

**A Communications Plan for the
2008-2012 New Jersey Comprehensive Cancer Control Plan**

April 18, 2008

Executive Summary

The CDC defines comprehensive cancer control as an “integrated and coordinated approach to reducing cancer incidence, morbidity and mortality through prevention, early detection, treatment, rehabilitation, and palliation.”¹ Integration and coordination among the many stakeholders involved in comprehensive cancer control in NJ demands ongoing, multidirectional communication. While communication activities are currently ongoing throughout the New Jersey Comprehensive Cancer Control Plan (NJ-CCCP) implementation process, they are frequently intermittent and in need of a coordinated focus. The objective of this document is to formalize, integrate and expand these efforts to unify the public face of comprehensive cancer control in NJ.

Utilizing results of evaluation of previous activities, analysis of implementation barriers, the recommendations of the Comprehensive Cancer Control Leadership Institute, and the Office of Cancer Control and Prevention’s Centers for Disease Control and Prevention (CDC) National Comprehensive Cancer Control grant workplan as guides, the OCCP, together with the Communications Committee, recommends the following goals for coordinating strategic communications:

- To position the Task Force to carry out coordinated communications activities as specified in the Implementation Chapter of the 2008-2012 NJ-CCCP.
- To raise awareness and utilization of cancer prevention, early detection and treatment resources among all NJ residents according to the goals, objectives, and strategies of the NJ-CCCP.
- To raise awareness of the OCCP, the Task Force and the NJ-CCCP throughout NJ, including their purpose, activities, accomplishments, benefits and resources.

- To foster partnerships with organizations throughout NJ in order to maintain and expand a large network of stakeholders engaged in implementing the NJ-CCCP.
- To maintain and expand financial and administrative support of comprehensive cancer control initiatives in NJ.

The implementation of this strategic Communications Plan will be coordinated by the Communications Committee and carried out by the Task Force, its workgroups, committees and county cancer coalitions. Evaluation of this Plan will be carried out by the Evaluation Committee of the Task Force. Necessary revisions to this Plan may be made in order to accommodate recommendations of the Evaluation Committee.

Background

New Jersey Executive Order 114 established the Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey (Task Force) on May 9, 2000. In December 2005, Assembly Bill No. 4071 and Senate Bill No. 2733 were enacted as P.L.2005, c.280, by the NJ State Legislature, officially establishing the Task Force as a mandated Governor's appointed body, charged with developing and implementing a NJ-CCCP. The Task Force developed the *2003-2007 NJ-CCCP*, released by the Governor in January 2003, which focused on seven priority cancers* and dealt with overarching issues† and topics related to the future of cancer control and prevention in New Jersey.‡² Owing to the large success of the first Plan, in December, 2007, the Governor approved a second five-year plan, also developed by the Task Force. The *2008-2012 NJ-CCCP* charges the Task Force with the development and implementation of a Communications Plan.³ As a first step, the Task Force established a new

* Seven priority cancers: breast, cervical, colorectal, lung, melanoma, oral/oropharyngeal, and prostate

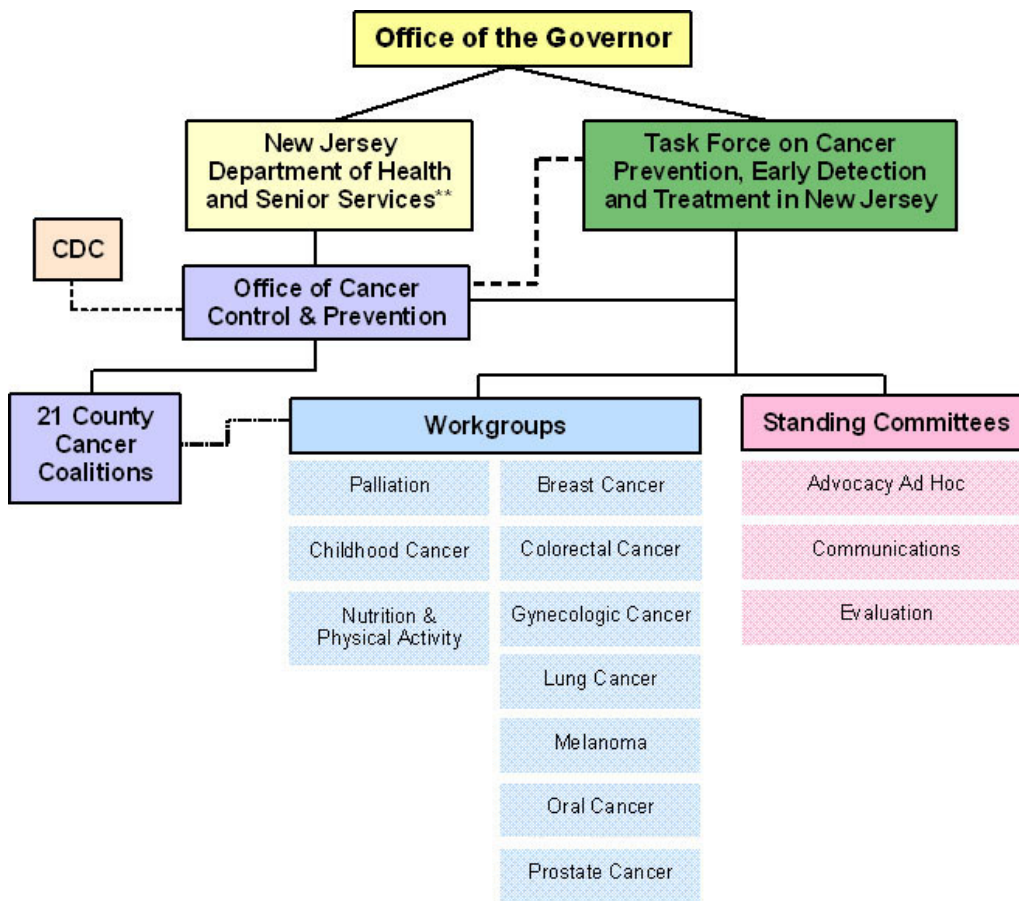
† Overarching issues: palliation, childhood cancers, access and resources, advocacy, and nutrition and physical activity

