

# TORONTO STAFF REPORT

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May 7, 2001

To: Board of Health  
From: Dr. Sheela V. Basrur, Medical Officer of Health  
Subject: Toronto Cancer Prevention Coalition Action Plan for Toronto

Purpose:

To present the Toronto Cancer Prevention Coalition's Action Plan for Cancer Prevention in the City of Toronto and accompanying Frameworks for Implementation

Financial Implications and Impact Statement:

There are no direct financial implications for the City of Toronto in the current budget year stemming from this report. As the Action Plan and Implementation Frameworks are phased in, recommendations for specific initiatives would be reviewed by relevant City departments and divisions, and resource requirements assessed in relation to capacity, roles and potential funding from other agencies and levels of government. Additional resources, if required, would be considered in future budget cycles.

Since 1999, the Toronto Cancer Prevention Coalition has been supported by a grant of \$ 150,000 from the Public Health Branch of the Ontario Ministry of Health and \$ 53,000 from the Central East Region of Cancer Care Ontario, together with resources in-kind from coalition members, including Toronto Public Health. External in-kind resourcing is estimated at twice the value of the provincial support. Toronto Public Health contributes approximately 1.5 FTEs to coordinating and supporting the coalition, as part of the division's mandate under the provincial mandatory guidelines for chronic disease prevention.

Recommendations:

It is recommended that:

- (1) the Board of Health endorse the Toronto Cancer Prevention Coalition's Action Plan for Cancer Prevention for the City of Toronto and Frameworks for Implementation as outlined in Appendices 1 and 2;
- (2) City Council request the Medical Officer of Health to convene a roundtable comprising City departments and divisions, together with provincial and federal partners, to determine the means, timetable, roles, responsibilities, capacities and resources for phasing in the proposed Implementation Frameworks, and report the results of this roundtable to City Council through the Board of Health by the end of 2001;
- (3) the Medical Officer of Health take a leadership role in facilitating the progress of the Action Plan and Frameworks for Implementation and report back to the Board of Health in 2002 on progress to date, including specific demonstration projects and programs that have been put in place;
- (4) the appropriate City officials be authorized and directed to take the necessary action to give effect thereto.

Background:

Cancer is a deadly disease. According to Canadian Cancer Statistics 2001, approximately one half of people diagnosed with cancer will die from it. Currently, cancer is responsible for almost one third of all potential years of life lost in Canada, making it the leading cause of premature death. Within ten years it is projected to become the leading cause of death overall.

Cancer affects us economically, socially and personally. Recent data from Health Canada indicate that in 1998, cancer cost Canadians approximately \$14.5 billion: \$2.8 billion in direct costs for treatment and care, and \$11.7 billion in indirect costs associated with lost income, productivity and human capital. Concurrent are the social costs: lost knowledge, lost opportunity, and the channelling of resources away from creative social pursuits. With respect to personal costs, the anxiety, grief and suffering of patients, survivors, families, and communities are staggering.

Because of the sheer enormity of the impact of cancer, Dr. Ken Shumak, CEO of Cancer Care Ontario, claims it is the most important health issue facing the people of Ontario. Each year, more than 50,000 Ontarians are diagnosed with the disease, and another 25,000 die from it. As other health problems abate, cancer becomes even more dominant. For example, death rates from heart disease have declined dramatically over the past 30 years, while the burden of cancer has increased steadily.

Cancer Care Ontario's 1999 Strategic Plan states that prevention—the elimination or avoidance of the causes of cancer—provides the major opportunity, based on current knowledge, to reduce the incidence and mortality rates of cancer. This view is supported by the recent *Synthesis Report of the Canadian Strategy for Cancer Control (January, 2001)* which asserts that

prevention has the greatest potential impact on the cancer burden, and that “the time to plan and act is now, before the demographics and economic impact become overwhelming” (page 13).

Federally, provincially, and locally partnerships and coalitions are seen as the vehicle for such action. The vision statement from the Conference of the Provincial/Territorial Ministers of Health (2000), supports “enhanced partnerships among policy makers, service providers and users of the system through collaborative planning, priority setting, public policy development and implementation.” *The Synthesis Report of the Canadian Strategy for Cancer Control* reinforces “enhanced partnerships through collaborative planning, priority setting, public policy and implementation,” and claims that “concerted, coordinated effort and modest resources aimed at reducing cancer incidence by effective prevention measures will reduce the burden of suffering experienced by Canadians” (pages 26, 27). In addition, a key objective of Cancer Care Ontario’s Strategic Plan—reduction in the incidence and mortality of cancer—is targeted for action through collaborative prevention programs focused on tobacco use, diet and other risk factors including occupational exposure.

