

What is the BETTER approach?

The **BETTER** approach focuses on prevention and screening of cancer, diabetes, heart disease and associated lifestyle factors (nutrition, exercise, smoking, and alcohol). Specifically, the approach identifies a new role in the primary care setting (the **BETTER Prevention Practitioner™**), which can be taken on by any clinician/allied health professional.

Informed by the **BETTER toolkit**, the purpose of this skilled role is to work directly with patients to determine which cancer and chronic disease prevention and screening (CCDPS) actions they are eligible to receive, and through a process involving shared decision-making and S.M.A.R.T. (specific, measurable, attainable, realistic, time-based) goal setting, develop a unique, personalized “Prevention Prescription” with each patient.

The personalized **BETTER Prevention Prescription™** is based on blended evidence-based guidelines on prevention/ screening actions specific to the patient’s personal medical history, behavioural risk factors, and family history. Patients **40 to 65 years of age** are targeted, since most chronic disease prevention and screening activities in primary care are applicable to people in this age group.

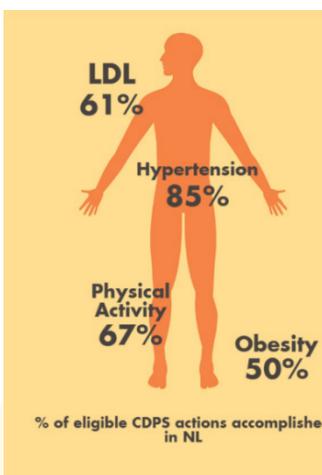
Evidence behind the program

1 BETTER trial

- ▶ Three-year project possible through a grant from the Canadian Partnership Against Cancer, Health Canada, and the Heart and Stroke Foundation of Canada
- ▶ Pragmatic cluster randomized controlled trial in Alberta and Ontario
- ▶ Demonstrated significant increase in achievement of eligible chronic disease prevention and screening actions (such as colon, breast, and cervical cancer screening, diabetes screening, and improvement in lifestyle issues such as unhealthy diet, inadequate physical activity, etc.) versus usual care



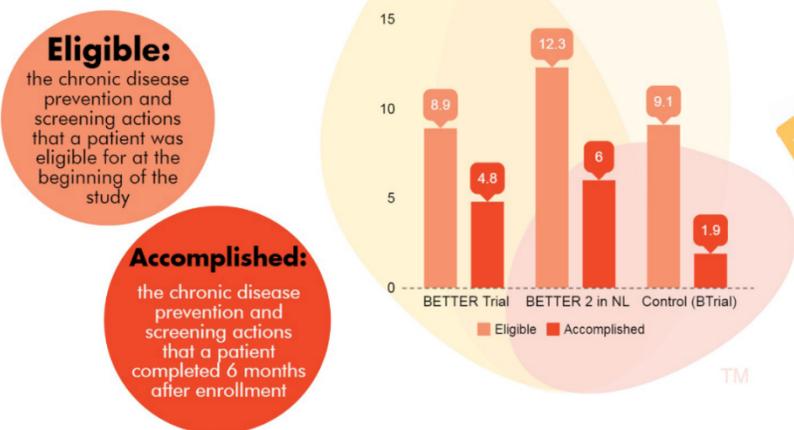
2 BETTER 2: implementation study



% of eligible CDPS actions accomplished in NL

- ▶ Two-year project possible through a Canadian Partnership Against Cancer grant
- ▶ Study looked at promoting the uptake of research findings into practice
- ▶ Two approaches: (1) Primary Care in NL: three clinics (St. John's, Rural Avalon, Labrador) introduced the role of prevention practitioner into practice. Like the BETTER trial, it also showed improvements in the completion of appropriate preventive care. (2) Public health in NWT: tools were created to help support CDPS at a territorial level
- ▶ Illustrated that the BETTER approach to CDPS works in a wide range of geographic and clinical settings

3 Results summary



Patient Perspectives

“It was nice to have someone look at the big picture regarding my health and develop a plan for me to go forward. Wish I had someone a preventative nature long before this. Bravo!”

