REFRESHING THE CANADIAN STRATEGY FOR CANCER CONTROL

Patient, Public and Stakeholder Engagement Summary Report

CANADIAN **PARTNERSHIP**
AGAINST **CANCER**

PARTENARIAT CANADIEN
CONTRE LE **CANCER**

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Overview

The Canadian Partnership Against Cancer (the Partnership) led an ambitious renewal process in its role as steward of the Strategy to address challenges and to leverage new opportunities for the benefit of all Canadians. The focus was to identify areas where a pan-Canadian approach has the potential to improve cancer outcomes over the next decade.

To inform our efforts, the Partnership went across the country to hear from Canadians about how cancer affects their daily lives and what they want from their cancer strategy. A large and diverse group of more than 7,500 Canadians provided input. First Nations, Inuit and Métis governments, organizations and individuals were also engaged to ensure Peoples-specific priorities are reflected in the Strategy.

A robust analytic approach guided how engagement input and findings were synthesized and considered, as well as findings from the review of provincial and territorial cancer plans, best practices and learnings from the past 10 years of implementing the Strategy.

An External Advisory Committee was assembled to guide engagement and development of the refreshed Strategy. This group was comprised of clinical experts, patient and family advisors and representatives from other health sectors, including public policy, primary care, research and technology. There was representation from provincial ministries of health, provincial cancer agencies and programs, and from the Canadian Association of Provincial Cancer Agencies.

Approach to Pan-Canadian Engagement

The engagement process invited input from a large and diverse group of Canadians, including health system stakeholders, from across the country. Participants provided input through an online survey, in-person sessions and written submissions.

First Nations, Inuit and Métis governments, organizations and communities were engaged using a parallel process to ensure separate and Peoples-specific priorities and challenges were understood and reflected in the Strategy.

PUBLIC	HEALTH SYSTEM STAKEHOLDERS	FIRST NATIONS, INUIT AND MÉTIS
Choicebook™ Online Survey	In-person and virtual events with cancer experts, research and health-care leaders	Document review of previous engagement with First Nations, Inuit and Métis governments, organizations and communities
Dialogue sessions with underserviced communities	Written submissions from organizations	In-person discussions with First Nations, Inuit and Métis governments, organizations and communities
General public pop-up sessions	Provincial and territorial ministries of health roundtables	Dialogue with First Nations, Inuit and Métis Advisors and Elders

THE PUBLIC

Participants in the public engagement process included patients and caregivers, the general public, health and cancer community leaders, and people who are underserviced by the health system, such as recent immigrants, people who identify as LGBTQ2,[a] minority language communities and rural, remote and northern residents.

They were able to participate in numerous ways:

Choicebook™ Online Survey is a deliberative online engagement tool in which participants learned about the central issues in cancer control before providing their input on a refreshed Strategy. Participants were asked to make choices about where scarce resources should be invested to have the biggest impact on cancer control – the same difficult choices that face health system managers and decision-makers. In total, 6,494 people provided input through Choicebook™.

SNAPSHOT OF CHOICEBOOK™ RESPONDENTS

The majority (75%) were female, 22% were male and the remainder were either non-binary or did not respond. The response pattern is typical of national public consultations on health or social policy issues.

Half were aged 55 and over (26% aged 55-64, 24% aged 65+), 15% were 35-44 years old and 16 % under 35.

Participants came from across Canada: majority from Ontario (37%), then Quebec (18%), Alberta (14%) and British Columbia (11%). This aligns with population distribution across Canada.

Participants were asked to identify their perspective on cancer control. Most (51%) identified as a family member of someone affected by cancer. Others identified as a cancer survivor (18%), a caregiver (15%), a patient with cancer (14%). Nearly 20% indicated no first-hand experience of cancer.

Dialogue sessions: In partnership with community organizations, 15 dialogue sessions took place across Canada to connect with individuals who are underserviced by the health system. (see Appendix C for list of engagement events).

Public "pop-up" events: People were invited to public events to learn more about the Strategy and share ideas about how to improve cancer care. A total of 640 people participated in one of a dozen events held in accessible civic spaces across Canada. (see Appendix C for a list of pop-up locations and dates).

HEALTH SYSTEM STAKEHOLDERS

A broad range of health system stakeholders, including health system leaders and administrators, researchers, patient and family advisors, clinical experts and policy specialists were engaged. The goal was to identify opportunities and challenges and to gather input to shape the Strategy's priorities.

In-person and virtual events with system leaders and representatives: In total 26 events were conducted across the country with system stakeholders and experts in many cancer-related domains, including prevention, screening, research, and palliative and end-of-life care.

There was a focused effort to engage health-care organizations and experts beyond cancer to identify solutions to existing and emerging challenges. Events took place with primary care providers, chronic disease organizations, private extended health benefit insurers, employee assistance programs, and the pharmaceutical and technology sectors.

#30MinutesThatMatter

Canadians were invited to participate in Choicebook™ through the #30MinutesThatMatter media and social media campaign.