‡ Future issues: emerging trends, implementation, and evaluation

Standing Committee whose primary focus would be, together with the OCCP, to develop and implement such a plan.

The OCCP, established within the NJ Department of Health and Senior Services (NJDHSS), is totally dedicated to developing and maintaining an infrastructure to ensure coordinated and integrated cancer control efforts in New Jersey. To that end, the OCCP funds each of New Jersey’s twenty-one counties to implement the NJ-CCCP at the local level through a county cancer coalition.

The organizational structure for the implementation of the NJ-CCCP is depicted below.⁴



**Includes activities of Cancer Epidemiology Services, the NJ Commission on Cancer Research, the NJ Cancer Education & Early Detection Program, and the Center for Health Statistics.

Communication is a key element to ensuring that comprehensive cancer control in NJ fulfills its promise of integration and coordination. Currently, there are more than 1,200

individual stakeholders involved in comprehensive cancer control activities in NJ, representing over 500 distinct organizations. Through participation in the 2004 Comprehensive Cancer Control Leadership Institute (CCCLI), the Task Force recognized that the coordination of a coalition of this size and diversity requires open channels of communication and consistent messages to facilitate the exchange of ideas, to clarify and reinforce the purpose and importance of Comprehensive Cancer Control in NJ and to promote ongoing collaboration. Development of a strategic Communications Plan and the infrastructure to support it was among the recommendations of the CCCLI. Based on this recommendation, the OCCP included the development of a formal communications plan in the workplan of its 2007 CDC National Comprehensive Cancer Control competitive grant application. Although this portion of the application was not funded, the OCCP moves forward with the communications plan development as a necessary step in the implementation of the *2008-2012 NJ-CCCP*.

Intended Audience

Based on a sophisticated internal monitoring program (IMP), the Office of Cancer Control and Prevention (OCCP), together with the Communications Committee, has identified six target audiences with which the Task Force, workgroups, standing committees, and coalitions regularly interact. They are: (1) NJ Residents/Lay Community; (2) NJ Professional Community; (3) Current NJ Comprehensive Cancer Control Partners; (4) NJDHSS Hierarchy; (5) Government officials; and (6) Media. Each of these audiences has a unique role to play in comprehensive cancer control and therefore has distinct communication needs.

NJ Residents/Lay Community – The population of NJ has a diverse background, characterized by various cultural beliefs, socioeconomic conditions, and languages. A communication strategy which includes the public must take into consideration this diversity.

The NJ lay community is a primary audience identified in the NJ-CCCP. This audience includes cancer patients and their families; those residents of NJ who are eligible for or in need of cancer screenings; those at high risk for developing cancer; and all individuals who would benefit from an enhanced awareness of cancer prevention, early detection and treatment. Particular attention must be given to the underserved populations in NJ, including those without health insurance and those without adequate health insurance. This population often suffers a disproportionate burden of cancer due to lack of access to healthcare services. Research has shown that lack of awareness and access are among the many barriers to utilization of health services. By improving the public's understanding of the benefits of accessing primary and secondary preventive services, the Task Force aims to improve demand for and utilization of cancer screening and early detection and to ultimately reduce morbidity and mortality from cancer in NJ. The Task Force is also dedicated to reducing health disparities by helping to ensure healthcare access to the underserved.

