

New Jersey Comprehensive Cancer Control:

2008 Status Report to the Governor and Legislature

*From the Task Force on Cancer Prevention,
Early Detection and Treatment in New Jersey*

**Prepared under the auspices of the Task Force Evaluation
Committee**

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EXECUTIVE SUMMARY

Overview: New Jersey (NJ)'s comprehensive cancer control program grew from a charge in 2000 by former Governor Whitman, who established the Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey (Task Force) and the Office of Cancer Control and Prevention (OCCP). Under the auspices of the NJ Department of Health and Senior Services, OCCP coordinates all statewide cancer control efforts, which include the Task Force, its Workgroups, Standing Committees, and the 21 county cancer coalitions (Coalitions).

The present report is the third biennial Status Report to the Governor, the Commissioner of Health and Senior Services, and the Legislature. It includes progress and accomplishments from January 2007 through December 2008 and the new optional skin and prostate cancer projects also funded by the CDC since 2007. The Evaluation Plan includes a logic model that addresses context evaluation, implementation evaluation, and outcome evaluation in the development and implementation of the updated evaluation plans, and status reports assessing progress by the Task Force. Reflected in the new 2008-2012 Evaluation Plan is its alignment with the new Evaluation Chapter's primary goal of assessing the implementation and effectiveness of its strategies; determining its impact on the knowledge and behavior of the citizens of NJ; and measuring the resultant changes in health outcomes as is incorporated in the content of this Status Report.

The Task Force told NJ'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 NJ's 21 counties, both to benchmark the status of the cancer burden in each county and to develop an extensive inventory of the state's cancer-related activities and resources. In order to keep data sources current, the State and county profiles continue to be updated electronically on a periodic basis for use by the Workgroups, Standing Committees, and Coalitions.

The Task Force completed development of the second edition of the Plan. The evidence-based chapters are grounded in data provided by the New Jersey State Cancer Registry (NJSCR), Behavioral Risk Factor Surveillance System (BRFSS), and trends gleaned from peer-reviewed publications with legislative initiatives, clinical trials, and the application of current technologic research and resource data integrated as recurrent themes throughout each chapter. The Second Plan's evidence-based goals, objectives and strategies address the continuum of cancer control from awareness and education to quality of life issues with survivorship and diversity issues being prominent. Implementation of the Second Plan began with the approval by the Governor's Office on December 11, 2007.

Cancer Incidence and Mortality: In 2005, the data reported to the NJSCR indicated that 45,052 cases of invasive cancer were diagnosed among New Jersey residents. Males (all races combined) had a rate of 564.3 per 100,000 compared to females (all races combined), who had a rate of 435.7 per 100,000*. Cancer is the second leading cause of death in NJ. There were

*Rates are per 100,000 and age-adjusted to the 2000 U.S. population standard.

17,171 deaths in 2005 for which cancer was designated on the death certificates as the underlying cause. The cancer mortality rate for New Jersey was 220.7 per 100,000* for males (all races combined) and 160.4 per 100,000* for females (all races combined) in 2005.

Context Evaluation: In order to measure how the New Jersey cancer control program is functioning within its environment, the OCCP conducted its second web-based stakeholder assessment. The first stakeholder assessment was conducted in 2006, and the second was conducted in July-August 2008. Based on the recommendations from the 2006 Status Report, the 2008 survey was designed to include not only the Task Force, Workgroup, and Standing Committee members as was done in 2006, but also all of the coalition members. Results are detailed in the Context Evaluation section of the report.

Implementation Evaluation: This will be highlighted in a list of accomplishments of the Task Force, Workgroups, Standing Committees, and Coalitions including efforts that have resulted due to stakeholders who have sought and obtained financial resources as well as provided in kind resources to make the efforts happen.

Optional Skin and Prostate Cancer Projects: Described in a separate Implementation section in this Status Report, both of these projects spent a good portion of the initial year further developing and getting their projects into the field. Both have recently picked up momentum. Adopted as an initiative by the Task Force Melanoma Workgroup, the Skin Cancer Reduction – Early Education Network (SCREEN) Sun Safety Program, aims to reduce the incidence of skin cancer in NJ. Adopted as an initiative by the Task Force Prostate Workgroup, NJ has implemented an enhanced version of The Barbershop Initiative™, a national program created by The Prostate Net. The program improves communication about prostate cancer to men in NJ with a focus on medically underserved minorities through the recruitment of barbers to serve as lay health educators and to participate with NJ Cancer Education and Early Detection (NJCEED) program lead agencies to get the men in for prostate cancer screening and treatment as needed.

Outcome Evaluation: Except for an increase in melanoma in both males and females and a slight increase in lung cancer in women, all other cancers in the Plan have decreased. With additional prevention, education, and screening efforts, other reductions in the burden of cancer will take many years to occur. In terms of behaviors, NJ has made progress toward the Healthy People 2010 benchmarks for the six required population-based measures. NJ has not only achieved but exceeded the benchmark for the percentage of women over the age of 40 who have received a mammogram in the past two years. NJ is closer to achieving the Healthy People 2010 targets than the US as a whole for all primary prevention measures.

Recommendations and Conclusions: Managed and guided by the OCCP, over time, the momentum from the energy and enthusiasm generated by individuals and organizations passionate about reducing the burden of cancer in NJ has resulted in many accomplishments that have been achieved to date, many through growing partnerships and collaborations in addressing the burden of cancer in NJ. The accomplishments are rare relative to other chronic disease areas. The comprehensive cancer control model is one that would benefit others dealing with chronic diseases and should be sustained.

2007-2008 ACCOMPLISHMENTS

Major Coalition Cancer-Related Activities Per Grant Period

As part of the implementation process, all Coalitions are required to complete at least one cancer-related activity per grant period. Several activities continue to take place in all of the counties including new and ongoing projects during each quarter. Examples from each of the Coalitions for 2007 and 2008 are described below.

2007 – Individual County Cancer Coalition Accomplishments

Atlantic County Healthy Living Coalition

- With 179 in attendance, the Atlantic County Healthy Living Coalition sponsored “Celebrating Women’s Femininity, A Breast Cancer Survivor Fashion Show” on May 19, 2007. This event was directed toward African-American women with a focus on encouraging screening. Doreleena Sammons-Posey of NJCEED was the guest speaker.
- “The Continuum of Cancer Care: Strengthening the Multidisciplinary Approach to Cancer Care” was presented by the Atlantic County Healthy Living Coalition on November 2, 2007.

Cape May County Chronic Illness Coalition

- The Cape May County Chronic Illness Coalition Coordinator and Coalition members co-sponsored a community wide Health and Wellness Day in Woodbine on September 29, 2007. An array of private and public sector exhibitors providing health services participated. Free screenings were offered. There were 128 in attendance.

Cumberland County Cancer Coalition

- On November 27th the Cumberland County Cancer Coalition, in partnership with South Jersey Health System and the ACS, hosted an event entitled, “A Seminar for Men.” Congressman Frank A. Lobiondo of NJ’s 2nd District gave an update regarding the “Men’s Health Act of 2007” (H.R.1440). This bill proposes to amend the current Public Health Service Act to establish an Office of Men's Health in order to better coordinate and promote the status of men's health in the United States. Dr. Evan B. Krisch, Urologist and Surgeon, also gave a presentation on prostate cancer. The event was free and open to the public. There were 98 attendees.