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[a] LGBTQ2 refers to people who identify as lesbian, gay, bisexual, transgender, queer or two-spirited.

Written submissions: Organizations were invited to provide a formal written submission responding to a series of questions from the discussion paper developed to support the engagement and consultation process. Twenty-four submissions were received from national, provincial and local health organizations. (See Appendix A for details. The discussion paper is available at cancerstrategy.ca.)

Provincial and territorial roundtables: Representatives from provincial and territorial ministries of health convened to support the development of the refreshed Strategy and ensure jurisdictional health priorities were reflected. Engagement sessions with each province and territory were conducted, as well as a series of pan-Canadian discussions.

FIRST NATIONS, INUIT AND MÉTIS

The Partnership engaged with First Nations, Inuit and Métis governments, organizations and communities to document Peoples-specific priorities and challenges.

Gatherings were held to seek input into how the Partnership should continue to engage with First Nations, Inuit and Métis for the refresh of the Strategy, as well as to seek input into the refreshed Strategy itself.

A document review of reports from previous engagement efforts and jurisdictional Indigenous cancer strategies was also conducted.

Engagement was guided by a set of principles developed in collaboration with First Nations, Inuit and Métis Elders, advisors and partners (see Appendix B for details).

Engagement Findings by Group

> "The earlier screening can take place, the better the outcome if cancer can be caught in the early stages."
>
> **CHOICEBOOK™ RESPONDENT**

Findings gathered across all engagements are presented in one of three groups:

- **The public:** cancer patients, people living with cancer, family members, caregivers, underserviced Canadians and members of the general public.
- **Health system stakeholders:** cancer control experts including provincial and territorial cancer agencies, clinicians, policy specialists, patient and family advisors, researchers, cancer and broader health system stakeholder organizations.
- **First Nations, Inuit and Métis** governments, organizations and individuals across Canada.

1. FINDINGS: THE PUBLIC

Support for a pan-Canadian cancer control strategy: Nearly 95% of Choicebook™ respondents said they support the existence of a pan-Canadian cancer strategy. When asked to explain why, the most frequent reason cited was to "improve efficiency when we pool our efforts." This was followed by "to help decide what is more important in cancer care and needs more effort" and "to make sure we have common and publicly accountable goals across the country."

Priorities in cancer care: Participants were asked to identify their priorities for investment across the cancer care continuum of prevention, screening and early detection, diagnosis and treatment, survivorship, end-of-life and palliative care.

Prevention and screening were identified as high priorities. There was a clear desire to prevent people from developing cancer, or at least to catch it early enough to improve the outcome. Some participants also suggested it would be better value-for-money to spend scarce health-care resources on cancer prevention. Treatment and diagnosis were also ranked as high priorities for action, while palliative care, end-of-life care and survivorship ranked as lower priorities.

Importance of focusing on the patient experience: Over 90% of all Choicebook™ respondents, even those without a connection to cancer, said it was important to focus on improving the patient experience as part of a refreshed Strategy. When asked about patient experiences at the time of a cancer diagnosis, participants said it was most important to provide faster test results to patients and their families, followed by better communication between health workers and patients.

During cancer treatment, participants said it was most important for doctors to spend time with patients to explain all treatment options, so patients could make the best, most informed choices.

Participants identified other ways to improve the patient experience, such as helping patients navigate the health system, and better support for patients and caregivers who need to take time off work, which results in loss of income. Better scheduling of appointments to accommodate patients' personal lives was also identified, and ensuring patients receive information about their cancer and available resources.

> "In my personal experience [clinical] patient care was wonderful. What I didn't see was a lot of emotional support or reassurance for patient or caregiver."
>
> **CHOICEBOOK™ RESPONDENT**

The Public (continued)

Measuring success: When it comes to understanding the impact of the Strategy and measuring success, most participants said governments should look at a reduction in mortality rates and the rate of diagnosis. Rather than expecting breakthrough "cures" for cancer, they recognized that longer-term impact will be the result of gradual improvements, such as better prevention, earlier diagnoses, newer more effective treatments and reduced wait times.

Learning from underserviced people experiencing barriers to care: Participants in the dialogue sessions reported experiencing barriers to accessing care and suggested that all Canadians pay when the system fails to meet the needs of everyone. Many noted that the result of a lack of outreach and barriers to accessing prevention support is that more people develop cancer and often have it diagnosed at a later stage.

Financial barriers to accessing care, such as paying for expensive medications or the need to travel to appointments, were also mentioned as having an impact on people accessing care. Reducing these and other barriers to care was seen as a fundamental issue of fairness and a key priority area.

However, participants were optimistic and hopeful about the Strategy's potential to have a positive impact. They felt strongly that it needs to specifically "call out" inequities in the cancer system and raise awareness about their impact and importance. Participants advocated for pan-Canadian standards around access, learning from best practices and greater use of telemedicine to provide more accessible care in rural and remote locations, such as Canada's North.