NJ Professional Community – The health professional community in NJ is a secondary audience identified in the NJ-CCCP as in need to increased education and awareness. The NJ-CCCP calls for initiatives which focus on increasing knowledge and understanding of current cancer screening guidelines, cultural competencies, trends in cancer incidence and mortality, and other skills necessary to providing patients with the best standard of care. This audience includes all stakeholder groups involved in any aspect of cancer prevention, early detection, or treatment, as well as any organization with the potential to be a beneficial resource for NJ-CCCP implementation. These may include, but are not limited to: faith-based leaders, librarians, educators, corporate employers, professional societies, volunteer organizations, etc. According to the CDC, although comprehensive cancer control is not a new concept to many in the cancer

community, there remain key organizations and individuals who are unaware of the benefits of comprehensive cancer control.⁵ It is of primary importance, then, to promote comprehensive cancer control and to raise awareness of its value among health practitioners, community leaders and key opinion leaders, advocates, the cancer community, and other key stakeholder groups. Stakeholder assessments, as well as analysis of the barriers to implementation from the first five-year NJ-CCCP revealed gaps in stakeholder representation. To overcome these barriers, the Task Force and the OCCP must engage in continuous recruitment of new participants in the NJ-CCCP implementation process, identifying and filling gaps in key stakeholder representation.

NJ-CCC Current Partners – This audience includes those individuals and organizations actively participating in NJ-CCCP implementation through formal representation on the Task Force, its workgroups or standing committees, or through a county cancer coalition. A formal stakeholder assessment, conducted by The Task Force, has identified a need to establish and continuously improve the ongoing dialogue among its many involved stakeholders in order to encourage their continued support of and participation in NJ-CCCP implementation activities. Partners themselves have expressed a necessity for communication channels through which to exchange ideas and information, as well to identify opportunities for collaboration and integration of resources, which are at the very core of the mission of comprehensive cancer control. The *2006 Status Report to the Governor* likewise recommends improved communication channels among currently involved stakeholder groups, based on its analysis of the 2006 Partnership Self-Assessment conducted by the OCCP of its involved stakeholders.⁶

NJDHSS Hierarchy – This audience includes the senior staff whose responsibility it is to oversee the NJDHSS and its programs. As a program of the NJDHSS, the OCCP relies heavily on the support and endorsement of the internal NJDHSS hierarchical structure. The functions of

the OCCP and the Task Force often call for collaboration with other State agencies, such as the NJ State Cancer Registry and the Center for Health Statistics. Multidirectional communication channels are integral to the development and maintenance of strong intradepartmental relationships.

Government Officials – This audience includes all elected officials in NJ, including the State Assembly, Senate, and Office of the Governor who have the responsibility of strategically allocating State funding and instituting comprehensive cancer control legislation, including that which reduces health disparities by ensuring access to health services for the uninsured and underinsured. The OCCP and, indirectly, the county cancer coalitions, are funded primarily by money from State appropriations. In addition, State funds are used to provide cancer screening to the uninsured through the New Jersey Cancer Education and Early Detection (NJCEED) program[§] and to support data collection efforts through the New Jersey State Cancer Registry, both integral elements in the implementation of the NJ-CCCP. Maintenance or expansion of the funds allocated to comprehensive cancer control in NJ is achieved through demonstrating successes and key benefits to key decision makers, generating political good will. While the OCCP is prevented from lobbying to elected officials due to its position as an entity within the NJ State government, partnerships have been built with non-profit advocacy organizations to lobby on behalf of the Task Force, the OCCP, and all individuals and organizations with an interest in cancer control.

Media – In the absence of adequate funding to purchase paid advertising, the OCCP and the Task Force must rely on the news media to disseminate key messages. A consistent presence in the news media lends public support and credibility to an organization, in addition to aiding in

[§] NJCEED provides free and low-cost breast, cervical, prostate and colorectal cancer screenings for uninsured and underinsured men and women at or below 250% of the federal poverty level.

the accomplishment of key objectives to reach target audiences. Generating and maintaining interest from the media will help to build the positive public image of comprehensive cancer control in New Jersey. The media should be involved, to the extent possible, in all aspects of NJ-CCCP implementation. They should be invited to participate in special events and functions and notified of the release of key reports, including reports on evaluation and progress of comprehensive cancer control efforts. The news media are an invaluable resource not only as a target audience, but also as a major vehicle for communicating key messages and important facts about the purpose, activities, accomplishments, benefits and cancer control information sources of the OCCP, the Task Force and the NJ-CCCP to other audiences throughout New Jersey.