Hunterdon County Coalition

- The Sun Safe Hunterdon program initiated in 2007 by the Hunterdon County Coalition is based on the Environmental Protection Agency’s SunWise program that was modified with EPA’s approval as a pilot program. It includes the following elements: the presentation, newsletter, brochure, homework assignments, pre- and post- knowledge assessment tests, satisfaction surveys, fact sheets, poster contest, jeopardy contest, activities, sun safe policy and bucket hats. In 2007, five schools were engaged and 205 students participated in the program.
- Hunterdon has taken the lead in developing and implementing the SCREEN (Skin Cancer Reduction and Early Education Network) program, a CDC-funded

intervention in the seven counties with the highest melanoma cancer rates: Cape May, Hunterdon, Warren, Morris, Monmouth, Sussex, and Ocean.

Mercer County Cancer Coalition

- A local radio show hosted a segment on “Real Men Cook” focusing on Prostate Cancer with the Governor’s Task Force member, Linda Johnson, on May 15, 2007 with approximately 200 listeners.
- The Coalition, NJCEED/Brava Program collaborated with the ACS and their Real Men Cook” event focusing on Prostate Cancer education at the War Memorial May 20, 2007. Over 100 attended.
- The Governor’s Task Force member, Linda Johnson, presented a Healthy Eating Habits Workshop on breast, prostate and colorectal cancer at the Lawrenceville Township Senior Health Fair on May 29, 2007. There were 30 in attendance.
- The Coalition, Sisters Network, NJCEED/Brava and Mercer Hospital partnered to present the “Pink Martini Celebration” in honor of Breast Health Awareness at the Marriott in Trenton May 31, 2007. There were 100 who attended.

Middlesex County Cancer Coalition

- The Middlesex County Cancer Coalition partnered with Cathedral International Community Development Corporation, NJCEED, Amerigroup and the American Diabetes Association to facilitate a presentation called the “Health Fellowship.” The presentation was given on April 12, 2007 at the Cathedral International Church’s Soup Kitchen, which serves approximately 100 people weekly and the attendees of the Church’s weekly Bible study with approximately 300 attendees. The presentation included information about cancer prevention and screening, NJCEED, the Coalition and Diabetes.

Monmouth County Cancer Coalition

- A professional education program on Palliative Care was presented on February 2, 2007 at CentraState Medical Center by the Monmouth County Cancer Coalition. The program was given by Dr. Jessica Israel, Division Chief of Palliative Care and Geriatrics, Department of Medicine, Monmouth Medical Center. There were 50 people who attended including physicians, nurses, pastoral care and social workers.

Ocean County Cancer Coalition

- The Ocean County Cancer Coalition has served as a major partner in the development and implementation process of the SCREEN (Skin Cancer Reduction and Early Education Network) program, a CDC-funded intervention in the seven counties with the highest melanoma cancer rates: Cape May, Hunterdon, Warren, Morris, Monmouth, Sussex, and Ocean.

Salem County Cancer Coalition

- The Salem County Cancer Coalition presented at a REBEL event at Riverview Park on April 20, 2007. Attended by 50 county middle and high school students, the event addressed the harmful effects of smoking including the risk of lung cancer.

Somerset County Cancer Coalition

- On May 30, 2007, the Somerset County Cancer Coalition sponsored an HPV Program in Bound Brook, NJ. Speakers presented from the Cervical Workgroup and educational materials were handed out. There were 120 in attendance.
- Also, the Coalition's county-wide "Radon Awareness Campaign" concluded in May 2007. This large project focused on Radon Awareness and the dangers imposed when combined with smoking for lung cancer. Radon test kits were distributed to over 210 residents of the county and **80%** of the radon kits distributed were returned for testing results.

Sussex County Cancer Coalition

- On April 21, 2007, the Sussex County Cancer Coalition in collaboration with NJCEED sponsored a "Healthy Kids Day." A table was set up with a DermaScan machine for children and parents to view the damage to their skin. Age appropriate printed materials were provided about melanoma and sun safety. Each child attending received a packet of Sun Signals along with instructions. There were 200 in attendance.
- The Coalition in collaboration with NJCEED offered a Prostate Lunch N' Learn on June 26, 2007. NJCEED female patients were invited to a free lunch and encouraged to bring a friend or spouse to the event. During the lunch, Dr. Steven Ware gave a mini-seminar about Prostate Cancer including treatment methods as well as the importance of being screened. Everyone received a referral card and attendees were encouraged to refer a male in their life to get screened. There were 38 women at the luncheon. A gift will be sent to anyone who refers someone who completes a prostate screening.

Warren County Cancer Coalition

- The Warren County Cancer Coalition and NJCEED hosted a "Second Annual Ladies Night Out: Breast Cancer Awareness Dinner" on May 31, 2007 at Flynn's Restaurant. The event was free and focused on the importance of breast cancer early detection, prevention and screening. Each of the 100 women who attended received a "goody bag" which contained breast health brochures, information on NJCEED and the Coalition and breast cancer promotional items. Prizes were also given to program participants.
- Similarly, the Coalition sponsored a Breast Cancer Awareness Lunch and Learn on June 1, 2007 at Algarve's Restaurant in Phillipsburg, NJ. The event was free and was done in Spanish for the Spanish speaking community and also in English. The presentation also included risk factors, signs/symptoms, prevention strategies and screening recommendations for breast cancer. Each participant received a "goody bag" that contained breast health brochures, information on NJCEED and the Coalition and breast cancer promotional items. For the 20 women attendees, prizes were also given after the presentation.

2007 – Multi-County Coalitions Accomplishments

- **Burlington, Camden and Gloucester County Cancer Coalitions:** The "Men's Health – Taking Care of Business: Cancer Prevention, Early Detection and Screening" on October 30, 2007, was presented jointly by the Burlington,

Camden, and Gloucester County Cancer Coalitions and sponsored by the Institute of Medicine and Public Health, the American Cancer Society, healthcare systems, and local organizations. There were 107 attendees including physicians and nurses. The program addressed the barriers in cancer prevention, detection and screening of men for the top four male cancers in the tri-county area, which are prostate, lung, colorectal and bladder respectively.

- **Bergen, Essex, Hudson, Morris, Passaic and Union Coalitions:** A first annual Multi-County Free Oral Cancer Screening Project was held during the month of April 2007. This was a collaborative community outreach effort on oral cancer education and screening employed by the Bergen, Essex, Hudson, Morris, Passaic, and Union Coalitions. A total of 210 free oral screenings were performed. This project is also slated to become a statewide initiative.

2008 – Individual County Coalitions

Atlantic County Healthy Living Coalition

- On November 7, 2008 the Atlantic County Healthy Living Coalition, in collaboration with the Richard Stockton College of New Jersey, presented “The Latest and Greatest in Oncology Care.”

Bergen County Cancer Coalition

- A “Gentlemen, Check Your Engines” Men’s Health Initiative on February 2, 2008, presented by the Bergen County Cancer Coalition in conjunction with the Prostate Net, took place at a local Harley-Davidson dealership. There were 200 attendees.