> "In the North the high rates of smoking and tobacco [use] has to do with trauma and it is so prevalent in our communities. We need to do more."
>
> **COMMUNITY DIALOGUE PARTICIPANT**

> "We are paying a price for inequities."
>
> **COMMUNITY DIALOGUE PARTICIPANT**

2. FINDINGS: HEALTH SYSTEM STAKEHOLDERS

Benefits of a pan-Canadian cancer control strategy: Participants identified a number of benefits of the Strategy. For some, the principal benefit is that it provides focus and is a rallying point for the cancer control community. For others, it fosters and creates synergy so that jurisdictions can make greater and faster progress by working in partnership (e.g., sharing best practices and developing economies of scale).

Another benefit cited frequently was that the Strategy promotes and facilitates greater standardization, integration and consistency in care. An example raised was the creation of shared datasets for use in evaluation and decision-making. A perspective shared by participants across all groups was that the Strategy should encourage the reduction of inequities in cancer care by focusing on collective efforts to address barriers to access.

There was broad agreement that the Strategy should focus activity on a small number of priorities, carefully selected to offer the greatest chance of system improvement.

> "The challenges ahead of us are so formidable, working nationally is essential."
>
> **PROVINCIAL CANCER AGENCY LEADER**

> "…in my experience when there is a possibility of cancer, not being able to get answers is frightening and challenging."
>
> **CHOICEBOOK™ RESPONDENT**

Health System Stakeholders (continued)

Measuring impact: There was widespread recognition among participants that the potential impact of the Strategy may only be realized over the long term, given the complexity of system level change and its connection to changes in health outcomes.

There were several measurable objectives identified that would be markers of the impact of the Strategy. These include: lower incidence of cancer; increased cancer survivorship; improved quality of life; reductions in health outcome gaps between Indigenous Canadians, other underserviced populations and the general public; and greater efficiency and quality in care, with reduced costs.

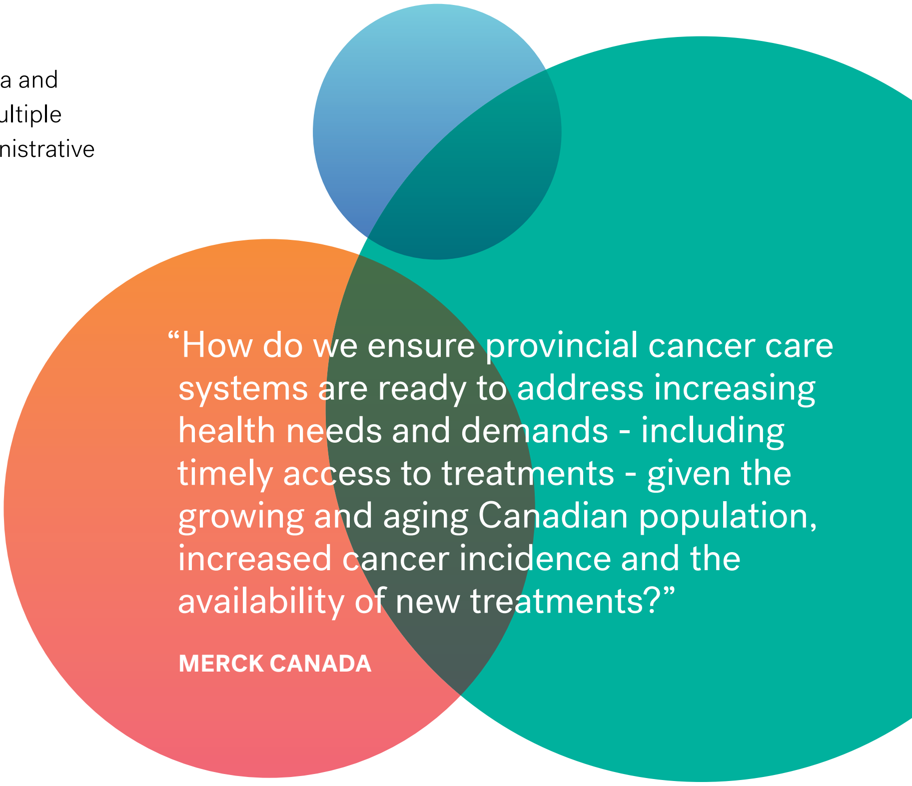
But, some participants questioned whether it would be possible to make significant progress on these or other longer-term outcomes within the Strategy's 10-year timeframe. It was recommended to identify specific ways in which impact can be measured over the medium-term (within 10 years) including:

- Higher levels of engagement, cohesion and integration across the cancer system and community (e.g. provinces, territories, partners) and less duplication of services;
- Improved treatment and patient experience, with a more seamless and integrated journey for patients;
- More effective strategies to support key prevention indicators (e.g. healthier eating/lowering of obesity rates, reduction in smoking rates and alcohol consumption, higher levels of exercise, etc.).
- Improved access and more effective use of data and evidence, including better linkages between multiple health data sources, surveillance systems, administrative data, partnerships and socio-economic data.

