



CHAPTER 12. Implementation

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IMPLEMENTATION

The Governor's Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey, its standing committees, workgroups, and county cancer coalitions (Coalitions) jointly implemented the first *New Jersey Comprehensive Cancer Control Plan* during the period 2003 to 2007. Major accomplishments during this period include: (1) conducting the first-ever statewide capacity and needs assessment in 21 counties, (2) maintaining and expanding funding for cancer prevention and control efforts in the state, and (3) coordinating and documenting the results of collaboration among contributing partners. Achievements in each of these focal areas are described in further detail below.

ASSESSMENT

In 2003, the Task Force conducted the first-ever statewide capacity and needs assessment (C/NA) encompassing all cancer-related activities and resources in each of New Jersey's 21 counties. The C/NA assisted the Task Force and its partners in mapping county-level resources and identifying critical target areas for cancer prevention and control activities. The C/NA also served as a mechanism for assessing gaps, a means to engage additional stakeholders, and a baseline against which to measure future progress. Tangible products of the C/NA include county-based C/NA Report Summaries and companion Fact Sheets, which have been posted on the Office of Cancer Control and Prevention (OCCP) website and distributed throughout the state via the Coalitions. In addition to the Report Summaries and Fact Sheets, an interactive, geocoded website of cancer resources is being finalized as a further way to disseminate the valuable information collected during the C/NA.

The results of the C/NA Report Summaries have been utilized by the 21 Coalitions, which are charged with implementing the *Plan* at the community level. The Report Summaries provide the evidence needed to identify priority cancers in each county, along with specific recommendations for action to effectively reduce the cancer burden. To the extent possible recommendations were coordinated with those in the state-level *Plan*. Further dissemination of the information in the Report Summaries and Fact Sheets is accomplished by the Coalitions as they recruit and retain participants and educate the public on findings pertinent to their community.

The information gathered in the C/NA, kept current through periodic updating, will guide the Task Force, its standing committees, workgroups, and Coalitions in prioritizing evidence-based implementation activities, while also offering the most up-to-date and accurate information to the public via the OCCP website (<http://www.njcancer.gov>). The New Jersey State Cancer Registry further serves as a valuable aid in helping to prioritize activities to improve the delivery of effective and appropriate interventions to targeted populations.

The activities of the Coalitions, as well as those of the Task Force standing committees and workgroups dedicated to implementing the *Plan*, are captured in an Internal Monitoring Program (IMP) and reported to the Task Force Evaluation Committee bi-annually. The data collected by IMP are a primary data source for the Evaluation Committee in monitoring the progress of the implementation process.



FUNDING

Identifying and attracting funding sources is critical to successful cancer control implementation. Since 2003, the State of New Jersey has demonstrated continued support through annual appropriations. With New Jersey's recognition as a comprehensive cancer control state, cooperative agreements and grant monies have also been received from the Centers for Disease Control and Prevention (CDC). In addition, foundations and non-profit organizations have provided not only financial but also in-kind support for this "organization of organizations" and its undertakings. However, the ongoing process of mobilizing support involves more than merely securing funding. Rather, what is required is a broad campaign that provides visibility for the initiative, develops political will to institute positive change, and enhances awareness of community leaders who then become advocates for both funding and implementing portions of the *Plan*.¹ Since its inception, the Task Force has adopted just such a broad-based approach to garnering support for its mission. In the coming years, its members will continue to pursue this path as they engage current and new partners in comprehensive cancer control, not only for their considerable expertise, but also for their power as key decision-makers who can advocate persuasively for and deliver on commitments to *Plan* implementation.

COORDINATION

As the dedicated program within the New Jersey Department of Health and Senior Services charged with coordinating development and implementation of the *Plan*, the Office of Cancer Control and Prevention (OCCP) has demonstrated its effectiveness in facilitating the process of consensus-building among the diverse participants and activities involved in New Jersey's cancer control efforts.

In 2006, OCCP conducted a stakeholder assessment to gauge the level of satisfaction among individuals currently involved in the comprehensive cancer control program in New Jersey. The assessment demonstrated that stakeholders were highly satisfied in all seven key areas (membership, climate, communication, leadership, implementation, process, and collaboration).² Yet continued involvement and expansion of a broad group of stakeholders is essential to the success of cancer control implementation. To this end, the Task Force in May 2006 held a stakeholder summit aimed at solidifying its partnerships through recruitment, retention, recognition, and recommitment. The day-long meeting was structured to inform attendees about the breadth of activities engaged in by those working to implement the *Plan*. The gathering further served as a forum for sharing accomplishments and success stories and identifying prospects for future collaboration and replication of successful programs. The meeting agenda was designed to:

