

The Cancer Prevention Centre:

*A Model of Vertical Integration Between a
Research University and a Community
Organization*

Carolyn Gotay, Barbara Kaminsky, Kathryn Seely, Cathy
Adair, Sharon Storoschuk, Michelle Reid, Marliese Dawson

*University of British Columbia and Canadian Cancer Society,
British Columbia and Yukon*

Objectives:

- To describe how vertical integration contributes to increased coherence between two organizations:
 - The Cancer Prevention Centre (CPC), a centre based at the University of British Columbia, with goals of lowering the incidence of cancer and other chronic diseases through research and research, policy, and practice connections; and
 - The Canadian Cancer Society, whose mission is the eradication of cancer and the enhancement of the quality of life of people living with cancer

What is Vertical Integration?

- **Comes from business/management**
 - Wikipedia: *the degree to which a firm owns its upstream suppliers and its downstream buyers*
 - **As applied here:**
 - *The degree to which research informs and is informed by CCS priorities, programs, and policies*
- AND/OR
- *The degree to which CCS priorities and programs inform and are informed by research*

Approach:

Overall approach: collaboration between the research and CCS communities

Three case studies:

- Workplace Assessment and Knowledge Study
- Worksite Wellness program
- Cancer Risk Communication in Gender and Sexually Diverse Communities

Key features:

- Generating the idea
- Getting funding
- Designing the intervention/data collection tool
- Implementing the intervention
- Collecting, analyzing, and interpreting data
- Disseminating and transferring project results
- Identifying options for sustainability

A little history of the Cancer Prevention Centre (CPC)

- Phase I: Appointment of Chair
Support from CCS-BCY and Province of BC
Completed: 2008
- Phase II: Building infrastructure
Initiating & conducting research programs
Developing connections with provincial, national
& international resources
Attracting Centre members & trainees
Responding to emerging opportunities & needs
Support from CCS-BCY and Province of BC (ongoing)
- Phase III: Developing a designated physical location
Current active CCS fundraising campaign

Workplace Assessment & Knowledge Study

- Aims:
 - To explore workers' understanding of their risks of worksite hazardous exposures & their knowledge of how to reduce these risks
 - To assess the extent of training and information provided to them from their perspective
 - To provide information that will lead to future interventions to reduce exposures to carcinogens in the workplace.
- Methods:
 - Focus groups and interviews with union workers and health and safety officers
 - Reports to unions, Worksafe BC, CCS
 - Presentations and papers
 - CIHR-supported KTE conference (125 attendees)

Key features

- Generating the idea
 - Came from a CCS BCY Board member
- Getting funding
 - CCS BCY-supported Cancer Prevention Centre funds
- Designing the intervention/data collection tool
 - Board member a key partner
- Implementing the project
 - Board member's contacts key to setting up advisory board, gaining access to unions
- Collecting, analyzing, and interpreting data
 - Board member, CCS staff, advisory board members all worked with researchers
- Disseminating and transferring project results
 - Board member, CCS, researchers all played roles
- Identifying options for sustainability
 - In progress

Worksite Wellness

- Aim: To identify the most effective worksite approach to increasing healthy lifestyles in employees
- Randomized trial of 3 workplace wellness programs:
 - Individualized email approach
 - Comprehensive CCS approach
 - Combined interventions
- 680 adult employees in 3 BC universities
- Data collected through self-report questionnaires, focus groups and interviews, records about participation
- Outcomes:
 - All 3 interventions resulted in increased fruit and vegetable consumption, weight loss, less fatigue

Key features

- Generating the idea
 - CCSRI RFA, CPC consultation with CCS
- Getting funding
 - CPC took the lead
- Designing the intervention/data collection tool
 - Built on CCS program and monitoring tools
- Implementing the intervention
 - CCS took lead on 2 conditions, project-funded staff
- Collecting, analyzing, and interpreting data
 - CCS and CPC full partners
- Disseminating and transferring project results
 - CCS and CPC both involved
- Identifying options for sustainability
 - CCS, province, CPAC

Cancer Risk Communication in Gender and Sexually Diverse Communities

- Aim: To improve cancer-related risk behaviours in GSD adults through designing targeted prevention messages, providing a tailored clinic-based risk reduction intervention, adapting a targeted cancer screening program, and gaps in knowledge about the health needs of the GSD populations in care providers
- LOI just approved by CCSRI, application preparation in progress

Key features

- Generating the idea
 - CCS-generated in response to CPC query, CPC had some experience in area
- Getting funding
 - CPC taking lead role
- Designing the intervention/data collection tool
 - Screening intervention based on CCS model
- Implementing the intervention
 - Primarily CPC
- Collecting, analyzing, and interpreting data
 - Joint – CPC PI, CCS Co-I
- Disseminating and transferring project results
 - Joint
- Identifying options for sustainability
 - Joint

Across the projects

- Depending on the project, the partners played different roles
- Certain key components need to be considered whenever joint projects are undertaken:
 - Recognition of different “cultures” in the research and community organization environments
 - Consideration of the priorities of the organization
 - Need to identify champions to move projects forward
 - Building on strengths
 - Making sure that each partner has adequate resources to complete its work
 - Ensuring that there are appropriate “products” and rewards that benefit each partner
- Building effective relationships, trust, and communication strategies requires long-term commitment

But be open to active listening
and



Conclusions:

- Vertical integration provides a way to capitalize on the respective strengths of researchers and community organizations to enrich each group.
- Closer connections between researchers and organizations such as the CCS offer the potential to reduce the time lag between the generation of research findings and their application in policy and practice.