as a separate organization from federal or provincial or territorial governments facilitated partnership, permitting CPAC to act as a catalyst without being seen as a competitor.
- Ensuring that the organization remained focused on collaboration by capping its size and not becoming a program delivery organization.
- Recognizing of the need for multiple partners with different backgrounds and interests and then organizing events and activities in such a way as to allow multiple perspectives to be aired.
- Getting stakeholders involved and taking ownership right from the beginning.
- Creating a multi-year funding framework to provide time to build partnerships, learn and experiment. Setting aside a funded planning period to consider the nature of the challenge and who can do what best.
- Ensuring that stakeholders participated in co-designing a response or prototype.
- Rather than rushing into action, setting aside time to jointly create an agenda for getting together; time to build relationships, share information and learn together; to set priorities and to have time to assess what was done and its impact.
- While CPAC was accountable to each partner organization for results, but the partners themselves were mutually accountable.
- Everyone got credit – “we developed things together”.

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<sup>i</sup> Based on an interview with Lee Fairclough, former Vice-President of Strategy, Knowledge Management and Delivery at the Canadian Partnership Against Cancer February 2014. Ms. Fairclough contributed to the organization's startup and is passionate about working with partners to determine how pan-Canadian actions to advance cancer control can have a measurable impact for Canadians.

<sup>ii</sup> ROCAN, Claude. "The Voluntary Sector in Public Health," *Optimum Online*, Vol. 41, Issue 4, Dec 2011. Accessed at: <http://www.optimumonline.ca/article.phtml?id=400>

<sup>iii</sup> PRINCE, Michael J. "A Cancer Control Strategy and Deliberative Federalism: Modernizing Health Care and Democratizing Intergovernmental Relations," *Canadian Public Administration*, 49 (4), 2006: 471

<sup>iv</sup> ROCAN, Claude. *op. cit.*

<sup>v</sup> \_\_\_\_\_. *The Canadian Strategy for Cancer Control*, Canadian Partnership Against Cancer Corporation 2006: 4

<sup>vi</sup> \_\_\_\_\_. *Cancer Screening Overview*, National Cancer Institute, 4 April 2014, accessed at: <http://www.cancer.gov/cancertopics/pdq/screening/overview/HealthProfessional/page1>

<sup>vii</sup> ROCAN, Claude. *op. cit.*

<sup>viii</sup> PRINCE, Michael J. *op. cit.*: 468