



EXECUTIVE SUMMARY

A leading cancer journal recently reported that the United States had experienced the most significant drop in cancer deaths in more than 70 years, pointing to cancer prevention, early detection, and treatment as the likely explanation. The researchers warned, however, that the fight against cancer is far from over.¹ Cancer control efforts must continue to work toward reducing the burden of cancer for all Americans. Thus, the Governor's Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey (the Task Force), established by Executive Order 114 and memorialized by Public Law 2005, Chapter 280, continues its mission of developing and implementing the *New Jersey Comprehensive Cancer Control Plan* (the *Plan*).

THE FIRST FIVE YEARS

New Jersey's comprehensive cancer control program grew from a charge in 2000 by former Governor Whitman, who established the Task Force and the Office of Cancer Control and Prevention (OCCP). Under the auspices of the Office of the State Epidemiologist, New Jersey Department of Health and Senior Services, OCCP coordinates all statewide cancer control efforts, which include the Task Force, its standing committees, workgroups, and the 21 county cancer coalitions (Coalitions)—a volunteer cadre of over 2,000 individuals and organizations.

Utilizing guidelines developed by the Centers for Disease Control and Prevention (CDC),² the Task Force told New Jersey's story of cancer incidence and mortality as a spur to reducing the burden of the disease among its citizens. Supported through state appropriations, the Task Force conducted the first-ever statewide capacity and needs assessment in each of New Jersey's 21 counties, both to benchmark the current status of the cancer burden in each county and to develop an extensive inventory of the state's cancer-related activities and resources.

The Task Force and its work have been recognized nationally by the CDC for its local implementation model; and internationally by Canada as it began to develop its own nationwide cancer plan. Among the highlights of the first five years of implementation, as reported in the *2006 Status Report to the Governor and Legislature*,³ are the following:

- The majority of all strategies (82%) found in New Jersey's first *Plan* released in 2003 are either completed or ongoing. The remaining strategies have encountered barriers, primarily insufficient funding or a shortage of volunteers to spearhead the strategy.
- One of the greatest successes of New Jersey's program thus far is the establishment of a cancer Coalition in each county. Many Coalitions have been extremely successful in bringing together various stakeholders, including those from competing organizations, to implement cancer prevention and control activities.
- Results of the statewide initiative of the county-based cancer capacity and needs assessments have been disseminated to the public and are continually utilized by county cancer Coalitions and other groups to prioritize local cancer initiatives.
- In 2004, the OCCP was selected to join the National Comprehensive Cancer Control Program of the CDC through a cooperative agreement award. The CDC has praised the



nature and extent of evaluation efforts in New Jersey. Prominent among these was an assessment of stakeholders that revealed overall satisfaction among the Task Force members and its volunteer base with respect to membership, communication, implementation, process, and collaboration. Further analysis demonstrated representation of the key types of organizations suggested by the CDC both organizationally and geographically among its stakeholders.

THE BLUEPRINT FOR 2008–2012

The Task Force began development of the second edition of the *Plan* utilizing best practices and the internal monitoring system developed by the Battelle Centers for Public Health Research and Evaluation in conjunction with the University of Medicine and Dentistry of New Jersey, New Jersey Medical School. The *Plan*'s evidence-based chapters are grounded in data provided by the New Jersey State Cancer Registry and trends gleaned from peer-reviewed publications. Highlights from the second edition of the *Plan*, developed by the Task Force and its workgroups and standing committees, are presented below. Please note that legislative initiatives, clinical trials, and the application of current technologic research and resource data are integrated as recurrent themes throughout each chapter.

Advocacy. The primary focus of this Task Force standing committee is continuation of the internal structure and funding for cancer awareness, education, and early detection programs. Committee members will continue to advocate for increased access to cancer care and for reducing cancer-related health disparities among minorities and the medically underserved.

Nutrition and physical activity. The Nutrition/Physical Activity Workgroup plans to promote long-term healthy eating patterns, healthy weight, and physical activity with an overall goal of reducing cancer incidence in New Jersey by improving diet and increasing physical activity among the state's residents. Additionally, workgroup members aim to improve survival and quality of life among cancer patients and survivors by assuring proper nutritional care.

Palliation. An overall goal to increase awareness of and access to palliative care services, defined as beginning with the diagnosis of cancer, has this workgroup planning to integrate the knowledge of palliation into professional, public health, and legislative systems. Workgroup members will also be addressing the benefits and risks of the utilization of complementary and alternative medicine in palliative care.

Breast. The key elements of this chapter continue to be awareness and education for those at higher than expected risk of developing breast cancer. This workgroup will also be focusing on improving patient awareness and education relating not only to screening, but also to rescreening and follow-up visits to maximize optimal outcomes.

Childhood. The overall goal of this workgroup is enhancing the quality of life of the child, adolescent, and/or young adult cancer patient from diagnosis through treatment to survivorship across the life span. Workgroup members will continue to stress the importance of awareness of late effects, neurocognitive and psychosocial deficits, as well as advocacy issues related to long-term survivorship, e.g., education, employment, and insurance coverage.