Cape May Chronic Illness Coalition

- On January 29, 2008, the Cape May Chronic Illness Coalition in collaboration with the Parish Nurse Program presented cancer education and awareness on the priority cancers at Project Homeless Connect. There were 68 in attendance.

Cumberland County Cancer Coalition

- On March 18, 2008, the Cumberland County Cancer Coalition participated in a Colorectal Awareness Month seminar entitled, “What You Need to Know about Colon Cancer.” This evening seminar was held to educate the public concerning the importance of screening for colorectal cancer. A panel of four physicians representing family practice, gastroenterology, surgery, and hematology/oncology presented to an audience of 39 individuals. Additionally, the Coalition has continued to participate in the “Barbershop” initiative.

Hunterdon County Cancer Coalition

- The Hunterdon County Cancer Coalition again implemented the Sun Safe Hunterdon program initiated in 2008. It was presented in eight Hunterdon County schools and reached over 640 students. The Coalition continues to participate in a leadership role in SCREEN (Skin Cancer Reduction and Early Education Network).

Mercer County Cancer Coalition

- A Community Town Hall Meeting, “Cervical Cancer and HPV – What Are Your Concerns?” was presented jointly by the Mercer County Cancer Coalition, NJCEED and BRAVA of Mercer County. Seventy-one people attended the

meeting, which featured a diverse panel including a pediatrician, a clergy member and a father and his teenage daughter. The program was recorded and will be reproduced via DVD for educational purposes. It is expected that the DVD will be disseminated to all 21 Coalitions as part of a statewide cervical cancer/HPV education and awareness initiative. The Coalition also is participating in “Barbershop.”

Middlesex County Cancer Coalition

- The Middlesex County Cancer Coalition has been participating in the CDC’s Optional Prostate Cancer Funding Project “Barbershop.” The Coalition introduced its Breast Cancer Awareness Theater Project “Sharing Stories” on April 16, 2008 in which breast cancer survivors share and act out their personal stories; 120 attended.

Ocean County Cancer Coalition

- On August 2 and 3, 2008, the Ocean County Cancer Coalition in collaboration with the Melanoma Workgroup, held “Choose Your Cover” that offered skin cancer screenings and sun safety education at free “screening salons” at NJ beaches in Brick, Ortley Beach (Toms River), and Ship Bottom (Long Beach Island). In a joint volunteer effort, dermatologists, surgeons, surgical oncologists, and advanced practice nurses from Ocean County conducted 541 free skin cancer screenings for the lifeguards, beach staff, and beach-goers. Interest in the free skin cancer screenings was so great that others had to be turned away as lines exceeded the screening time available. As a result, forty seven participants were referred for biopsies with presumptive diagnoses including 17 basal cell carcinomas, five squamous cell carcinomas, and eight with suspected melanomas. A tool kit was prepared to guide others who might be interested in producing similar screening salon events.
- The Ocean County Cancer Coalition served as a major partner in the SCREEN (Skin Cancer Reduction and Early Education Network) Program.

Salem County Cancer Coalition

- The Salem County Cancer Coalition conducted a Melanoma Education and Outreach Program targeting the Hispanic migrant workers employed in camps throughout the county. The purpose was to provide relevant information using outreach coordinators. During each event, participants are given sunscreen lotion, sun-visors, water bottles, baseball caps and literature; 103 workers at nine camps have been reached.

Somerset County Cancer Coalition

- The Somerset County Cancer Coalition unveiled its new Cancer Coalition Brochure, Display Board and Veggie Clips at the “Be Colon Cancer Free” program on April 13, 2008 at Somerset Medical Center.
- The Coalition distributed 1,000 brochures for the “Slim Down Somerset” event to enhance the importance of nutrition and physical activity and cancer prevention.

Union County Cancer Coalition

- The Union County Cancer Coalition (UCCC) has been participating in the CDC’s Optional Prostate Cancer Funding Project “Barbershop.”

- The Coalition has been implementing a series of one-to two-hour, site-specific, cancer awareness programs in partnership with the Union Township Health Officer and the YMCA. The programs have focused on educating the public in Union County regarding the signs and risks of the priority cancers in New Jersey as well as the need to adopt healthy lifestyles and seek age-and risk-appropriate cancer screenings promptly. These site-specific cancer education presentations include advocacy, breast, colorectal, lung, melanoma and prostate cancers. Each program has consisted of a cancer presentation – utilizing public resources, available educational material and training aids from an authoritative source such as the American Cancer Society – and a Q&A session. The UCCC plans to conduct these programs on an on-going basis; 100 attended.

Warren County Cancer Coalition

- The Warren County Cancer Coalition sponsored a breast cancer awareness event called “Tickle Us Pink: A Celebration of Health and Wellness.” It was held on June 12, 2008 and focused on breast cancer and the importance of breast cancer screening as well as healthy nutrition; 80 attended.

2008 – Multi-County Coalitions Accomplishments

- **Bergen, Essex, Hudson, Monmouth, Morris, Passaic, Sussex, and Union Coalitions:** A second annual Multi-County Free Oral Cancer Screening Project was held during the month of April 2008. This was a collaborative community outreach effort on oral cancer education and screening employed by the Bergen, Essex, Hudson, Monmouth, Morris, Passaic, and Sussex Coalitions. A total of 1053 free oral screenings were performed. In addition, free follow up medical treatment was provided to uninsured and underinsured patients who were detected as having a suspicious finding.
- **Burlington, Camden and Gloucester County Cancer Coalitions:** In the summer of 2008, the Tri-County Cancer Coalition, composed of the Burlington, Camden and Gloucester County Cancer Coalitions, rallied the Camden Riversharks baseball fans to join in the “Hands of Hope for a Tobacco-FREE World” project. Over 21,000 people attended the six games and over 900 joined in the project.

It can be seen from some of these examples that a number of collaborations between/among the coalitions have been growing. Details of the two other CDC-funded optional special projects for addressing skin and prostate cancer that were initiated by the coalitions in July 2007 will be described elsewhere in this report.

Task Force, Workgroup, and Standing Committee Highlights

The Task Force is charged with the development, implementation, and evaluation of the CCC Plan with modification as needed. To support the success of these efforts, each of the Workgroups and Standing Committees has a workplan that is reviewed quarterly throughout the year. Based on a number of volunteer efforts of the Task Force, Workgroups and Standing Committees, the following activities have occurred during the 2007 and 2008 time span.