Focus on the patient experience: Participants called for greater focus on improving the quality of patients' experience. One opportunity for system change was through better integration of cancer care and primary care. An example is chemotherapy being administered by a family physician or nurse practitioner in or close to a patient's community. Others suggested that the system needs to develop a more holistic approach to care; one that is focused on the patient, not provider, and provides wrap-around services, including mental health supports.

It was also suggested that as more people live with cancer we need greater integration in the health system. Instead of a patient's follow-up being provided at a cancer centre, it should be provided by their family doctor or primary care provider. Delivering follow-up care closer to home also needs to be considered, using technologies like telemedicine and promoting new models of care that better integrate primary care with specialists in holistic care partnerships.

> "Who is going to pay for this? Sexy, emerging technology and the latest drugs may take the focus away from the patient-centred perspective."
>
> **PATIENT ADVOCACY GROUP PARTICIPANT**



> "How do we ensure provincial cancer care systems are ready to address increasing health needs and demands - including timely access to treatments - given the growing and aging Canadian population, increased cancer incidence and the availability of new treatments?"
>
> **MERCK CANADA**

Health System Stakeholders (continued)

Work together to manage system costs and sustainability: Participants noted that as people age, more will be diagnosed with cancer, and with treatment advances more patients are surviving cancer over the medium and long-term. Both place greater pressures on the cancer system and other parts of the health and social systems. Some suggested that health-care spending is too high, and new and expensive technologies will continue to drive costs. Instead of individual, jurisdiction-specific approaches related to how and when new treatments will be used, a pan-Canadian strategy can drive a more efficient approach to ensuring new treatments deliver high-value to patients and the system. Participants also called for low-value tests and treatments to be reduced or discontinued.

Cancer system targets and benchmarks: Participants suggested it would be helpful for the Strategy to provide a common, pan-Canadian set of targets and indicators for system performance and recommended these be tracked by provincial and territorial governments, with progress reported publicly. But some participants suggested that targets would be most useful if they could reflect the realities of different jurisdictions.

Focus on prevention and screening: Participants expressed differing views about the role of prevention in a cancer control strategy. Some felt strongly that prevention should be an area of focus for pan-Canadian action. They suggested that there is still a lot of work to be done in public health to reduce cancer rates, including addressing smoking, alcohol consumption and obesity. Others advised going even further, taking a social determinants of health approach and addressing the underlying causes of cancer including environmental health and poverty. On the other hand, some questioned whether upstream causes and broader social issues were within the Strategy's scope and its ability to effect change over the next 10 years.

> "The biggest cancer control challenges Canada will face over the next 10 years include increased cancer diagnoses and comorbidities due to an aging population."
>
> **ONTARIO INSTITUTE FOR CANCER RESEARCH**

Improve health human resources planning: Participants suggested that there is a need to think differently about health human resource planning. They called for making more effective use of other health-care professionals, such as nurse practitioners, to improve both the patient experience and address staff shortages in cancer control. Some participants also suggested that greater use of telehealth or virtual care is another way to cope with health human resourcing pressures, especially in rural and remote areas. This would also help address barriers to patients accessing care across provincial and territorial boundaries. Many expressed concern about shortages of health-care workers now and in the future leading to burnout, and the ongoing impact to wait times and accessing to care.

> "There's a need to find new and more efficient ways of delivering care; it's not about just adding more doctors and nurses."
>
> **PROVINCIAL CANCER AGENCY LEADER**

Address inequities in the cancer system: Many said the Strategy needs to call for better service to sparsely populated areas in rural and remote locations, and needs to address barriers faced by populations who continue to have poorer access to health-care services and experience worse outcomes. Provincial and territorial leaders emphasized the impact this has across all jurisdictions. Numerous participants called for the Strategy to prioritize underserviced populations, including Indigenous peoples.

> "Equitable [cancer] care starts with equitable access to primary care."
>
> **PRIMARY CARE PROJECT PARTNER**

Fostering innovation: Participants suggested that the refreshed Strategy needs to prioritize innovation in cancer control at all levels. Several participants saw opportunities for both "breakthrough" and "frugal" innovation to contribute to better health outcomes and system sustainability. They suggested that the Strategy could facilitate collaboration to "pick the low hanging fruit" of frugal innovation, by sharing and implementing relatively low-cost and proven innovations from across the cancer control and broader health-care systems. Participants also felt that the Strategy should enable wise choices about which "breakthrough" innovations are pursued. There was also a call for the Strategy to do more to encourage experimentation, going beyond pilot projects to disruptive, new approaches that could be easily adopted more broadly without getting weighed down by bureaucracy.