#### Comments:

##### The Toronto Cancer Prevention Coalition: Clear Purpose and Dynamic Growth:

For more than three years the Toronto Cancer Prevention Coalition (TCPC) has combined the mandate, action, and strategy recommended above to become the largest municipal cancer coalition in Canada. Currently numbering over 150 members representing 60 agencies, organizations, City divisions, and other community partners across the GTA, the coalition received its initial mandate from a 1998 conference at the University of Toronto. Here citizens—many of whom had been affected by cancer—came together with public health interests, cancer education, research and support organizations, health professionals and academics, health and safety leaders, environmental groups, Cancer Care Ontario, and provincial and municipal elected officials. Together they began the process of combining a range of issues, risk factors and points of view into a single, mutually supportive prevention coalition. The basis of this process, and later its strength, lay in the key principle that, in order to implement a comprehensive, integrated cancer prevention agenda, the role of the expert and the citizen must be balanced.

##### Building the Coalition:

Several months after the conference, the Board of Health, at its meeting of July 27, 1998, considered a report from the Medical Officer of Health which proposed a Toronto Cancer Prevention Coalition to address comprehensive action on cancer prevention across the City of Toronto. The Board of Health supported the formation of such a coalition, and requested that it report back to the Board of Health with a proposed City of Toronto Action Plan for Cancer Prevention.

Late in 1998, a founding meeting of the coalition was convened by Toronto Public Health. Participants approved a coalition model comprising a steering committee and working groups based in the risk factors for cancer identified in the 1995 *Report of the Ontario Task Force on the*

*Primary Prevention of Cancer.* Risk factors included occupational carcinogens, ultraviolet radiation, alcohol, dietary risk factors, tobacco, physical inactivity, infections, reproductive life and related factors, screening/early detection, and environmental carcinogens. The goal of the coalition, put forward in the terms of reference was:

“To reduce cancer incidence by creating a high profile/effective/powerful/multi-stakeholder/sustainable coalition, evidence and suspect based, which advocates for prevention policy, education and action at the local government level and beyond.”

Founding members also agreed to key values, principles and aspirations for the coalition, including cooperation and collaboration, diversity and accommodation, equity and sharing, responsiveness and orientation to action.

Early in 1999, with the support of Public Health, the steering committee and coordinating team were put in place. The coalition grew quickly, and in June the Toronto cancer prevention community was called back together to build the working groups. Eight were formed, each dealing with a particular cancer risk factor or area of interest: tobacco, alcohol, dietary risk factors, ultraviolet radiation, occupational carcinogens, environmental carcinogens, physical activity, and the screening and early detection of women’s cancers. Issues of HPV infection, reproductive life and related factors were folded into the latter group. The Occupational and Environmental Working Groups decided to work jointly because of their common sources of concern.

The City of Toronto has been involved in the coalition from the beginning. In addition to Public Health, representatives from Parks and Recreation, Children’s Services, and Local 416 have participated in the working groups.

#### Determining the Approach, Refining the Process:

Each working group identified a lead convenor and committed to the following two-part task:

1. Determining the extent and status of prevention activities in the GTA in the group’s area of interest, referring to the recommendations of the *Report of the Ontario Task Force on the Primary Prevention of Cancer*, the mandates of organizations participating in the working group, and emerging needs identified by group members and stakeholders.
2. Based on these findings, identifying shortfalls, needs, and priorities for policy and action.

Over the following nine months, each group conducted research related to the group task, and formulated recommendations for policy and action from the findings. Initial results were reported and discussed in March 2000 at the coalition’s symposium, *From Policy to Action: Charting a Course for the Toronto Cancer Prevention Coalition*, which was funded by Cancer Care Ontario through the Prevention and Screening Network of Central East Region. This event attracted more than 200 participants across Ontario and Eastern Canada, who were overwhelmingly positive in their response to the symposium and to Toronto’s leadership in generating fresh understanding of prevention issues and new partnerships for dealing with them.

In the past year, six of the Toronto Cancer Prevention Coalition's working groups have completed the first phase of their research, and research documents for each risk factor have been prepared. These documents support a larger number of recommendations for policy and action than are contained in the current Action Plan. The plan itself outlines the immediate priorities, while the implementation frameworks establish a critical path that includes actions and timetables, targeted populations, settings for action, and relevant stakeholders at the City, provincial and federal level.