1. Task Force

- **Second Plan:** In 2007, as described previously, following its time line, the Task Force completed its work on the Second Plan that was approved by the Governor's Office in December 2007. Transition to the 2008-2012 Plan was accomplished by the end of December 2007.
- **Implementation Evaluation:** Each strategy in the first five years of implementation was evaluated for completion and value in future Plan efforts. Of the total 349 included, 68% were achieved.
- **Task Force Summit:** While stakeholders are regularly apprised of new and ongoing activities through a variety of mechanisms, the value of face-to-face sharing of programs and ideas cannot be over-emphasized. Each year, the OCCP and the Task Force have held conferences featuring different aspects of the Plan. On May 9, 2008, NJ held its second Task Force on Cancer Prevention, Early Detection, and Treatment in NJ Summit. One hundred and twenty-five people attended the Summit which was held at the Battleground County Club, in Manalapan, NJ. The goals of the Summit were to energize, enthuse, empower and invest NJ's comprehensive cancer control stakeholders, introduce them to the second NJ Comprehensive Cancer Control Plan, and issue a call to action for their commitment to its implementation. During the Summit, attendees learned about NJ cancer control activities and shared accomplishments and success stories to identify prospects for future collaborations. Task Force Chair Awards were presented to Sen. Robert Menendez (U.S. Senator), Dr. Jean Mouch (Camden County Cancer Coalition Coordinator), and Dr. Arnold Baskies (Task Force Chair) for their service and dedication to cancer prevention. Presentations included a welcome by Eddy Bresnitz, MD, MS, then Deputy Commissioner/State Epidemiologist of NJDHSS; an introduction of the 2008-2012 Cancer Control Plan by Arnold Baskies, MD, FACS, Task Force Chair; and a keynote address by Christopher Thomas, MS, CHES, Public Health Advisor, Centers for Disease Control and Prevention. Panel presentations on "What Will Continue to Work?" and "Partnerships That Work" were conducted by Workgroup and Coalition members. Breakout sessions on "HPV and Ovarian Cancer," "Access to Care," and "Measures that Matter" were also presented by Workgroup and Standing Committee members.

An evaluation of the Summit was conducted by UMDNJ, School of Public Health; the response rate was 61.6%. Individuals in a wide range of cancer control and prevention roles attended (e.g., administrators/directors; physicians; dentists; NJCEED, and Cancer Coalition coordinators, members, consultants; health educators; patient advocates and navigators; university faculty, among others). Overall, the participants' responses were quite high. Participant pre- and post-Summit, self-assessed responses to five of the major objectives for the day showed a statistically significant increase/improvement. Most individuals who responded to the evaluation reported that they were likely to remain involved with ongoing or new projects related to the Second Plan.

- **CDC Webinar:** On September 18, 2008, in a first-of-its-kind CDC webinar on Comprehensive Cancer Control implementation efforts at the local level, NJ was featured. Dr. Arnold Baskies, Chair of the Task Force and its Melanoma Workgroup, presented on the successful “Choose Your Cover” screening salons that took place in August 2008 and will be implemented as a statewide event along the NJ shore in 2009.

2. Standing Committee Activities

Advocacy Ad Hoc Standing Committee

- On an ongoing basis, the Advocacy Ad Hoc Standing Committee has championed efforts to sustain appropriations for OCCP, Comprehensive Tobacco Control Program (CTCP), and NJCEED. It has worked ceaselessly on supporting Smoke Free NJ issues including the smoke-free Atlantic City casino legislation. Through the ACS, access to care issues are being undertaken not just for cancer-related needs but for all health needs. Tracking of legislation on all Plan cancers and related issues also is done on an ongoing basis. The Standing Committee’s Chair, Marion Morrison, routinely updates talking points and provides guidance to Task Force, Workgroup, and Committee volunteer members to help them stay on target with messages.

Communications Standing Committee

- According to the CDC’s Comprehensive Cancer Control Promotional Toolkit, even though Comprehensive Cancer Control (CCC) is not a new concept to many in the cancer community, there remain key organizations and individuals who know little or nothing about the benefits of CCC. Thus, it is of primary importance to promote comprehensive cancer control and raise awareness of its benefits among public health and medical leaders, advocates and the cancer control community. The Task Force had identified that this could be accomplished through the development and implementation of a communications plan to promote comprehensive cancer control in NJ. Objective IM-1.4 of the Implementation Chapter of the second Plan speaks to the need to “develop and implement a communications plan for the *NJ Comprehensive Cancer Control Plan*.” Strategy IM-1.4.1 requires the establishment of “a Task Force Communications Standing Committee charged with development and implementation of a communications plan.”
- On November 20, 2007, a preliminary meeting of OCCP staff and the Task Force appointed Chair of the Communications Standing Committee, Teri Cox, identified those stakeholders that should be involved in the Committee and with its first official meeting identified overall priorities and additional implementation tactics. A communications plan was developed by OCCP staff and accepted by the Communications Standing Committee. Subsequent meetings have enlarged the committee to include partners, e.g., the NJ Department of Education; and coordinated the support for the Task Force Summit. It is anticipated that the committee will continue to enhance its membership.

Evaluation Committee

- Efforts include reviewing and updating annually the Evaluation Plan that monitors the short-term, intermediate, and longer-term outcomes of implementation of the Task Force's overall workplan. The committee is responsible for the biennial Status Reports such as this one. In addition, an Evaluation Training Subcommittee has been developed to train the County Cancer Coalition Coordinators on program evaluation. A webinar, "Elements of Effective Program Evaluation," was conducted on November 6, 2008 by the Chair of the Evaluation Committee, Marcia Sass, Sc.D., and is available at: www.njcancer.gov.

3. Workgroup Activities

Individual Workgroups

Cervical (Gynecologic) Workgroup

- The Cervical Workgroup was transitioned to the Gynecologic Workgroup to include ovarian cancer with the implementation of the Second Plan. Throughout 2007 and 2008, a major emphasis was to develop and disseminate a position statement on the use of the HPV vaccine. Workgroup activities have included awareness and education for professionals, the public, and patients on issues pertaining to ovarian and cervical cancers and use of the HPV vaccine.

Childhood Workgroup

- On May 18, 2007, the Childhood Workgroup held its second successful Child Cancer Survivorship Conference at Forsgate Country Club. Presentations included: "Adolescent and Young Adult Cancer Initiative Momentum," "Newly Diagnosed," "Complementary and Alternative Medical Therapies for Children with Cancer," "Finding the Balance Within and with Others," "The New Normal," and a motivational presentation by Tom Coughlin, Head Coach, New York Giants. A total of 96 individuals attended the conference including childhood cancer survivors, family members and healthcare professionals.

Colorectal Workgroup

- The Colorectal Workgroup planned and implemented the "Coming Together to Conquer Colorectal Cancer in NJ: A Dialogue for Action" summit that was held at the Trenton Marriott Hotel on June 28, 2007. The desired outcome of the summit was to increase screening for colorectal cancer. There were 100 participants in attendance. An evaluation was conducted and a report with the recommendations compiled. Activities for 2008 included implementation of the recommendations from the summit.

Lung Workgroup

- On an ongoing basis, the Lung Workgroup has been working to track tobacco control resources and to promote smoking cessation activities. It has been promoting smoking as a socioeconomic issue and has worked with the Federally Qualified Health Centers to provide smoking cessation services to patients they serve. The Workgroup also has supported smoke-free hospital campuses for employees and patients. It has kept the Task Force abreast of recent research

(e.g., on spiral CT scans).

Melanoma Workgroup

- The “Melanoma Update 2007,” a collaborative effort of the Melanoma Workgroup and Cooper Hospital – University Medical Center was held on April 19, 2007. Topics included: “Epidemiology and the Changing Face of Melanoma,” “Coordinating Care of the Melanoma Patient,” “Surgical Management of Melanoma Skin Cancer,” “Systemic Treatment of Melanoma Skin Cancer,” and “Case Studies of Melanoma Skin Cancer Patients.” A total of 313 individuals attended the event including physicians, nurses, advanced practice nurses, physician assistants, educators, researchers, tumor registrars, and county cancer coalition coordinators.