“[Prevention Practitioner was] friendly, non-judgmental. Assisted me with problem solving around my issues and helped me establish attainable and measurable goals within a set timeline.”

The BETTER Prevention Practitioner Training Institute

Our Mandate

To improve cancer and chronic disease prevention and screening for cardiovascular disease, diabetes, colorectal, breast, and cervical cancers and their associated lifestyle factors in patients 40-65 years of age.

Areas of Focus

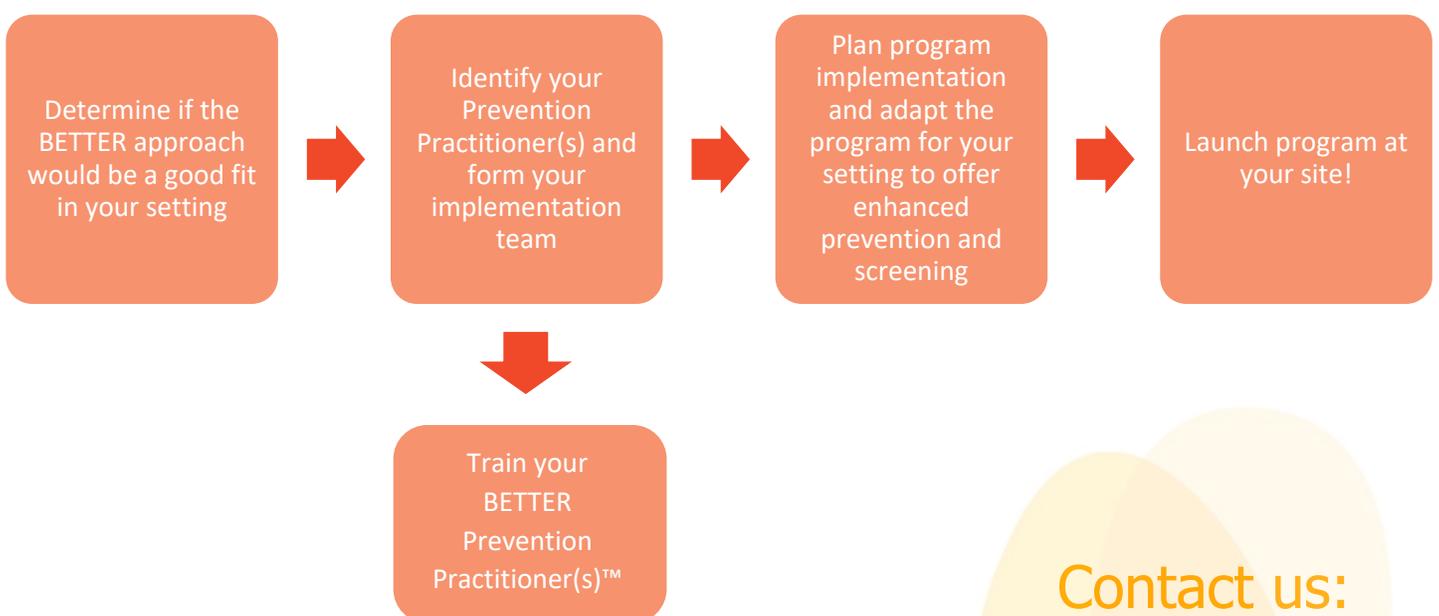
Training of BETTER Prevention Practitioners™: hands-on training of healthcare professionals on the Prevention Practitioner role and BETTER approach.

Implementation Support: tailored implementation and adaptation support to primary care practices and organizations interested in adopting the BETTER approach.

Ultimately this project has the potential to improve the health of Canadians through the introduction of a new model of care that integrates cancer and chronic disease prevention and screening into diverse primary care settings throughout Canada.



Bringing BETTER to you and your patients



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