#### Resourcing the Coalition:

The coalition is currently engaged in preparing a three-year budget related to the implementation of the complete action plan presented in this report. It will be submitted to the Prevention Unit of the Division of Preventive Oncology at Cancer Care Ontario for funding consideration in fiscal 2002 and beyond.

In 2001, Toronto Public Health will maintain current support levels to the coalition, consistent with its mandate in chronic disease prevention and its leadership in cancer prevention in Ontario. Assigned staff will continue to locate funding for the coordination, operations and growth of the coalition and its working groups, meeting or surpassing levels obtained previously; and continue, as well, to collaborate with relevant community partners and other levels of government on the actions outlined in the framework for implementation. This use of limited Public Health resources to support a wider coalition increases the division's cancer prevention capacity far beyond what it could achieve on its own.

#### An Effective Strategy for Public Health:

A report to the Board of Health from September, 2000 noted that participation in coalitions, community and professional collaborations is a key strategy for Toronto Public Health to fulfill provincially mandated and locally determined programs. The Toronto Cancer Prevention Coalition provides clear evidence of the success of this strategy. The facilitative leadership of Toronto Public Health has enabled diverse stakeholders, within and beyond traditional public health, to come together in a collaborative and far-reaching manner, attracting and maximizing resources well beyond the capacity of Toronto Public Health operating on its own.

Working within the coalition has been beneficial in a number of ways. As mentioned, it has leveraged support for cancer prevention from new sources, as well as brought in partner organizations that are influential in the broader society. It has created credibility through members' collective knowledge of the issues, expertise in bringing together different views and achieving consensus, and resourcefulness in navigating progress toward a comprehensive action agenda. It has also created an environment that promotes commitment and support, which has moved the prevention issue forward and enhanced the coalition's sustainability.

Most important, the Toronto Cancer Prevention Coalition has been beneficial for the issue itself. While the need for and value of prevention have been strongly expressed by Provincial/Territorial Ministers of Health, Cancer Care Ontario, and the Canadian Strategy for

Cancer Control (CSCC), the Toronto Cancer Prevention Coalition is one of the few examples across Canada and the United States of concerted action to make cancer prevention both a priority and a reality. The strength of the coalition's collective voice has given it a national reputation and made it a key participant at the CSCC February 2001 consultation conference. There, Canadian experts in cancer control began building a larger coalition across all cancer issues, and the Toronto Cancer Prevention Coalition was recognized as a leader and model. With the encouragement of several provincial cancer agencies, the coalition is establishing a website to share best practice in collective action for comprehensive cancer prevention. In addition, Cancer Care Ontario's 2000 operations report on the regional implementation of the CCO strategic plan cites the work of the Toronto Cancer Prevention Coalition as a central achievement in cancer prevention across the province.

#### From Research to Action:

The central decision-making body of the Toronto Cancer Prevention Coalition is the steering committee, comprising the convenors of all the working groups, together with citizen and Public Health representatives. The steering committee operates by consensus. The culmination of the coalition's work to this point is the broad and far-reaching Action Plan for Cancer Prevention contained in Appendix 1, which is organized by the risk factors on which the working groups were based. While the recommendations of the Action Plan are too numerous and detailed to discuss separately, all have a common origin and process. Each working group consulted widely and conducted extensive research on needs for prevention policy and activity in the context of current social and economic factors in their risk area. For example, the tobacco working group chose to conduct focus groups with South Asian teens as this group was seen to be vulnerable to early smoking activity and later cancer risk, and the recommendations of the working group reflect this approach. In all cases, results of the working groups' research and full recommendations are folded into their individual reports, the summary sections of which detail the approach taken, process followed and major outcomes. In addition, names of individuals who participated in the working groups and/or signed off on the research and recommendations are listed in Appendix 3.

However, the research process produced many more recommendations than could be reasonably accommodated in an action plan. Hence the steering committee asked each working group to review their recommendations according to what was most actionable, urgent, and pertinent to the City. Working by consensus the results were discussed, refined, and written into the Action Plan which appears in this report.