Nutrition and Physical Activity Workgroup

- Initiated in 2007, creation and dissemination of the 2008 Nutrition and Physical Activity Guide was a collaborative effort among the Nutrition and Physical Activity Workgroup, the Coalitions, Office of Information Technology Services, the New Jersey State Library and the Central Jersey Regional Library Cooperative. The Guide was completed by the Workgroup and reviewed by the Coalitions in spring 2008. It was posted on the OCCP website as a PDF version and was also included in the geo-coded portion of the website. In July 2008, the Guide was distributed in hard copy format to all 424 NJ public libraries with assistance and support from the New Jersey State Library and the Central Jersey Regional Library Cooperative. Workgroup members also e-mailed website links to the Guide to their organizations, associations, local health departments and other relevant contacts and a press release was written about the Guide resulting in media coverage. As a result of dissemination efforts, several new programs were added to the Guide and updates are able to be made on a continuous basis.

Prostate Workgroup

- In 2007, the Prostate Workgroup adopted the Barbershop Initiative in collaboration with the Atlantic County Healthy Living Coalition and the Essex County Cancer Coalition that continued through 2008. It also has continued to partner with the Mayors’ Wellness Campaign.

Multi-Partner Activities

Advocacy Ad Hoc Standing Committee and Oral Cancer Workgroup

- Planned jointly by the Advocacy Ad Hoc Standing Committee and Oral Cancer Workgroup, on June 12, 2008, the Oral Cancer Workgroup was responsible for the State House Oral Cancer Screening Event that took place with 91 individuals screened including legislators.

Ocean County Cancer Coalition and Melanoma Workgroup

- As mentioned previously, on August 2 and 3, 2008, the Ocean County Cancer Coalition in collaboration with the Melanoma Workgroup, held “Choose Your Cover” that offered skin cancer screenings and sun safety education at free “screening salons” at NJ beaches in Brick, Ortley Beach (Toms River), and Ship Bottom (Long Beach Island).

Advocacy, Breast, Nutrition and Physical Activity, and Palliation Workgroups and the County Cancer Coalitions

- The first NJ Cancer Survivorship Conference was held on November 5, 2008 with 250 attendees including survivors, their families, and healthcare professionals. The conference was a collaborative effort of the Advocacy, Breast, Nutrition and Physical Activity, and Palliation Workgroups and the County Cancer Coalitions. The survivors' track addressed empowerment with a panel consisting of survivors, advocates and members of the New Jersey State Legislature who spoke to self-advocacy. Healthcare professionals were provided information on medical management issues in cancer survivorship. Both audiences were addressed by speakers on cancer survivorship research, nutritional and integrative medical approaches and the psychosocial aspects of survivorship. Evaluation of the conference was conducted by the Continuing Medical Education Department of the Cooper Health System with results demonstrating the effectiveness of the speakers and the resultant commitment to utilize the information in either education, healthcare or personal settings. Evaluation results will also be utilized in planning future conferences.

Keeping the Public Informed

1. The Website

- **Identifying Gaps:** The OCCP continues to partner with key stakeholders to identify gaps in cancer control-related programs. This is being done primarily by collaborating with stakeholders such as the County Cancer Coalitions and other state agencies to update and maintain current information on cancer control-related programs. For example, the OCCP has partnered with the NJDHSS' Office of Information Technology Services (OITS), NJCEED, the Coalitions, and the NJDHSS' Office of Primary Care to update the enhanced OCCP geocoded website with the most current information on hospitals, hospices, mammography centers, Federally Qualified Health Centers, NJCEED lead agencies, the Coalitions, and nutrition and physical activity programs.
- **Geocoded Website:** Another method of promoting comprehensive cancer control in NJ is by disseminating cancer resources through the geocoded, OCCP website. The following elements are included on maps as well as in a searchable database: facility name, address, telephone/fax numbers and website address set up as a hyperlink. These maps (provided through Google) and the searchable database allow visitors to easily locate healthcare services by county, obtain driving directions and access information on those services by clicking on a hyperlink to that facility's website. In partnership with OITS, the OCCP continues to update the geocoded website on an ongoing basis. The website can be accessed by logging onto www.njcancer.gov and clicking on the map of NJ. An additional method of promoting cancer resources and activities via the web is by providing the Coalition Coordinators access to the Health Department's online calendar of events. In October 2008, OITS trained the Coordinators on how to add their county's local events to the department's calendar. The next step is to

provide access to Coordinators who wish to post events on the calendar. The events will be reviewed by OCCP staff prior to posting on the website.

In the spring, the OCCP plans to add more resources to the geocoded website such as: cancer support groups; financial, insurance, and pharmaceutical assistance programs; transportation and translation services; palliative care; caregiver; and childhood cancer resources. The services of a student intern have been engaged for this project. This effort, in collaboration with OITS, may involve utilizing various Workgroups and Coalition Coordinators to collect information on cancer resources in their respective counties or to review and add to what is compiled by the intern. The information would then be geocoded by OITS and added to the website for public dissemination. A hyper-link to the organization's website would be included along with its contact information. Many cancer support groups and other resources exist in NJ; however, a comprehensive list of resources does not exist. Providing easily accessible information on support services to the public will empower cancer survivors, friends and family members to seek help while struggling with this difficult diagnosis.

- **Website Linkages and Webinar Training with Partner Organizations:** To further promote the benefits of comprehensive cancer control and to disseminate cancer resource information to the public, the OCCP continues to partner with community organizations and systems that target at risk populations to develop linkages to the Plan and the OCCP website. In December 2008, the OCCP requested that partner organizations create a link from their website to the OCCP website. Several organizations have created links and many organizations indicated that they already link to the OCCP website. In addition, library systems such as the New Jersey State Library and the UMDNJ University Libraries and the County Cancer Coalitions have links to OCCP's website, providing additional public access to the interactive resource guide and other cancer-related information provided through the site. Discussions continue with the State Library on training library personnel on the use of the OCCP website to enable them to guide library patrons in the effective use of the site. The OCCP plans to conduct the training via webinar and is investigating the purchase of webinar software licenses to facilitate the trainings. Mouse pads will be created and distributed to all the local libraries to further promote the cancer resource website. The NJDHSS' website has an "In Our Spotlight" section of the homepage which highlights major events from all the health department programs. The OCCP has been featured in the "Spotlight" section for its cancer resource website and for the release of the 2008-2012 Plan. In the future, community organizations such as senior centers will be approached to create linkages to the OCCP website, thereby providing the public with easier access to cancer resource information.

2. Translation of Materials into Appropriate Languages

Included in the Task Force's communication initiatives is the translation of comprehensive cancer control-related materials into appropriate languages. Twenty-

six percent of NJ's population (i.e., over two million people) speak a language other than English at home, and 11% (873,088 people) are limited in English proficiency (LEP). Therefore, it is important to take into consideration language barriers when developing resources for the public. In June 2008, County Cancer Fact Sheets which were updated to reflect the most current data and the OCCP Fact Sheet which reflected the initiatives of the Second Plan, were finalized, posted on the OCCP website, and distributed to the Coalition Coordinators for dissemination at the local level. The County Fact Sheets and the OCCP Fact Sheet were translated into Spanish in May 2008 and distributed in July 2008 via the OCCP web site and the Coalitions. The OCCP will continue to investigate translation of materials as needed.