- Detail the efforts of the Plan.
- Identify ways to impact cancer care.
- Highlight best practices from programs around New Jersey.
- Foster collaboration in order to decrease cancer morbidity and mortality, reduce health disparities, and enhance quality of life.
- Foster networking and joint planning.
- Develop projects for partnerships in cancer control.³



Successful implementation will continue through the demonstrated effectiveness of the OCCP in facilitating the consensus-building process among a diverse mix of participants and activities. 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. The Communications Standing Committee will utilize guidelines and tools developed by the CDC in generating this plan. The impact of this committee's efforts will be measured by the Evaluation Committee, as well as through ongoing progress monitoring and furtherance of communication with and among partners about programs, resources, and best practices. Coordination and communication will serve to foster synergy among the stakeholders and will ultimately benefit all the citizens of New Jersey through enhanced cancer prevention and control.



GOALS, OBJECTIVES, AND STRATEGIES

The Task Force on Cancer Prevention, Early Detection and Treatment, its standing committees, workgroups, and Coalitions have developed a culturally sensitive plan for state-level action on cancer prevention and control that encompasses prevention, early detection, treatment, rehabilitation, palliation, and quality-of-life issues and will embrace all New Jersey residents. Drawing on its own experiences and best practices, the Task Force can further the reduction of the cancer burden in New Jersey through implementation of the *Plan* and recognizes that coalition-building, partnerships, and education are essential to its fruition. The Implementation Ad Hoc Committee presents the following goal, objectives, and strategies for implementation.

GOAL IM-1

To implement the *New Jersey Comprehensive Cancer Control Plan*.

Objective IM-1.1

To continue updating the resources identified through the cancer capacity and needs assessment process.

Strategies

- IM-1.1.1** Identify and update a database inventory of those organizations and programs that engage in or support cancer-related activities.
- IM-1.1.2** Investigate additional resources necessary to update cancer-related activities in an ongoing capacity and needs assessment effort in New Jersey.
- IM-1.1.3** Partner with key stakeholders to identify gaps in cancer-related programs and activities.
- IM-1.1.4** Disseminate results utilizing multiple media, especially the internet.

Objective IM-1.2

To identify funding streams for implementation of the *New Jersey Comprehensive Cancer Control Plan*.

Strategy

- IM-1.2.1** Establish a funded, state-level grant-writing position to pursue funding opportunities for the *New Jersey Comprehensive Cancer Control Plan*.



Objective IM-1.3

To coordinate and mobilize key stakeholders for implementation of the *Plan*.

Strategies

- IM-1.3.1** Empower Task Force standing committees, workgroups, and county cancer Coalitions to prioritize items in the *Plan* based on current evidence provided by the New Jersey State Cancer Registry among other recognized data sources.
- IM-1.3.2** Develop and implement a stakeholder assessment tool annually to assess partner satisfaction, level of involvement, and barriers or challenges to implementation.

Objective IM-1.4

To develop and implement a communications plan for the *New Jersey Comprehensive Cancer Control Plan*.

Strategies

- IM-1.4.1** Establish a Task Force Communications Standing Committee charged with development and implementation of a communications plan.
- IM-1.4.2** Continue to internally monitor implementation activities of the Task Force standing committees, workgroups, and county cancer Coalitions through assessment of progress made toward achievement of goals, objectives, and strategies for the *New Jersey Comprehensive Cancer Control Plan*.
- IM-1.4.3** Continue to share programs, resources, and best practices through such means as a newsletter, website, and/or annual conference.
- IM-1.4.4** Based on evaluation of implementation activities, provide for review and revisions and initiate the next planning cycle.



Objective IM-1.5

To plan and coordinate a rollout campaign for the *New Jersey Comprehensive Cancer Control Plan*.

Strategy

- IM-1.5.1** Work with the Office of the Governor and the Office of Communications in the New Jersey Department of Health and Senior Services on a statewide rollout campaign to include plan presentation, recognition of participants, and public acknowledgement of the commitment of participants.



References

1. 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. Available at <http://www.cdc.gov/cancer/ncccp/cccpdf/Guidance-Guidelines.pdf>.
2. Weiss SH, Kim JY, Rosenblum DM, Parikh P, and Tasslimi A. *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*. Edited by the New Jersey Department of Health and Senior Services. Trenton, NJ: State of New Jersey, Department of Health and Senior Services, Office of Cancer Control and Prevention, December 2006.
3. Abed J, ed. *First Annual Governor's Cancer Task Force Summit Proceedings—Battleground Country Club, Manalpan, New Jersey, May 11, 2006*. Prepared for the New Jersey Department of Health and Senior Services, Office of Cancer Control and Prevention. Arlington, VA: Battelle Centers for Public Health Research and Evaluation, July 2006.