Colorectal. Raising awareness of colorectal cancer with respect to effective measures available for prevention, detection, and treatment remain a goal for this chapter. Workgroup members will also address measures to increase colorectal cancer screening rates in an effort to reduce this third leading cause of cancer among New Jersey residents.

Gynecologic. Renamed to acknowledge inclusion of ovarian cancer, the former Cervical Cancer Workgroup will strive to increase public, patient, and professional awareness and education regarding cervical and, now, ovarian cancers. The workgroup will also be addressing utilization of the human papillomavirus vaccine in indicated populations, the fostering of clinical research, and increased participation in clinical trials.

Lung. This workgroup continues its tradition of support for the New Jersey Comprehensive Tobacco Control Program and also aims to increase the proportion of providers who will implement the Public Health Service guidelines regarding tobacco-dependency treatment. Workgroup members will further address heightening public awareness and knowledge of lung cancer, its risk factors, symptoms, treatment, and the potential for early detection.

Melanoma. The Melanoma Workgroup intends to increase the practice of preventive behaviors among New Jersey's youth, promote worksite education by employers to employees, and educate the community on melanoma and other skin cancers based on experience gleaned through its collaboration on a K–12 sun safety program. The workgroup will also address measures to decrease the exposure of New Jersey residents to ultraviolet radiation from the use of tanning beds and booths.

Oral and oropharyngeal. New Jersey has the distinction of being the first state with a chapter of its plan dedicated to oral cancer. Moving forward with this model, the Oral Cancer Workgroup will continue its goal of heightening public awareness of oral and oropharyngeal cancers and the need for access to screening for all segments of the population. Workgroup members will also continue to collaborate with their colleagues—dentists, hygienists, specialty physicians—to increase the current level of education and training among healthcare providers.

Prostate. Promoting a public health message regarding screening, the benefits and risks of early detection, and the follow-up necessary for normal and abnormal screening and treatment continues to be the major focus of this chapter. Workgroup members will also continue to address increasing access to prostate cancer services for all New Jersey men through education, screening, treatment, and palliative care.

MOVING FORWARD

Implementation of the second *New Jersey Comprehensive Cancer Control Plan* (2008–2012) will herald an invigorated campaign to address the issues facing New Jersey cancer patients and their families. Addressing survivorship and diversity, *Plan* implementation will continue with unwavering support from the New Jersey Department of Health and Senior Services and the coordinated efforts of its relevant programs—the OCCP, the New Jersey State Cancer Registry, the Division of Family Health Services, the New Jersey Commission on Cancer Research, and the Comprehensive Tobacco Control Program.



Implementation of the second *Plan* will require continuing intensive collaboration among the Task Force and its public and private partners. An impressive collaborative effort has already produced this document. Yet, New Jersey’s comprehensive cancer control initiative can only continue to grow by expanding the efforts of the volunteers who have already invested their time, energy, and expertise to make this *Plan* happen. Partnerships can and should be optimized with a focus on mutual benefits and a coordinated approach to planning as a means to achieve the “higher good” of reducing cancer’s burden in the state.

The cornerstone of implementation will be periodic updating of the statewide capacity and needs assessment, through which the most current and accurate information is made available to the public via the OCCP website—www.njcancer.gov. This information will also be invaluable to the Task Force, its standing committees, workgroups, and county cancer Coalitions as they prioritize implementation based on the most current evidence. The New Jersey State Cancer Registry will play a pivotal role as a data resource able to document the differential cancer burden in various geographic locations and segments of the population, thus guiding delivery of effective and appropriate interventions to those in greatest need.

No discussion of *Plan* implementation would be complete without addressing the critical importance of funding. The state of New Jersey has clearly demonstrated its support through annual appropriations, and with New Jersey’s recognition as a comprehensive cancer control state, cooperative agreements and grant monies have been awarded by the CDC. Foundations and not-for-profit organizations have also provided not only financial but also in-kind support for this “organization of organizations”. Yet, as CDC points out in its *Guidance for Comprehensive Cancer Control Planning*, the ongoing activity of mobilizing support extends beyond merely securing funding. It requires a broad campaign that increases visibility, develops political will, and enhances awareness of community leaders, who become advocates for both funding and implementing portions of the *Plan*.² This has been the vision of the Task Force since its inception and will continue to inspire the actions of its members as they engage current and new partners in comprehensive cancer control, not for their expertise alone, but because they are key decision-makers who can advocate persuasively for and deliver on commitments to *Plan* implementation.

Successful implementation will continue through the demonstrated effectiveness of the OCCP in facilitating consensus-building and coordination among a diverse mix of partners and activities. Further, an enhanced emphasis on communication—through establishment of a Task Force Standing Committee charged to develop a communications plan—can only improve the dialogue among collaborators. Impact will be measured under the guidance of the Evaluation Committee, with an emphasis on context, implementation, and outcome logic models in development of an annual evaluation plan and status report assessing progress by the Task Force.

The value of the *Comprehensive Cancer Control Plan* lies in improved integration and coordination of cancer control activities among relevant New Jersey agencies, organizations, and individual stakeholders. This collaborative effort will reduce duplication and enhance delivery of programs at the state and community levels, to the ultimate benefit of all New Jerseyans. Together we can make a difference.



References

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