The recommendations of the plan focus on clear priorities for policy and action. Some of the actions recommended are already mandated or underway; for example, food and nutrition programs and a Community Right-to-Know bylaw. Others need support or extension to increase their impact; for example, tobacco control programs targeted to youth and education about high-risk drinking. Still others are overdue and need to begin now; for example, comprehensive UV radiation protection against skin cancer and early physical activity interventions that challenge the risks associated with obesity.

The implementation frameworks outline how the recommendations can be carried out and by whom, building on existing activities and capacities of relevant agencies. Broad and joint ownership of the Action Plan for Cancer Prevention and Frameworks for Implementation will strengthen existing partnerships within the coalition, activate new ones with other agencies and levels of government, and maximize collaboration across all relevant jurisdictions.

### Conclusions:

Cancer prevention is a fundamental mandate of public health. As the burden of illness from this dreaded and deadly disease increases steadily, so does the need for comprehensive prevention activity. Toronto Public Health has developed the Toronto Cancer Prevention Coalition into a collaborative initiative of more than sixty organizations working together and engaging other sectors and levels of government to take action.

The Toronto Cancer Prevention Coalition has given cancer prevention a prominence and impact it could not have achieved through Public Health alone. Over the three years of its existence, it has proven to be an innovative and highly effective vehicle for establishing a municipal cancer prevention agenda with far-reaching implications for federal and provincial policy and activity. The coalition's central operating principle—collaboration and mutual support across areas of cancer prevention that have traditionally worked in isolation from one another—is a significant achievement that sends a clear signal of unity and strength for implementing the agenda the coalition has laid out.

Public Health staff will continue to work in a facilitative capacity to build membership, design workplans, and advocate for and obtain funding. At the same time the coalition's large and diverse membership will open up new funding opportunities which recognize the value of a collaborative, expert approach with built-in quality assurance.

Public health goals have been well served by the coalition's collective capacity for identifying local prevention needs, galvanizing support, researching issues, and formulating strategies based on current knowledge that will reduce the incidence, mortality and overall burden of cancer. The Action Plan and supporting documents are the result of due diligence and process, and the recommendations are sound and deliverable through the Frameworks for Implementation. Many of the City departments and divisions cited have been consulted by the coalition or are participating currently. In some cases, however, the department's or division's capacity for participation is undetermined. Ongoing collaborative relationships within and beyond the City can be built through convening a roundtable of appropriate City departments and divisions, together with provincial and federal partners, to determine the means, timetable, roles, responsibilities, capacities and resources for phasing in the proposed Implementation Frameworks.

Concerted action by all federal, provincial, City and community partners, both private and public sector, will carry the agenda forward to effective implementation and ultimately effective cancer prevention.

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Medical Officer of Health

List of Attachments:

Appendix 1 – Action Plan for Cancer Prevention in the City of Toronto

Appendix 2 – Frameworks for Implementation of the Recommendations of the Action Plan for Cancer Prevention in the City of Toronto

Appendix 3 – Toronto Cancer Prevention Coalition Participants

Appendix 1

**Action Plan for Cancer Prevention in the City of Toronto**

Action Plan for Cancer Prevention in the City of Toronto

The Toronto Cancer Prevention Coalition recommends that the City of Toronto, working with its partners in the community and other levels of government, make the prevention of cancer a priority by taking action as recommended below on the major risk factors for cancer, and evaluating annual progress in the actions taken.

Ultraviolet Radiation

1. The City of Toronto, through Public Health, should develop and implement a comprehensive, multi-sectoral sun-safety program modelled on such proven programs as the SunSmart Community Program of Victoria Australia, to protect Toronto residents from UV radiation.
2. Toronto City Council should direct the relevant divisions within the City to set, enforce and monitor shade provision in public places and facilities under City jurisdiction, both built and natural, through urban design and planning and /or bylaws.
3. The City of Toronto should:
  - a) write and implement a policy to require and provide sun-protective attire and supplies (including hats, protective clothing and eyewear, and sunscreen) for all City employees who work outdoors; and
  - b) evaluate implementation of the policy in terms of the education of employees, the availability of supplies/protective attire, and compliance.

Dietary Risk Factors

The City of Toronto should help Toronto residents eat a diet that lowers their cancer risk by:

4. continuing current food and nutrition programs for ethnoracially diverse communities, and developing more multicultural nutrition programs that increase access and services across the City's population;
5. supporting investigation into community-based nutrition needs and evaluation of community-based nutrition programs to ensure best practice and effective use of resources;
6. providing a program to promote the consumption of vegetables and fruit, based on research indicating that eating substantial and varied amounts of vegetables and fruit may prevent 20% or more of cancer cases.