Communication Channels

Throughout the implementation of the *2003-2007 NJ-CCCP*, the Task Force and the OCCP have utilized various vehicles for encouraging and facilitating communication among the many involved stakeholders. Multiple communication channels are currently in use in NJ-CCCP implementation. They include: (1) a website; (2) an electronic newsletter; (3) materials for distribution; (4) special events; (5) internal and external reports; and (6) press releases. Each of these channels attempts to fill an identified need in NJ-CCCP implementation. Their inclusion in this plan will standardize their use across all comprehensive cancer control activities.

Website – Hosted by the State of NJ, the website www.njcancer.gov is maintained to provide general information and data regarding cancer, the Task Force, and the OCCP, as well as links to outside cancer resources. More recently, the website has been used as a portal to aid the public in accessing local cancer resources collected through a statewide cancer capacity and needs assessment and updated through partnerships with various state agencies. Resources available to visitors to the site include: hospitals; hospices, mammography centers; centers for

primary healthcare; NJCEED programs; and county cancer coalitions. Periodic surveys of website users are employed to continuously improve the content and usability of the website. During the implementation of the 2008-2012 NJ-CCCP, the portal will be expanded to include other resources, such as nutrition and physical activity programs and cancer support groups. Plans are underway to also provide access to the most current cancer resource information via a toll-free telephone number for those without access to the World Wide Web.

Electronic Newsletter – The OCCP, together with the Task Force, publishes a quarterly electronic newsletter which is disseminated to over 1,100 involved partners. The newsletter includes articles highlighting NJ-CCCP implementation activities throughout the State, at both the State and county levels. It demonstrates and encourages the integrated and coordinated efforts of the partners involved in the Task Force, its workgroups and standing committees. Other OCCP publications, including an annual report, a biennial evaluation report to the Governor and legislature, and an annual progress report to the CDC, are additional tools used to disseminate the activities and value of NJ-CCCP implementation. Expanding the scope of the distribution of these materials is expected to aid in the recruitment of new partners.

Materials for Distribution – The OCCP publishes various materials for distribution, both publicly and among professional audiences. Printed materials may take the form of reports, fact sheets, brochures, posters or flyers. Materials are either developed by the OCCP or the county cancer coalitions, or are used with permission from the developing agency and modified to best fit the current need in NJ. Printed materials are easily developed and produced, relatively inexpensive, and easily distributed via the internet, mail, or at special events. However, they can quickly become outdated, may encounter cultural and linguistic barriers, and are often wasted in circulation. To overcome this, the Communications Standing Committee will emphasize the

necessity of using only culturally appropriate materials, taking health literacy competencies into account during material development and selection. Other materials for distribution may include electronic mailings, video recordings, or promotional novelty items. The Communications Committee will set standards and work to ensure that all distributed materials include consistent comprehensive cancer control messages.

Special Events – The Task Force, its workgroups and standing committees, together with the OCCP and the 21 county cancer coalitions, hold frequent symposia throughout the state, targeted toward either the lay community or health professionals. These conferences, along with other events such as health fairs and various speaking engagements, provide ideal settings for generating awareness and support of the NJ-CCCP. Each opportunity should be utilized for this purpose to its maximum benefit by ensuring that Task Force materials and consistent key messages are available and visible in the materials, displays and lectures at each event. The Communications Committee and implementation of the strategic Communications Plan will ensure widespread promotion of events, including engaging appropriate media outlets, to maximize attendance at these functions.

Internal and External Reports – The OCCP is mandated to produce an internal NJDHSS annual report; an annual progress report to the CDC; and a biennial status report to the governor and legislature. These reports include details of NJ-CCCP implementation progress achieved during the reporting period, obstacles encountered during implementation, successes and setbacks, and plans for the following reporting period. Every two years, the Evaluation Committee of the Task Force takes on the drafting of a report to the governor and the legislature based on an annual evaluation plan. As a public document the report is made available via the OCCP website.

Press Releases – The NJDHSS Office of Communications, housed within the Office of the Commissioner of Health, releases periodic announcements to the press. The OCCP has occasionally utilized these for the widespread public dissemination of key milestones, such as the public release of the NJ-CCCP and the results of the statewide cancer capacity and needs assessment. Press releases are ideal vehicles for reaching widespread public audiences. Fostering a relationship with the Office of Communications, through its representation on the Task Force Communications Committee, would facilitate the most effective use of this communication channel.

While these vehicles are already in practice by the Task Force and the OCCP, their use is in need of a unifying, consistent coordinated focus and process. In addition to formalizing and coordinating these existing communication channels and the protocols for utilizing them most effectively, the Communications Committee will examine other message delivery systems, including, but not limited to: a speakers' bureau; web-based educational seminars; and social (social?) marketing. As these and other communications tools are developed, it will become necessary to provide guidance for their use to the Task Force and its various entities in order to ensure their consistency.