> “How do we keep ourselves on the front wave of innovation?”
>
> **TECHNOLOGY LEADER**

Facilitating better data sharing and evidence-based decision-making: Improved sharing and use of data on health system performance will allow decision-makers to identify higher and lower-value activities and focus efforts on those that yield the most cost-effective results. This is vital to system sustainability. Provincial and territorial leaders highlighted the need to identify cross-jurisdictional collaboration to improve data sharing.

> “Many existing data sources that could be applied in prevention efforts are underused for various reasons. Data collection should be prioritized and protected, and decisions regarding data collection should be informed by a robust, national surveillance plan.”
>
> **OCCUPATIONAL CANCER RESEARCH CENTRE**

> “More and better care is needed for people who are underserved by the health system. It also needs to be culturally appropriate.”
>
> **PATIENT AND FAMILY ADVISOR**

3. FINDINGS: FIRST NATIONS, INUIT AND MÉTIS

First Nations, Inuit and Métis who participated in Strategy refresh engagement sessions identified a number of opportunities and challenges. While common themes emerged, it is important to note that there are also significant differences among and between First Nations communities, Inuit communities and Métis communities. There are also significant differences in the needs and wishes of First Nations, Inuit and Métis individuals.

First Nations

- Participants shared the importance of receiving wholistic,[b] culturally appropriate cancer care throughout their journey, including supports that recognize the impact of trauma on health. They identified this would require improved access to traditional supports and traditional practitioners.
- Participants recognized that eliminating racism requires system-wide efforts. They recommended training health-care providers in cross-cultural understanding, cultural safety and to improve understanding of traditional supports.
- Many cited geographic barriers facing First Nations people who live in rural or remote areas of Canada, which results in significant inequities in the availability of and access to cancer care services.
- Participants reinforced the need for more services closer to home and the need to improve the journey for those who do have to travel to care.
- Participants highlighted that many First Nations communities do not have access to basic health supports such as healthy food, clean water, up-to-date medical equipment and infrastructure.
- Timely diagnosis was identified as a key issue, with many participants sharing stories of patients who waited months or even years to receive a cancer diagnosis. Also identified was improved access for interpretation services, traditional supports, primary care, screening, pain management, palliative care and survivorship.
- Lack of understanding of cancer and the cancer journey was identified as a barrier to accessing care for many First Nations. Education was recommended regarding the entire cancer continuum with a focus on prevention and healthy living, the cancer journey and available services.

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[b] This spelling of wholistic is preferred by many First Nations, Inuit and Métis. It better represents the idea of the whole person.

- Participants stated that programs and services should be First Nations-determined, designed and delivered; doing this requires investment in communities and in First Nations health-care providers.
- Participants recommended that investments be made in building culturally appropriate, quality care through improved communication, navigation and coordination across the system, and for efforts to reduce jurisdictional barriers.
- It was recommended that more First Nations-specific data be collected to improve understanding of trends and disparities in accessing cancer care and poorer cancer outcomes. It was emphasized that it is essential that this be done in partnership with First Nations through First Nations research principles, protocols and ethical processes.

Inuit

- Participants discussed significant inequities with respect to access to care for many Inuit, emphasizing the need for improved access to primary care, pain management, palliative care and more services closer to home.
- Telehealth was discussed as a mechanism for reducing the need for patients to travel, which would require improved bandwidth to allow for the transmission of health-related data.
- For those who must travel to access care and services, participants recommended that travel policies be improved to broaden eligibility for escorts, provide wholistic supports to patients and escorts throughout the journey and reduce the economic burden of travel on patients and families.
- It was noted that there is a particular need for improved policies to support children who must travel to access care, including lodging for children and their families, support and accommodation for childcare for siblings and access to schooling while away.
- Participants stated that there are inequities between individuals, communities and regions with respect to access to various Non-Insured Health Benefits (NIHB) programs and services.
- Also discussed are inequities in access to health-care providers, particularly primary care providers with many Inuit communities only having access to locum primary care providers. This has a significant negative impact on wait times for diagnosis.

> Wholistic understandings of health and wellness vary among and between First Nations communities, but often include access to traditional foods and ceremonies, connection to the land and protection of the environment. These are important supports to health and wellness.

Almost 75% of Inuit live in Inuit Nunangat, the Inuit homeland, and must travel for several days to access cancer services.

- Many Inuit communities lack access to basic health supports including affordable healthy food, adequate housing and health education. Education programs for patients regarding how to decrease personal cancer risk, cancer as a disease and available cancer services are needed.
- For participants, the provision of wholistic, culturally appropriate care was also a priority. This included recognition that language and traditional foods are important components of health and wellness for many Inuit.
- Many participants discussed the impact of trauma on health, and they recommended recognition of this within the cancer system.
- Training for health-care providers about Inuit community realities, as well as culturally appropriate communication, language and terminology was recommended as an important step towards the elimination of racism.
- Participants recommended investments in Inuit communities and Inuit health-care providers to support delivery of Inuit-designed and driven cancer programs and services. They shared that family and community members deliver most of the care in communities, including interpretation and navigation services, and need improved training and support, and recognition of the costs associated with community-provided care.
- Participants also recommended collection and reporting of Inuit-specific data to better understand access to cancer care and cancer outcomes as well as research regarding the impact of environmental contamination on Inuit health.