Physical Activity

7. In light of expert consensus indicating that people should be physically active on most days of the week to reduce their cancer risk, the City of Toronto should continue to

provide, and ensure access to, physical activity programs and facilities for Toronto residents of all ages.

8. The City of Toronto should challenge the current culture of inactivity by continuing to support and expand City initiatives that encourage physical activity as an early and lifelong habit, including:
  - a) a City of Toronto *Vision for Physically Active Children and Families*;
  - b) programs in agencies serving children and in schools;
  - c) Toronto's *Be Active, Be Healthy* campaign;
  - d) a pilot project to increase children's physical activity in ethnoracially diverse and socio-economically disadvantaged areas of Toronto;
  - e) access to playground structures, safe and affordable indoor space and outdoor environments, low or no-cost programs, and provision of child care and transportation to promote participation.

#### Alcohol

9. Because the risk of cancer increases with the amount of alcohol consumed, the City of Toronto should support restricted access to alcohol by advocating for:
  - a) continued, rigorous government control of sales and services, advertising and promotion;
  - b) prices and taxes that encourage low-risk drinking; and
  - c) mandatory server training for all alcohol licensees, in order to minimize high risk alcohol consumption among patrons of these premises.
10. The City of Toronto, working with Public Health, should support dissemination of accurate and current information to the public about the link between drinking and cancer by:
  - a) explicitly recognizing alcohol as a risk factor and outlining related prevention activities;
  - b) endorsing, and educating Toronto residents about, the Low-Risk Drinking Guidelines—which set a daily upper limit of two standard drinks, with a weekly maximum of 14 for men and 9 for women;
  - c) working with community partners and other levels of government to achieve these goals.
11. The City of Toronto should support targeted education to reduce alcohol-related cancer risk by:
  - a) encouraging the Toronto School Board to build into health education programs, strategies that delay the onset of drinking among youth and promote low-risk drinking practices;
  - b) working with government, community and professional organizations to explicitly recognize alcohol as a risk for cancer, and to develop and disseminate clinical practice guidelines that educate health professionals about this risk and encourage risk reduction practices among their patients/clients.

#### Occupational and Environmental Carcinogens

12. The City of Toronto should adopt and apply, to all City policies and activities, the precautionary principle, the weight of evidence approach, pollution prevention, just transition to protect jobs of workers affected by changes in industrial processes, and the community's right to know. The City should also advocate for their adoption and application by governments and community partners at the federal and provincial level.
13. The City of Toronto, through the City Solicitor and with input from the Medical Officer of Health, should develop and implement a Community Right-to-Know bylaw, as adopted by City Council in the Environmental Plan in 2000, and report on its development and implementation by the end of 2001. At the same time, the City should encourage other levels of government to develop right-to-know resources for the public.
14. The City of Toronto should develop a process to support the phase out of the use and/or release of eight chemicals in the City—benzene, diesel exhaust, polycyclic aromatic hydrocarbons, perchlorethylene, dioxin, methylene chloride, asbestos, and pesticides. The City should prepare a specific plan for this purpose by the end of 2001, with clear priorities, steps and timelines.
15. The City of Toronto should be a model employer and demonstrate leadership in cancer prevention by directing its Joint Health and Safety Committee(s) to prepare targets and timelines for identifying and eliminating the City's use and/or release of suspected carcinogens in the workplace.
16. The City of Toronto should:
  - a) call upon the Ministry of Labour to develop regulations that require the mandatory examination of substitutes for workplace carcinogens; and
  - b) advocate to the federal and provincial governments for the elimination of carcinogens from our environment.
17. The City of Toronto should encourage Cancer Care Ontario and other relevant agencies and levels of government
  - a) to develop appropriate mechanisms for monitoring exposures to occupational and environmental carcinogens, and
  - b) to educate health professionals and the public about these exposures.

### Tobacco

18. The City of Toronto should make tobacco control programs targeted to youth a priority, such as *Not to Kids* which reduces early tobacco use and later cancer risk. Establishing this multi-component, multi-disciplinary initiative as a standard program is key to a comprehensive approach to tobacco-related cancer prevention.
19. The City of Toronto should support alternatives to youth smoking by:
  - a) developing and delivering community recreation programs that are engaging, culturally relevant and accessible to the ethnoracially diverse youth population of Toronto, and
  - b) supporting community organizations that provide tobacco prevention and cessation programs to young people.
20. The City of Toronto should advocate
  - a) to the provincial government to make cancer prevention a priority by implementing such tobacco reduction policies as smoke-free indoor workplaces and increased taxes on cigarettes; and

- b) to the federal government to pass Bill S-15, which provides a source of funding for comprehensive youth tobacco programming.