Key Messages

The Communications Committee has established the need and importance of developing consistent, recognizable, and culturally appropriate messages, including logos and taglines, for use in all communications. These messages should emphasize the value of continued support of the OCCP and the NJ-CCCP, as well as the benefits of cancer prevention, early detection and treatment. These messages must be consistent, not only across state-level workgroup activities, but also throughout all twenty-one county cancer coalitions and must be disseminated through

multiple media channels, including print, electronic, radio and television, in order to most effectively reach their intended audience. Key messages are those which support and reinforce the goals and objectives of this Communications Plan. They must be targeted to specific audiences and disseminated through those communications channels identified as most appropriate for reaching each target audience. Key messages should be clear, consistent, and evidence-based and should make use of the most up-to-date data available in order to ensure their credibility and defensibility.

The CDC suggests four primary, overarching messages when promoting the benefits of comprehensive cancer control: (1) A united front is more powerful; (2) Working together is more efficient; (3) Collective action creates new allies; (4) Coalitions can tackle cross-cutting issues.⁵ The Communications Committee will develop additional key messages directed at the identified target audiences and based on the goals, objectives and strategies of the NJ-CCCP. In addition, it will be necessary for the Committee to establish protocols for the Task Force, workgroups, committees, and coalitions to implement in disseminating key messages in order to maintain consistency of messages across all comprehensive cancer control initiatives throughout the State.

Goals, Objectives and Strategies

The following goals, objectives and strategies are based on the evaluation of impediments encountered during the implementation of the *2003-2007 NJ-CCCP* and have been formulated to meet the needs of the stakeholders involved in *2008-2012 NJ-CCCP* implementation.

Positioning the Task Force

Chapter 12 of the 2008-2012 NJ-CCCP, entitled *Implementation*, charges the Task Force with the establishment of a Standing Committee to develop and implement a Communications Plan in order to implement the strategies of the NJ-CCCP requiring effective outreach and a

public interface, and also to sustain and strengthen the growing coalition partnerships involved in NJ-CCCP implementation. The Task Force began by designating a Communications Standing Committee chairperson from among its appointed body. The designated chairperson met with OCCP staff in an initial planning meeting, and it was determined that an effective Communications Standing Committee should include, but not be limited to, representatives from: the NJDHSS Office of Communications; the NJDHSS Office of Information Technology Services; the NJ Department of Education; state professional organizations (i.e. NJ Hospital Association, NJ Dental Association, Medical Society of NJ, etc.); major print, television, and radio media; multicultural organizations; and other state agencies. The newly-formed Communications Standing Committee has accepted the tasks of developing and implementing this statewide strategic Communications Plan for comprehensive cancer control.

GOAL 1

To position the Task Force to carry out coordinated communications activities as specified in the Implementation Chapter of the 2008-2012 NJ-CCCP.

Objective 1.1

To establish and maintain a Standing Committee of the Task Force dedicated to developing and implementing a strategic Communications Plan.

Strategies

- 1.1.1** Identify and invite key stakeholders to designate a representative to participate in a Communications Standing Committee of the Task Force.
- 1.1.2** Designate a Task Force member to serve as chairperson of the Communications Standing Committee.
- 1.1.3** Develop and ensure that the goals, objectives and strategies of the Communications Plan are aligned with the overarching priorities and goals of the NJ-CCCP.
- 1.1.4** Develop action steps for implementing the Communications Plan.
- 1.1.5** Convene regular meetings of the Communications Standing Committee.

- 1.1.6** Establish milestones and benchmarks for tracking progress in the implementation of the Communications Plan.
- 1.1.7** Provide regular progress reports to the Task Force and determine if and when highlights of such reports should be disseminated to the media and other audiences as appropriate.

Awareness of Cancer Prevention, Early Detection and Treatment

The Task Force has identified public education and awareness as a top priority for reducing the cancer burden in New Jersey. Throughout the NJ-CCCP are goals, objectives, and strategies aimed at increasing public awareness of cancer prevention, early detection and treatment, and of resources available throughout the State to assist residents in accessing cancer-related services and information. An interactive web-based resource guide and a toll-free telephone number both have been identified as appropriate mechanisms for providing public access to cancer resource information. Printed materials, such as fact sheets and brochures, may be used to supplement these tools. The Communications Committee has determined that, in order to reach a greater proportion of New Jersey residents, these resources should be made available in multiple languages and at a reading level appropriate to the target population. Active and coordinated promotion of these tools is essential to ensuring their widespread awareness and use and to making access to cancer resources more convenient to all New Jersey residents in need.

GOAL 2	To raise awareness and utilization of cancer prevention, early detection and treatment resources among all NJ residents, according to the goals, objectives, and strategies of the NJ-CCCP.
---------------	--

Objective 2.1

To facilitate convenient access to information about cancer resources throughout NJ.