Métis

- Participants prioritized the need for Métis patients and families to have equitable access to funding and resources, improved access to timely diagnosis, reduced financial burden throughout the cancer journey and improved travel policies.
- Many Métis communities require improved access to basic health supports including healthy food, clean water, transportation, medication housing and health education.
- Participants shared the importance of receiving Métis-defined wholistic supports throughout the cancer journey, including psychosocial supports, traditional supports and care that is responsive to the impact of trauma on health.
- Education programs are also needed to improve understanding of the cancer journey, including prevention.
- Training was recommended for health-care providers in Métis-defined cultural safety, about Métis history and context and about how to work alongside traditional practitioners as part of efforts to eliminate racism within the cancer care system.
- Participants shared that Métis patients are often offered pan-Indigenous or First Nations services, and rarely Métis-designed services. Sufficient and sustainable funding to Métis governments and communities was recommended in order to support implementation of Métis-designed and delivered programs and services throughout the entire cancer journey, including Métis-specific navigation services.
- To reduce system navigation challenges faced by many Métis, particularly when accessing care across jurisdictional boundaries, participants recommended implementing flexible, person-centred policies, clarifying jurisdiction and responsibility, and improving and facilitating intergovernmental dialogue and relationships with Métis governments.
- Also recommended are supports to engagement and stronger relationships between the cancer care system and Métis governments and communities to facilitate the design and delivery of Métis-determined programs and services.
- Participants identified the need to collect Métis-specific data to understand cancer trends, disparities in access to care and lived experiences and for the creation of safe spaces for self-identification.

- The development of Métis-determined indicators and outcomes was also recommended, to allow for meaningful measurement of results and improved accountability.
- Participants recommended the need for investments to support Métis research capacity, including funding opportunities that are accessible and responsive to Métis organizations. Potential causes of cancer among Métis communities was identified as an important area requiring research.

THREE PRIORITIES

Through the engagement process, three priorities were identified by First Nations, Inuit and Métis:

1. Culturally appropriate care closer to home
2. Peoples-specific, self-determined cancer care
3. First Nations-, Inuit- or Métis-governed research and data systems

For each of these priorities, Peoples-specific actions were identified that will help drive needed changes in outcome and experience for all First Nations, Inuit and Métis. These are outlined in the Canadian Strategy for Cancer Control 2019 to 2029.

> Unlike Status First Nations and eligible Inuit, Métis are not eligible for NIHB programs.

Developing the Refreshed Strategy

The Partnership made a commitment to participants that their feedback was an important input to developing a refreshed Strategy. All input has been considered, along with clinical evidence, information on best practices in Canada and internationally, and the insights of experts with vast experience working in cancer control across Canada.

Analysis of these streams of input helped to identify gaps and opportunities for improvement in the cancer system that should be considered in the refreshed Strategy. The following criteria were used to identify key priorities for 2019 to 2029. Priorities need to:

- Address a significant need of people in Canada, across jurisdictions.
- Require a coordinated, pan-Canadian collaboration to achieve impact.
- Align to the input received through the engagement process.
- Leverage existing areas of Canadian excellence, research and evidence.
- Have potential to show measurable results within a 10-year timeframe.

This process identified five priority areas for 2019 to 2029:

1. Decrease the risk of people getting cancer.
2. Diagnose cancer faster, accurately and at an earlier stage.
3. Deliver high-quality care in a sustainable, world class system.
4. Eliminate barriers to people getting the care they need.
5. Deliver information and supports for people living with cancer, families and caregivers.

For each priority, specific evidence-based and measurable actions were identified. Proposed priorities and actions were then rigorously reviewed, validated and refined in an iterative process that included input from provincial and territorial ministry of health leaders and representatives, provincial cancer agencies and programs, First Nations, Inuit and Métis advisors and guidance of an External Advisory Committee.

As noted, Peoples-specific plans were developed with First Nations, Inuit and Métis and represent a core part of the refreshed Strategy.

Our Journey.
Together.

The Partnership wishes to thank each of the 7,500 Canadians who contributed to the refresh of the Canadian Strategy for Cancer Control. Your stories, perspectives and ideas about how cancer care and cancer control can be improved to create better outcomes and experiences for Canadians form the foundation of the Strategy.

We look forward to continuing to engage Canadians as the Strategy moves into implementation.

Thank you for joining the Partnership on this journey.

Appendix A

LIST OF CONTRIBUTORS AND PARTICIPANTS

The Partnership went across the country to hear from Canadians about how cancer affects their daily lives and what they want from the Strategy. More than 7,500 people provided input. The following list reflects those who consented to be named in the Strategy refresh effort.