Appendix 3

**Toronto Cancer Prevention Coalition Participants**

**Coordinating Team:**

Valerie Hepburn, Senior Coordinator, Toronto Public Health

Safoura Moazami, Coordinator, Toronto Public Health

Bob Alexander, Chair, Toronto Public Health

**Steering Committee:**

Valerie Hepburn, Toronto Public Health

Safoura Moazami, Toronto Public Health

Bob Alexander, Chair, Toronto Public Health

Dr. Lynn From, Dermatology, Sunnybrook and Women's College Health Sciences Centre  
(Co-Convenor, Ultraviolet Radiation Working Group)

Norman Giesbrecht, Centre for Addiction and Mental Health  
(Co-Convenor, Alcohol Working Group)

Marlene Greenberg, Toronto Sunnybrook Regional Cancer Centre  
(Convenor, Dietary Risk Factors Working Group)

Brian Hyndman, Centre for Health Promotion, University of Toronto

Andrew King, Occupational Health Clinics for Ontario Workers Inc. (Toronto)  
(Convenor, Occupational Carcinogens Working Group)

Maria Lee, Toronto Public Health

Jack Shapiro, Citizen Member

Rich Whate, Toronto Environmental Alliance  
(Convenor, Environmental Carcinogens Working Group)

**Alcohol**

Norman Giesbrecht (Co-Convenor), Centre for Addiction and Mental Health

Paula Neves (Co-Convenor), Alcohol Policy Network

Janet McAllister, Centre for Addiction and Mental Health, London, Ontario Office

Barbara Steep, Centre for Addiction and Mental Health

**Dietary Risk Factors:**

Pam Bensimon, Toronto Public Health

Tara Giffin, Toronto Public Health

Charna Gord, Toronto Food Policy Council

Marlene Greenberg (Convenor), Toronto-Sunnybrook Regional Cancer Centre

Jess Haines, Researcher

Wendy Jackson, Canadian Cancer Society

Safia Jowhar, Somali Family and Child Skill Development Services

Krystyna Lewicki, Four Villages Community Health Centre

Mary-Jo Makarchuck, Toronto Public Health

Marieta Maniezzo, Parkdale Community Health Centre

Judy Paisley, School of Nutrition, Ryerson Polytechnic University

Sulana Perelman, Four Villages Community Health Centre

Wayne Roberts, Toronto Food Policy Council

Kathryn Scharf, Food Share Metro Toronto

Thuy Tran, Access Alliance Multicultural Community Health Centre

Sarah Vogelzang, Toronto Public Health

Caroline Wai, Toronto Public Health

Pauline Wisdom-Gilliam, Toronto-Sunnybrook Regional Cancer Centre

Patty Wong, Regent Park Community Health Centre

**Occupational and Environmental Carcinogens:**

Paulo Avila, Canadian Auto Workers

Al Bieksa, Ontario Federation of Labour

Dan Boone, Canadian Auto Workers

George Botic, Canadian Auto Workers

Nancy Bradshaw, Environmental Health Clinic, Sunnybrook and  
Women's College Hospital Health Sciences Centre