3. IMPACT: A Quarterly Newsletter

A quarterly newsletter was first published in October 2005 and again in January 2006. The newsletter reached over 1400 stakeholders throughout NJ via electronic mail, the OCCP website, and conventional mail. Unfortunately, due to limited staff and the significant time and resources that must be devoted to each edition of the newsletter, including researching, writing, editing, and formatting, it was necessary to delay publication during the development of the Second Plan but recommenced in July 2007. The newsletter, entitled IMPACT (IMplementation ACTivities) focuses on the activities of the state-level Workgroups and Coalitions. It is distributed electronically to all Task Force, Workgroup, Standing Committees, and Coalition members, as well as other stakeholder groups, such as the medical directors of the Centers for Primary Health Care, American College of Surgeons Cancer Liaison Physicians, and the Oncology Registrars Association of NJ (including all certified tumor registrars in the state). Requests to be added to the newsletter distribution list are regularly received via the OCCP web site. It should be noted that due to the resignation of the CDC federally funded employee, further publication of IMPACT had been on hold. A solution to this barrier has been to utilize a quarterly internal report of Task Force, Standing Committee, Workgroup and Coalition activities as an alternative and sharing this document through an e-blast process. NJ was granted a redirection of funds through the CDC procurement process and has engaged a consultant who will be responsible for future publications of IMPACT.

I. INTRODUCTION

A. Background and Purpose of the Report

New Jersey (NJ)'s comprehensive cancer control program grew from a charge in 2000 by former Governor Whitman, who established the Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey (Task Force) and the Office of Cancer Control and Prevention (OCCP). Under the auspices of the NJ Department of Health and Senior Services, the OCCP staff (Executive Director, Research Scientist, two Public Health Representatives, and Secretarial Support) coordinate all statewide cancer control efforts, which include the Task Force, its Workgroups, Standing Committees, and the 21 county cancer coalitions (Coalitions)—a volunteer cadre of over 2,000 individuals and organizations. The Task Force has been institutionalized through the enactment of Public Law 2005, chapter 280 that mandates support for the Task Force, its Workgroups, Standing Committees, and Coalitions which is provided by the OCCP. NJ's comprehensive cancer control efforts have been supported annually with a state appropriation of \$1.5M, \$1.3M of which is used for the dedicated personnel in each of its counties and also supports evaluation and communications efforts. The Centers for Disease Control and Prevention (CDC) also provides federal Comprehensive Cancer Control (CCC) funding to accomplish related activities. Continuing the requirements of the earlier Executive Order, this law specifies that, "the task force shall report to the Governor, the Commissioner of Health and Senior Services and the Legislature on its findings, recommendations and activities at least biennially." The Task Force has delegated the responsibility for developing the Status Reports to the Evaluation Committee.

The present report is the third biennial status report following those submitted in December 2004 and 2006. It briefly addresses cancer incidence and mortality and highlights progress and accomplishments from January 2007 through December 2008 and the new optional skin and prostate cancer projects also funded by the CDC. The Evaluation Plan includes: a logic model that addresses context evaluation (e.g., stakeholder assessments, collaborations among Workgroups, Coalitions, and partnerships with key stakeholders); implementation evaluation (monitoring the achievement of all aspects of the workplan delineated in the Implementation Chapter of the 2008-2012 Plan, and other emerging-related issues); and outcome evaluation (e.g., monitoring changes in related behaviors and in cancer incidence and mortality). These three aspects of evaluation are incorporated in the development and implementation of updated evaluation plans, and status reports assessing progress by the Task Force. Reflected in the new 2008-2012 Evaluation Plan is its alignment with the new Evaluation Chapter's primary goal of assessing the implementation and effectiveness of its strategies; determining its impact on the knowledge and behavior of the citizens of NJ; and measuring the resultant changes in health outcomes and also is incorporated in the content of this Status Report. Given NJ's inclusion in the CDC's National Comprehensive Cancer Control Program since 2004 through a series of Cooperative Agreement awards to the OCCP, much of the content in this report is based on the recommendations and requirements of the CDC.

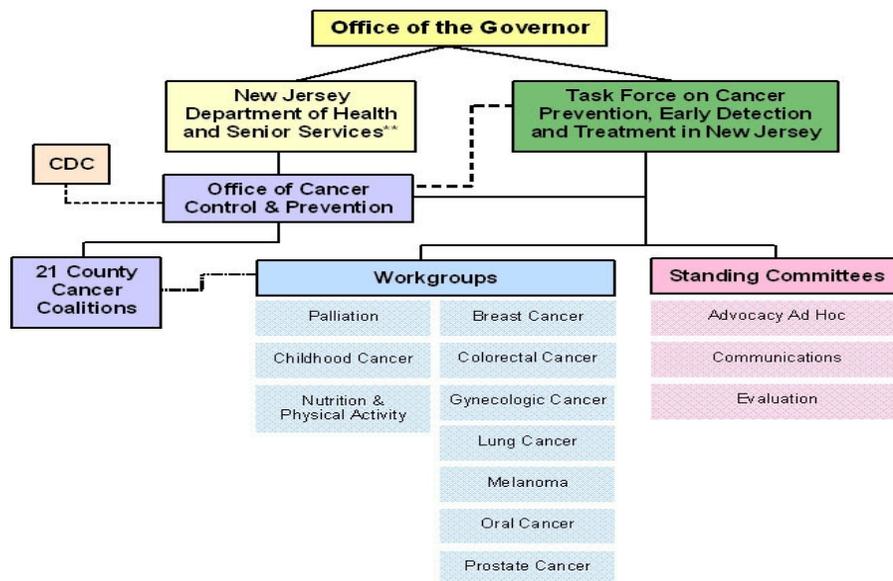
Using guidelines developed by the CDC, the Task Force told NJ's story of cancer incidence and mortality as a spur to reducing the burden of the disease among its citizens. Supported through state appropriations, the Task Force conducted the first-ever statewide capacity and needs

assessment in each of NJ’s 21 counties, both to benchmark the status of the cancer burden in each county and to develop an extensive inventory of the state’s cancer-related activities and resources. In order to keep data sources current, the State and county profiles continue to be updated electronically on a periodic basis for use by the Workgroups, Standing Committees, and Coalitions.

A major highlight of the first five years of implementation is that of the 349 total number of strategies in New Jersey’s first Comprehensive Cancer Control Plan, 237 (68%) were completed. For those completed, feasibility and true benefit of the strategy were important and among the lessons learned. Financial organizational support for completed initiatives was estimated at \$329,862.64 (e.g., the Childhood Cancer Workgroup held two successful events in conjunction with the Lance Armstrong Foundation, the American Cancer Society, the Valerie Fund, and the Jay Fund).