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Carolann Beeby
Christine Beevis Trickett
Debra Begin
Bibiane Bélanger
Brett Belchetz
Lindsay Belford
Cindy Bell
Jennifer Bell
Karin Bell
Rosalind Bell
Wendy Bell
Wendy Bennett
Jean Claude Benoit
Donna Bentley
Josie Bento
Bev Berg
Anne Bergen
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Judy Berger
Al Bering
Hillegond (Connie) Bering
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Bob Bernhardt
Jill Bernhart
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Drew Bethune
Melody Bezaire
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Rashaad Bhyat
Debbie Bianco
Lea Bill
Marcel Billard
Julien Billot
Michael Binder
Keith Binette
Dr. Patricia Biondo
Louise Bird
Murray Bird
Judy Birdsell
Jennifer Black
Lesley Black
Maureen Blacker
Bill Blackwater
Sebastien Blais
Dayna Bland
Marie Blodgett
Joe Blomeley
Arlene Boily
Denise Boisvert
Rhoda Bolton
Camille Bond
Elise Bonder
Tamara Booker
Andrea Booth
Stephen Borcsok
Barb Borland
Lynda Bouchard
Serge Bouchard
Jacques Boucher
Roger Boucher
Diane Boudreau Ducharme
Gwen Bourgette
Lisa Bourne
Cristina Bowen
Alison Bowery
Andrew Bowles
Barry Bowman
Georgina Bown
Susan Boyko
Anne Boyle
Lenora Brace
Kelsey Bradburn
Andi Brandsma-Kennedy
Judy Bray
Joanne Brazeau
Brianne Bremner
Beverley Brennan
Carleen Brenneis

Beverley Brewer
Jeanne Brewster
Jodi Bridge
James Bright
Clint Brisbois
Jeanne Brisebois
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Kathy Brooks
Jim Brophy
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Ashley Umali
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Sandra Unteriner
Dawn Upham
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John Van Der Laan
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Harry Vanderhoek
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Janet Vanderveen
Geoffrey Varley
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Christina Velasco
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Janice Veniot
Gilles Venne
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Gregoire Vermette
Marie Vermette
Eduardo Vides
Eva Villalba
Susanna Vincze
Roy Vinke
Liz Visentin
Darlene Vold
Barbara Von Tigerstrom
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Lynn Wade
Glenn Wagner
Dave Walker
Janet Walker
Miranda Walker
Edna Wallhead
Cindy Walsh
Gordon Walsh
Kathie Walsh
Lorna Walsh
Pauline Walsh
Angela Waltenbury
Linda Walter
Wendy Walton
Valerie Ward
Elaine Warren
Kim Warwick
Richard Wassersug
Dr. Sharon Watanabe
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Kristy Watson
Noah Wayne
Peggy Weaver
Yvette Webb
Linda Weber
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Linda Weir
Warren Welling
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Carol Wesbroom-Krainyk
Ben West
Wendy West
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Liam White
Sherree White
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Cheryl Whiting
Kristin Whitworth
Kimberley Widger
Holly Wilcox
Harry Wildhagen
Patricia Wilhelm
Denise Wilker
Anna Wilkinson
Linda Willey
Brenda Williams
Christine Williams
Debbie Williams
Femke Williams
Louise Williams
Sharon Williams
Vaughn Williams
Nick Williams
Evelyn Wilson
Gloria Wilson
Lianne Wilson
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Taylor Wirth
Liz Wiseman

Jennifer Wolfenden
Michael Wolfson
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Elizabeth Wong
Mary Wong
Tracy Wong
Eugenia Wong
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Debby Wood
Martina Wood
Patrick Wood
Sheri Wood
Karen Woodworth
Frances Clare Woolgar
Jan Wotton
Huiming Yang
Nancy Yarmel
Janice Yeats
Catherine Young
Colleen Young
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Katherine Young
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Jacqueline Zareski
Nicole Zavagnin
Connie Zettel
Kjin Zhang
Karen Zillman
Al Zimmer
Vula Zingaro
Carla Zosel
Jeff Zweig

The following organizations provided input via written submissions:

Brain Tumour Foundation of Canada

Canadian Association of Medical Radiation Technologist

Canadian Association of Nurses in Oncology

Canadian Association of Psychosocial Oncology

Canadian Association of Radiation Oncology

Canadian Organization of Medical Physicists

CAREX Canada

Colorectal Cancer Canada

Dense Breasts Canada

HealthCare Can

Hoffmann-La Roche Limited

Innovative Medicines Canada

Janssen Pharmaceutical Companies of Johnson & Johnson

Merck Canada Inc.