Strategies

- 2.1.1** Develop and maintain a web portal for cancer information and resources.
- 2.1.2** Continually develop useful and appropriate user-friendly content for the website.
- 2.1.3** Establish and maintain a toll-free number for accessing cancer information and resources for those without access to the Web.
- 2.1.4** Promote the web portal and toll-free number at OCCP events and through print, radio, internet and/or television media campaigns.
- 2.1.5** Establish partnerships with organizations which can provide referrals to the OCCP web portal and toll-free number.
- 2.1.6** Develop, publish and distribute printed materials, such as fact sheets and brochures that include information about cancer resources in New Jersey.
- 2.1.7** Ensure that all distributed materials, both printed and electronic, are culturally and linguistically appropriate for their intended audience.

Objective 2.2

To implement strategies of the NJ-CCCP specifically pertaining to public awareness and education.

Strategies

- 2.2.1** Partner with key stakeholders to host conferences and other events aimed at implementing specific strategies of the NJ-CCCP.
- 2.2.2** Evaluate the effectiveness of conferences and other events at achieving the intended objectives, including attendance and attendee feedback. Provide recommendations for improvements.
- 2.2.3** Ensure that all materials developed for conferences and other events include consistent messages about the OCCP, the Task Force and the NJ-CCCP.

Awareness of NJ-CCCP

The success of comprehensive cancer control efforts, including the implementation of the NJ-CCCP, depends largely on support from and partnerships with the public at large, lay and professional communities. Generating awareness of comprehensive cancer control across all audiences is essential to gaining their support. All target audiences should be aware that the State of New Jersey, working through the Task Force and the OCCP, is dedicated to reducing and

eliminating the State’s cancer burden. Confidence in the purpose, activities, accomplishments and benefits of the OCCP, the Task Force and the NJ-CCCP must be earned by demonstrating successes, establishing a visible presence and awareness throughout the State and reporting significant milestones and benchmarks. All audiences also should be made aware of the resources available through the Task Force and the OCCP. Utilizing the media effectively to promote comprehensive cancer control in NJ will generate broader support and awareness and help to establish a positive collective reputation and links between the OCCP, the Task Force and the NJ-CCCP.

New Jersey health professionals must be made more aware that the Task Force and the OCCP share their commitment to improving the health of their patients through prevention, detection, and treatment of cancer, and that the Task Force and the OCCP are available to assist them in achieving this goal. The benefits of health professionals partnering with the Task Force and participating in comprehensive cancer control activities can easily be demonstrated and reinforced through appropriate formal and informal communication channels.

GOAL 3

To raise awareness of the OCCP, the Task Force and the NJ-CCCP throughout NJ, including their purpose, activities, accomplishments benefits and resources.

Objective 3.1

To raise public awareness among lay audiences of the OCCP, the Task Force and the NJ-CCCP, including their purpose, activities, accomplishments, benefits and resources.

Strategies

- 3.1.1** Develop consistent key messages to be used as boilerplate by all County Cancer Coalitions when interacting with the public or media or developing materials to promote special events and activities related to the purpose of the NJ-CCCP. Establish policies and protocols for governing their use.

- 3.1.2** Develop, publish and distribute culturally and linguistically appropriate printed materials, such as fact sheets and brochures, targeted at lay audiences that include clear basic information about the OCCP, Task Force and NJ-CCCP.
- 3.1.3** Develop, maintain and promote a website and toll-free phone number to be used by all audiences to gain access to ongoing and updated information about the OCCP, Task Force and NJ-CCCP.
- 3.1.4** Partner with key stakeholders reaching lay audiences to publicize events and provide referrals to the OCCP website and toll-free phone number.

Objective 3.2

To raise awareness among professional audiences of the OCCP, the Task Force and the NJ-CCCP, including their purpose, activities, accomplishments, benefits and resources.

Strategies

- 3.2.1** Develop an electronic newsletter and distribute throughout the professional communities in NJ.
- 3.2.2** Partner with key stakeholders reaching professional audiences to publicize events and provide referrals to the OCCP website and toll-free phone number.
- 3.2.3** Develop, publish and distribute printed materials, such as fact sheets and brochures, targeted at the professional communities that include pertinent information about the OCCP, Task Force and NJ-CCCP.

Objective 3.3

To increase the visibility of the OCCP, Task Force and NJ-CCCP, including their purpose, activities, accomplishments, benefits and resources.