The development of NJ’s Second Plan used the expertise of diverse partners, both internal and external, who had demonstrated their commitment to the reduction of the burden of cancer as demonstrated by their continued active involvement. The Internal Monitoring Program (IMP) developed by the Battelle Centers for Public Health Research and Evaluation (Battelle) in conjunction with the University of Medicine and Dentistry of New Jersey (UMDNJ) was used to incorporate experiences from implementation of the First Plan through reports generated for each workgroup. Strategies that were ongoing and demonstrated successful implementation were kept; conversely, strategies that had been identified as being unsuccessful or encountering barriers were revised to be more effective or excluded from the Second Plan altogether.

The eight cancers addressed in the plan are breast, colorectal, gynecologic (cervical and ovarian), lung, melanoma, oral, and prostate. The top priorities from each of the workgroups addressing these cancers are highlighted in the “New Jersey Comprehensive Cancer Control Plan Fact Sheet’s ‘Telling New Jersey’s Story’” (See Appendix 1). The organizational structure that supports implementation of comprehensive cancer control activities in NJ is depicted below.



**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.

The Task Force Workgroups and Standing Committees completed development of the second edition of the Plan in 2007. The evidence-based chapters are grounded in data provided by the New Jersey State Cancer Registry (NJSCR), Behavioral Risk Factor Surveillance System (BRFSS), The American Cancer Society (ACS), Healthy NJ 2010, and trends gleaned from peer-reviewed publications with legislative initiatives, clinical trials, and the application of current technologic research and resource data integrated as recurrent themes throughout each chapter. The Second Plan's evidence-based goals, objectives and strategies address the continuum of cancer control from awareness and education to quality of life issues. Planned and executed by the OCCP, and employing the best practices of Maine, a seamless implementation of the Second Plan began with the approval by the Governor's office on December 11, 2007. It should be noted that as a result of including Research/Surveillance in each chapter, a limited number of hard copies of the 2008-2012 Plan have been published. OCCP is relying on its enhanced website, www.njcancer.gov, to constantly reflect the ongoing and constant growth in the research. This is accomplished through the insertion of hyperlinks in the electronic version of the Plan posted on OCCP's website that take the user to the primary data sources, e.g., BRFSS, NJSCR, and Cancer Control Planet, thus ensuring the most current information. This enhancement is also available on the CD version of the Plan.

Plan implementation continues with unwavering support from the New Jersey Department of Health and Senior Services and the coordinated efforts of its relevant programs—the OCCP, the NJSCR, the Division of Family Health Services, the New Jersey Commission on Cancer Research, the Office of Public Health Infrastructure, and the Comprehensive Tobacco Control Program. The Second Plan was formally introduced to NJ at the successful Task Force Summit event that was held on May 9, 2008, and that served as an opportunity to honor the ever growing number of stakeholders involved.

OCCP continues to facilitate consensus-building and coordination among a diverse mix of partners and activities which has been demonstrated by the transition of each standing committee, workgroup and coalition to the Second Plan. An enhanced emphasis on communication with the establishment of the Task Force Communications Standing Committee has resulted in a communications plan aimed at improving the dialogue among collaborators. Incorporated in the 2008-2012 Evaluation Plan, the Evaluation Committee has been providing guidance to the Communications Standing Committee to assess its progress. With the ever-growing number of stakeholders, an expanded stakeholder assessment was conducted in July-August 2008 and findings are reported in the section on Context Evaluation and are compared with the 2006 stakeholder assessment results.

B. Cancer Incidence and Mortality

In 2005, the data reported to the NJSCR indicated that 45,052 cases of invasive cancer were diagnosed among NJ residents. Males (all races combined) had a rate of 564.3 per 100,000 compared to females (all races combined), who had a rate of 435.7 per 100,000*¹. The American Cancer Society (ACS) predicted that in 2008, the number of new cancer cases among

*Rates are per 100,000 and age-adjusted to the 2000 U.S. population standard.

NJ residents would increase to 45,900². For males and females, all races combined, total cancer incidence rates were higher in NJ than in the US during the period 1995 to 2004. Approximately 51% of the cancers diagnosed in 2004 among NJ residents were in the early stages (in situ and local)³.

Cancer is the second leading cause of death in NJ^{3,4}. There were 17,171 deaths in 2005 for which cancer was designated on the death certificates as the underlying cause. The cancer mortality rate for NJ was 220.7 per 100,000* for males (all races combined) and 160.4 per 100,000* for females (all races combined) in 2005. In NJ, from 1995–2003, cancer mortality rates for males (all races combined) were generally higher than the rates for the US. For the same time period, NJ cancer mortality rates for females (all races combined) and white females were higher than the mortality rates for the US³. The ACS has predicted 16,800 deaths due to cancer in NJ in 2008².

Disparities for both incidence and mortality rates remain higher in blacks as compared to whites and to some extent, among males compared to females in NJ. According to the 1999 to 2004 data, black males have the highest cancer incidence rate in the 75–79 age group. In 2004*, 54% of the new cancer cases in NJ males were diagnosed in the early stages (in situ and local) and 50.4% for females. In NJ, cancers are being diagnosed earlier among whites -- both male and female -- than among blacks. Although life expectancy in the United States has been increasing, blacks live shorter lives than whites across gender, age, and disease subgroups. For the six most common cancers diagnosed among NJ residents in 1994–1997 (female breast, cervical, colorectal, lung, melanoma of the skin, and prostate), disparities continue to exist between blacks and whites⁵. For all cancers combined, the New Jersey five-year relative survival rate was 61%, while the U.S. rate was higher at 64%. Disparities in survival rates exist by gender and race. White men in NJ had substantially higher five-year relative survival rates for all cancers combined compared to black men (63% versus 54%, respectively); as did white women compared to black women (60% versus 51%, respectively). Black men had lower survival rates than did white men for each specific cancer type except myeloma and brain. Black women had lower survival rates than did white women for each specific cancer type except myeloma, brain, stomach, liver, and pancreas³. In a recently published study, in 16 states and six metropolitan areas in the US, cancer survival in black men and women was systematically and substantially lower than in white men and women⁶.

The following tables demonstrate NJ's progress toward the Healthy People 2010 benchmarks for the six required population-based measures. Sigmoidoscopy or colonoscopy^π and PSA^φ have been added as early detection measures. NJ has not only achieved but exceeded the benchmark for the percentage of women over the age of 40 who have received a mammogram in the past two years and the percentage of adults aged 50+ who have ever had a sigmoidoscopy or colonoscopy in the last two years. For the other prevention measures, NJ is closer to achieving the HP2010 target than the US as a whole.

Population-Based Measures to Monitor Comprehensive Cancer Control

Primary Prevention

Quality Measure	NJ	US	HP2010 Target
Adult Smoking Prevalence*	17.1%	20.0%	12%
Adolescent Smoking Prevalence [#]	19.8%	23.0%	16%
Adult Obesity Prevalence*	24.1%	26.3%	15%

*Source: Behavioral Risk Factor Surveillance System, 2007.

[#]Source: Youth Risk Behavioral Surveillance System, 2005. NJ data are not available for 2006, 2007 or 2008.

Early Detection

Quality Measure	NJ	US	HP2010 Target
Mammography*	77.9%	76.5%	70%
Pap Test [#]	84.0%	84.0%	90%
FOBT [†]	21.3%	24.1%	50%
Sigmoidoscopy or Colonoscopy [‡]	58.3%	57.1%	50%
PSA [§]	55.4%	53.8%	--

*Mammogram in the preceding 2 years, age 40+.