Niki Carlan, Researcher

Joel Carr, Communications, Energy and Paper Workers Union  
Nita Chaudhuri, South Riverdale Community Health Centre  
Mary Cook, Occupational Health Clinics for Ontario Workers, Inc. (Ontario)  
Bob De Matteo, Ontario Public Service Employee's Union  
Vern Edwards, Ontario Federation of Labour  
Alec Farquhar, Office of the Worker Advisor  
Sandra Glasbeek, Researcher  
Ruth Grier, StopCancer Ontario  
Lisa Hawkins, Workers Health and Safety Centre  
Robert J. Henderson, Canadian Auto Workers  
Nancy Hutchison, United Steelworkers of America  
Brian Hyndman, Centre for Health Promotion, University of Toronto  
Roland Keihne, Canadian Auto Workers  
Andrew King (Convenor - Occupational), Occupational Health Clinics for Ontario Workers, Inc.  
Gerry LeBlanc, United Steelworkers of America  
John Mackinnon, Injured Workers Consultants  
Judith MacPhail, Toronto Sunnybrook Regional Cancer Centre  
Lynn Marshall, Environmental Health Clinic – Women's College Hospital  
Julie Nielson, Building Trades  
Laura Pascoe, Workers Health and Safety Centre  
Jennifer Penney, Green Job Strategies  
Kim Perrotta, Toronto Public Health  
Lou Riklik, Occupational Health Clinics for Ontario Workers, Inc.  
Bruno Rea, Ministry of Labour – Workplace Insurance Health and Safety Branch  
Cheryl Rook, Occupational Health Clinics for Ontario Workers, Inc.  
Dorothy Goldin Rosenberg, Women's Network on Health and the Environment  
Claudine Salama, Public Service Alliance of Canada  
Keith Stewart, Researcher  
Irene Tandon, Women's Network on Health and the Environment  
Natasha Teoli, Pollution Probe  
Cindy Trower, Office of the Workers Advisor

Eric Tucker, Osgoode Hall Law School – York University

Ed Turlinski, LAMP Occupational Health Program

Dan Ublanski, Toronto Workers Health and Safety Legal Clinic

Union of Injured Workers

Rich Whate (Convenor, Environmental), Toronto Environmental Alliance

Donna Wright, Canadian Union for Public Employees (CUPE)

**Physical Activity:**

Andy Anderson, Ontario Institute for Studies in Education

Dr. Maru Barrera (Co-Convenor), Hospital for Sick Children, Department of Psychology

Michelle Brownrigg, Ontario Physical and Health Education Association (OPHEA)

Sandra Ceolin-Celestini, Toronto Parks and Recreation

Jennifer Cowe Bonne, Ontario Physical and Health Education Association (OPHEA)

John Dwyer, Toronto Public Health

Margaret Good, Ontario Active Living Community Action Project

Barbara Hansen (Co-Convenor), Toronto Public Health

Dan Koenig, Toronto Catholic District School Board

Carol MacDougall, Toronto Public Health

Tim Rees, Access and Equity Unit, City of Toronto

Carol Rocks, Toronto District School Board

Deborah Young, Toronto Children's Services

**Tobacco:**

Nicole deGuia, Ontario Tobacco Research Unit

Romilla Gupta, Toronto Public Health

Paul Kwasi Kafele, Centre for Addiction and Mental Health

Ruth Lee, Toronto Western Hospital

Maria Lee, Toronto Public Health

Mary-Anne McBean (Convenor), Toronto Public Health

Dr. Kira Payne, Regent Park Community Health Centre

Barbara Steep, Centre for Addiction and Mental Health

**Ultraviolet Radiation:**

Dr. Fred Ashbury, PICEPS Consultants Inc.

Denyse Boxell, Canadian Red Cross

David Broadhurst, Environment Canada – Atmospheric Division

Kim Brown, Toronto Parks and Recreation

Barbara Byers, Ontario Lifesaving Society

Stephanie Charron, Health Canada

Bonnie Cunningham-Wires, Toronto Public Health

Eleanor Dudar, Toronto District School Board

Dr. Lynn From, Canadian Dermatology Association

Donna Howard, Toronto Public Health

Norm Huth, Toronto and Region Conservation Authority

Dr. Loraine Marrett, Division of Preventive Oncology - Cancer Care Ontario

Peter Ouelette, Health and Safety - Local 416

Rob Richardson, Toronto Parks and Recreation

Peggy Pavlin, Toronto Sunnybrook Regional Cancer Centre

Dr. Cheryl Rosen, Toronto Western Hospital, Division of Dermatology

Mary Louise Yarema, Toronto Public Health

Deborah Young, Children's Services Division

**Other Participants:**

Jim Brophy, Occupational Health Clinics for Ontario Workers, Inc. – Sarnia Clinic

Jasmin Earle, Community Representative

Debbie Field, Food Share Metro Toronto

John Garcia, Cancer Care Ontario, Prevention Unit

Jean Jackson, Interlink Community Cancer Nurses

Loretta Michaud, Worker's Health and Safety Centre

Alan Pickersgill, Workers Health and Safety Centre

Melody Roberts, Cancer Care Ontario, Prevention Unit

Irv Rootman, Centre for Health Promotion, University of Toronto

Natalie Parry, Canadian Health Network

Neil Berman, Canadian Strategy for Cancer Control