Strategies

- 3.3.1** Establish partnerships within various media organizations, including print, television and radio.
- 3.3.2** Regularly inform media contacts of NJ-CCCP events, accomplishments, and other noteworthy occurrences.
- 3.3.3** Establish guidelines for stakeholders to follow when representing the Task Force, its workgroups, standing committees or coalitions to the media.
- 3.3.4** Coordinate efforts with the NJDHSS Office of Communications; the NJDHSS Office of Information Technology Services, state professional organizations represented on the Communications Standing Committee and other stakeholder

organizations, as appropriate, to ensure cooperation and maximize visibility through all communication channels

Sustaining Partnerships

The value of the New Jersey Comprehensive Cancer Control Plan is in its ability to improve integration and coordination of cancer control activities among New Jersey's diverse stakeholders and populations. This collaborative effort reduces duplication and enhances delivery of programs at both the state and community levels, to the ultimate benefit of all New Jersey residents. According to the CDC's guidance guidelines for comprehensive cancer control, building and sustaining partnerships is one of six key building blocks for comprehensive cancer control plan implementation.⁷ Sustainable partnerships are vital to the quality and success of comprehensive cancer control initiatives delivered in the State. Despite the involvement of over 500 organizations, encompassing more than 1,200 individuals, evaluation of the implementation of the 2002-2007 NJ-CCCP revealed a lack of principle change agents to spearhead specific objectives as a primary barrier. To overcome this, the Task Force has charged its constituents with the ongoing recruitment of new, previously uninvolved stakeholders, while still focusing on retaining existing partnerships. Continuous accrual of new stakeholders requires multiple communication channels. Engaging stakeholders through their professional organizations, through continuing education programs, and through speakers' bureaus will serve to further recruitment efforts.

Building a sustainable partnership base includes not only the recruitment of new stakeholders, but also the retention of current partners. In order to fully commit both time and resources to comprehensive cancer control activities, partners must profit from their participation. The benefits of participation include increased organizational visibility through

recognition, professional networking, opportunity to further individual organizational goals through collaboration, and the ability to accomplish more with limited resources.

Recognition of outstanding contributions to and achievements in comprehensive cancer control is an integral part of partner retention. Partners may be recognized at special events, such as the biennial Summit of the Task Force; through announcements in the quarterly electronic newsletter; through nominations for awards by outside organizations; and through other channels.

GOAL 4

To foster and strengthen partnerships with organizations throughout NJ in order to maintain and expand the large network of stakeholders required to engage in successfully implementing the NJ-CCCP.

Objective 4.1

To maintain existing participation in the NJ-CCCP implementation.

Strategies

- 4.1.1** Recognize individual and organizational partner contributions to the NJ-CCCP implementation through awards, certificates, and/or mention in published materials.
- 4.1.2** Recognize the contributions of all stakeholder partners during the hosting of a Task Force Summit and other relevant events.
- 4.1.3** Provide stakeholder partners with opportunities for networking and professional development.
- 4.1.4** Survey stakeholder partners to determine their level of involvement and satisfaction in being engaged in the implementing the NJ-CCCP and what benefits, awards and recognition would be most meaningful to them.

Objective 4.2

To encourage collaboration among workgroups, committees, and county cancer coalitions.

Strategies

- 4.2.1** Develop and distribute an electronic newsletter to all active stakeholders to keep them apprised of new and ongoing initiatives within the workgroups, committees, and county cancer coalitions.
- 4.2.2** Report activities of workgroups and committees at quarterly county cancer coalition coordinator meetings.
- 4.2.3** Report activities of county cancer coalitions at regular Task Force, workgroup, and committee meetings.
- 4.2.4** Encourage all stakeholder partners, including workgroup and committee members and county cancer coalitions, to participate in the annual Task Force Summit.
- 4.2.5** Establish and maintain a website through which to share best practices, information and resources among stakeholders. Continually develop useful, appropriate, user-friendly content (i.e. NJ-CCCP implementation toolbox) on the website.

Objective 4.3

To identify and further engage stakeholder groups not currently participating in NJ-CCCP implementation.

Strategies

- 4.3.1** Conduct regular assessments of stakeholder representation to ascertain gaps according to the CDC recommended list of stakeholder groups.
- 4.3.2** Reach out to unengaged stakeholder groups with invitations to participate in workgroups, committees, and county cancer coalitions.
- 4.3.3** Develop and distribute an electronic newsletter to prospective stakeholders within their professional communities.
- 4.3.4** Promote interest and involvement in the NJ-CCCP from unengaged stakeholder groups on the website.

Mobilizing Financial Support

Mobilizing financial support is another key building block for comprehensive cancer control plan implementation.⁷ The OCCP and the Task Force currently receive funding through several sources, including NJ State appropriations, a CDC Comprehensive Cancer Grant Award, and various grants from non-governmental organizations. The OCCP is further supported by in-kind contributions from its many partners in the cancer control community. Maintaining these funding streams in an often unpredictable political climate requires the need to generate strong support from key decision-makers and opinion leaders. Support for comprehensive cancer control may be generated through enhancing awareness among decision-makers and opinion leaders of the successes, benefits and degree of outreach of the program for the public at large and for various targeted audiences, as well as by engaging key community leaders in the comprehensive cancer control planning and implementation processes.