Nova Scotia Health Authority’s Nova Scotia Cancer Care Program

Occupational Cancer Research Centre

Ontario Institute for Cancer Research

Ontario Sun Safety Working Group

Ottawa Regional Cancer Foundation

Prostate Cancer Canada

Save Your Skin Foundation including:

- CML (Chronic Myelogenous Leukemia) Society
- Carcinoid - NeuroEndocrine Tumours of Canada
- Myeloma Canada
- BioCanRX
- Leukemia and Lymphoma of Canada
- CONECTed

The Ottawa Hospital Cancer Centre

The Children’s Hospital of Eastern Ontario

Appendix B

FIRST NATIONS, INUIT AND MÉTIS MEETING DETAILS AND PRINCIPLES OF ENGAGEMENT

At the request of First Nations, Inuit and Métis partners, Elders and advisors, gatherings were held to seek input into how the Partnership should continue to engage with First Nations, Inuit and Métis for the refresh of the Strategy, as well as to seek input into the refreshed Strategy itself.

The following gatherings and meetings took place with:

- Representatives from First Nations, Inuit and Métis partner organizations, Toronto, Ontario (June 13 2018)
- First Nations, Inuit and Métis Advisors and the Partnership's Indigenous Board Member, Ottawa, Ontario (September 18 2018)
- First Nations, Inuit and Métis Elders, Ottawa, Ontario (September 19 2018)
- At the First Nations Health Managers Association Conference, one-on-one engagements with conference participants, Banff, Alberta (November 5 to 7 2018)
- National Inuit Committee on Health, Ottawa, Ontario (November 23 2018)
- Representatives from Canadian Indigenous Nurses Association and Indigenous Social Workers, Ottawa, Ontario (December 7 2018)
- Representatives from each of the 25 First Nations, Inuit and Métis Partnership-funded Initiatives, Happy Valley–Goose Bay, Labrador (December 11 2018)
- Telephone interview or written submission from senior health representatives from Métis Nations (throughout January 2019)
- Health Directors representing the 14 Yukon First Nations, Whitehorse, Yukon (January 15 2019)
- Inuit cancer survivors, Iqaluit, Nunavut (January 21 to 23, 2019)
- Refresh engagement participants to validate priorities, Toronto, Ontario (February 27 2019)

The following principles of engagement were co-developed with First Nations, Inuit and Métis Elders, advisors and partners and guided all engagement with First Nations, Inuit and Métis.

Engagement must:

- Lead to implementation/action resulting in system change
- Capture diversity of experiences and stories at the national and regional levels
- Represent First Nations, Inuit and Métis-specifically and equally
- Value and embed culture
- Respect local engagement protocols and principles
- Ground partnerships in the spirit of reconciliation
- Use a variety of engagement methods including oral systems

Appendix C

PUBLIC ENGAGEMENT EVENT DETAILS

a. "Pop-up" events:

Members of the public were invited to learn more about the Strategy and share ideas about how to improve cancer care at one of a dozen public events that took place across Canada. A total of 640 people participated at one of the following locations:

- Scarborough Civic Library, Scarborough, Ontario (November 5, 2018)
- Surrey Central Library, Surrey, British Columbia (November 13 2018)
- CORE Shopping Centre, Calgary, Alberta (November 22 2018)
- Algonquin College Student Common, Ottawa, Ontario (November 22 2018)
- Brodie Fireside Reading Room, Thunder Bay, Ontario (November 21 2018)
- Cosmo Civic Library, Saskatoon, Saskatchewan (November 24 2018)
- Crossman Community Centre, Moncton, New Brunswick (November 28 2018)
- Millennium Library, Winnipeg, Manitoba (November 28 2018)
- Grant Harvey Centre, Fredericton, New Brunswick (December 3 2018)
- Bell Aliant Centre, Charlottetown, PEI (December 5 2018)
- Bibliothèque et Archives nationales du Québec, Montreal, Quebec (December 6 2018)
- Halifax Central Library, Halifax, Nova Scotia (December 7 2018)

b. Community dialogue events

Dialogue sessions took place to connect with individuals who are underserviced by the health system. This includes recent immigrants, people who identify as LGBTQ2, minority language communities and rural, remote and northern residents.

- Egale, Toronto, Ontario (November 4 2018)
- Robert Lee YMCA, Vancouver, British Columbia (November 14 2018)
- Yellowknife Seniors' Society, Yellowknife, NWT (November 15 2018)
- Toronto Community Housing, Toronto, Ontario (November 19 2018)
- Lakehead University Student Union, Thunder Bay, Ontario (November 21 2018)
- Réseau Des Services De Santé En Français, Ottawa, Ontario (November 21 2018)
- Maison d'Haiti, Montreal, Quebec (November 23 2018)
- The Kerby Centre, Calgary, Alberta (November 23 2018)
- STR8-UP, Saskatoon, Saskatchewan (November 26 2018)
- Herman Prior 55+ Centre, Portage la Prairie, Manitoba (November 27 2018)
- Université de troisième âge, Moncton, New Brunswick (November 28 2018)
- Immigrant and Multicultural Services Society, Prince George, British Columbia, November 29 2018)
- YMCA Centre for Immigrant Programs, Halifax, Nova Scotia (December 6 2018)
- Black Health Alliance, Toronto, Ontario (December 12 2018)

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