GOAL 5	To maintain and expand financial and administrative support of comprehensive cancer control initiatives in NJ.
---------------	---

Objective 5.1

To ensure legislative decision-makers and opinion leaders are aware of the value and contributions of the NJ-CCCP in reducing the burden of cancer in NJ.

Strategies

- 5.1.1** Establish effective communication pathways with NJ State legislators.
- 5.1.2** Develop fact sheets and executive summaries highlighting the purpose, accomplishments and benefits of the NJ-CCCP in reducing the cancer burden in NJ. Distribute to NJ State legislators through established communication channels.
- 5.1.3** Invite NJ state legislators and/or the Governor to participate in key comprehensive cancer control events, including the Annual Task Force Summit.

Objective 5.2

To ensure that NJDHSS decision-makers are aware of the value, purpose, accomplishments and benefits of the NJ-CCCP in reducing the burden of cancer in NJ.

Strategies

- 5.2.1** Establish effective communication pathways with NJDHSS administration, including the Deputy Commissioner and Commissioner.
- 5.2.2** Provide regular reports of the NJ-CCCP implementation highlights and success stories to NJDHSS administration through established communication channels.
- 5.2.3** Invite NJDHSS administration to participate in key comprehensive cancer control events.

Evaluation

Evaluation of this Communications Plan will be carried out by the Evaluation Committee of the Task Force, together with the Communications Standing Committee, as part of its implementation of an annual evaluation plan. Evaluation will be conducted every two years to coincide with the Task Force's biennial report to the governor and legislature. Process evaluation will gauge the extent to which the Communications Plan has been implemented, including tracking of activities and quantification of individuals reached within each of the identified target audiences. Outcome measures will vary by goal, and may include the use of surveys such as the NJ Behavioral Risk Factor Surveillance Survey, to measure awareness and behavior changes among both the lay and professional communities, stakeholder assessments to determine partnership improvements, and electronic surveys of web-based tool usability. These and other measures of the Communications Plan's effectiveness will be included in the annual Evaluation Plan, developed by the Evaluation Committee.

Conclusion

The objective of this strategic Communications Plan is to provide a framework for the formal, integrated, consistent and comprehensive communications necessary for the successful implementation of the 2008-2012 NJ-CCCP. Through careful analysis of needs identified by the experience of stakeholders implementing the 2003-2007 NJ-CCCP, together with the results of evaluation tools, such as an internal monitoring program, a partnership self-assessment tool, and recommendations from the CDC and evaluation reports, the OCCP and the Communications Standing Committee of the Task Force have developed goals, objectives and strategies for achieving this.

The newly-formed Communications Standing Committee will take on the implementation of this Plan, expanding its membership as necessary to fulfill the tasks set forth. The OCCP will continue to provide support to the Task Force and all its workgroups, standing committees and county cancer coalitions in carrying out communications activities. This coordination and integration of communication across the NJ-CCCP implementation will serve to further the mission of comprehensive cancer control to reduce the burden of cancer among all NJ residents through a collaborative, multidisciplinary approach.

References

¹ Given SG, Black B, Lowry G, Huang P, Kerner JF. Collaborating to conquer cancer: a comprehensive approach to cancer control. *Cancer Causes and Control* 2005;16(suppl. 1):3-14.

² Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey, State of New Jersey Department of Health and Senior Services, Office of Cancer Control and Prevention. *New Jersey Comprehensive Cancer Control Plan. Report to the Governor, 2002.*

³ Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey, State of New Jersey Department of Health and Senior Services, Office of Cancer Control and Prevention. *New Jersey Comprehensive Cancer Control Plan. Report to the Governor, 2008.*

⁴ Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey, State of New Jersey Department of Health and Senior Services, Office of Cancer Control and Prevention. *Evaluation Plan for the 2003-2007 Comprehensive Cancer Control Plan. 2006.*

⁵ Division of Cancer Prevention and Control. Centers for Disease Control and Prevention. *Comprehensive Cancer Control Promotional Toolkit.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. 2006.

⁶ Weiss SH, Rosenblum DM, Kim JY. *New Jersey Comprehensive Cancer Control: 2006 Status Report to the Governor and Legislature from the Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey.* December 2006.

⁷ Centers for Disease Control and Prevention and Battelle Centers for Public Health Research and Evaluation. *Guidance for Comprehensive Cancer Control Planning.* Atlanta, GA: Centers for Disease Control and Prevention, 2002.