[#]Pap test in preceding 3 years, age 18+.

[†]Fecal occult blood test in the preceding 2 years, age 50+.

[‡]Adults aged 50+ who had ever had a sigmoidoscopy or colonoscopy in the last two years.

[§]Men aged 40+ who have had a Prostate Specific Antigen test in last two years

Source: Behavioral Risk Factor Surveillance System, 2006. Data are not available for 2007 or 2008.

¹ New Jersey Department of Health and Senior Services, Cancer Epidemiology Services. *Cancer Incidence and Mortality in New Jersey 2001-2005*. Retrieved March 10, 2009 from <http://www.state.nj.us/health/ces/documents/report01-05.pdf>.

² American Cancer Society. *Cancer Facts and Figures 2008*. Retrieved March 10, 2009 from <http://www.cancer.org/downloads/STT/2008CAFFfinalsecured.pdf> pp. 1,7 & 8.

³ State of New Jersey Department of Health and Senior Services. Comprehensive Cancer Control Plan, 2008-2012. *The Burden of Cancer in New Jersey*. Retrieved March 10, 2009 from http://www.state.nj.us/health/ccp/ccc_plan/burden_cancer.shtml.

⁴ Center for Disease Control and Prevention, Cancer The Nation's Second Leading Cause of Death. *U.S. Cancer Death Rates, 2005*. Retrieved March 10, 2009 from http://www.cdc.gov/nccdphp/publications/aag/dcpc_text.htm. . State Cancer Profiles. *Age-Adjusted Death Rates for United States, 2005*. Retrieved March 10, 2009 from <http://statecancerprofiles.cancer.gov/map/scpMapInterpret.php?00&001&001&00&0&2&1&1&6&0>.

⁵ Niu X, Agovino PK, Roche LM, Kohler BA, and Van Loon S. *Cancer Survival in New Jersey, 1979-1997*. Trenton, NJ: New Jersey Department of Health and Senior Services, Cancer Epidemiology Services, September 2006.

⁶ Coleman, M.P., Quaresma, M., Berrino, F., et. al (2008). Cancer survival in five continents: a worldwide population-based study(CONCORD). *The Lancet Oncology*, 9(8), 730-756. doi:10.1016/S1470-2045(08)70179-7. Retrieved on March 11, 2009 from [http://www.thelancet.com/journals/lanonc/article/PIIS1470-045\(08\)70179-7/fulltext](http://www.thelancet.com/journals/lanonc/article/PIIS1470-045(08)70179-7/fulltext).

II. PROGRESS BASED ON THE EVALUATION PLAN: CONTEXT EVALUATION

Aspects of context evaluation include stakeholder assessments, collaborations among Workgroups, Coalitions, and partnerships with key stakeholders. Because many of the partnerships and collaborations are reflected in implementation activities, these are highlighted under “Implementation Evaluation” and this section will focus on the stakeholder assessments. In order to measure how the NJ cancer control program is functioning within its environment, the OCCP conducted its second web-based stakeholder assessment. The first stakeholder assessment was conducted in 2006, and the second was conducted in July-August 2008. Based on the recommendations from the *2006 Status Report to the Governor and Legislature*, the 2008 survey was designed to include not only the Task Force, Workgroup, and Standing Committee members as was done in 2006, but also all of the coalition members. Of the 948 emailed, 323 completed the survey for a response rate of 34.1%. Of these individuals, 240 answered that they were members of a coalition for a response rate of 73.2%. To the question of whether the respondent was a member of the state-level Task Force, one or more Workgroup(s), and/or Standing Committees, 178 (55.1%) answered “No” meaning that they were coalition members only. The remainder (145, 44.9%) answered “Yes”. According to the results, 62 respondents (19.2%) served on both a Coalition and a state-level Workgroup, Standing Committee, and/or the Task Force. Both the 2006 and 2008 surveys focused on seven key areas of the overall program: membership; climate; communication; leadership; implementation; process; and benefits of participation. Within each of these topics, more specific issues were listed and members were asked to comment on their level of satisfaction for each issue. In addition, members were able to add unlimited comments on each topic. A comparison between the 2006 and 2008 responses for each of the seven topic areas follows. Though responses were quite similar with all respondents included, for consistency, comparisons between the 2006 and 2008 responses were made after removing the coalition members only.

Membership: The overall satisfaction for membership issues was high in both 2006 and 2008. There were improvements from 2006 to 2008 in the diversity of membership, 74% to 76.6%, and with representation by organizations with an interest or expertise in cancer, 83% to 84.6%. There was no change in the opportunity to collaborate with other partners or organizations at 83% satisfaction. For the area, willingness to welcome new members, there was a slight decrease from 86% to 85.3%. Two areas with an increase in the levels of overall satisfaction were personal involvement and agency’s involvement from 2006 to 2008 in both areas. The changes were a 7.3% increase and 4% increase for personal involvement and agency involvement respectively.

Climate: Respondents showed high levels of satisfaction with the overall climate of the cancer control program in New Jersey. In 2008, 88.8% stated they were satisfied with the friendliness and helpfulness of the leadership; this is a 6.2% decrease from the 2006 needs assessment. There was a slight decrease in other climate areas, with over 85.2% satisfied with the cooperation from others compared to 87% in 2006 and no change in the acceptance of other’s opinions at 84%.

Communication: The overall satisfaction with communication was highly favorable but showed a decrease since 2006, with 83.1% satisfied with information provided by the OCCP compared with 92%, 81.3% satisfied with their ability to communicate with the OCCP compared with 91%, and 80% satisfied with opportunities to provide input and express concerns about the Plan compared with 82% in 2006. There was a very slight increase in their ability to communicate with other members at 86.5% compared with 86%.

Based on the comments, the response levels may be lower compared to 2006 because many answered based on their county coalition communication and not the communication efforts supported by OCCP.

Leadership: Similarly, the responses regarding the overall leadership were very positive, but showed a decrease since 2006. In 2008, 77% of responses were satisfied with the clarity of the comprehensive cancer control vision and where the program is going compared to 80% in 2006; 82.1% are satisfied with the strength and competence of leadership compared to 84%; and 75.7% are satisfied with opportunities for partners to participate in leadership roles, which is a 2% decrease from 2006.

Handwritten comments were strikingly positive. Respondents primarily complimented the leadership at the OCCP and in many instances referred to the OCCP Executive Director by name.

Implementation: The one area for which survey respondents showed the least satisfaction was financial resources generated to support implementation, 51.6% down from 65% in 2006. Responses to all other issues of implementation showed overall satisfaction, ranging from 67.7% satisfied with non-financial resources to support implementation to 76.5% satisfied with collaborative work of stakeholders to address comprehensive cancer control priorities. These responses are consistent with the 2006 results.

Process: Overall, respondents were satisfied with administration and management (89.5%) as well as content (75.2%), location (78%), and number of meetings (78.3%). The assessment showed that only 69.5% were satisfied with the accomplishments of the meetings, and 64.8% were satisfied with the use of resources although a high proportion (11.7%) responded, “don’t know” to this item.

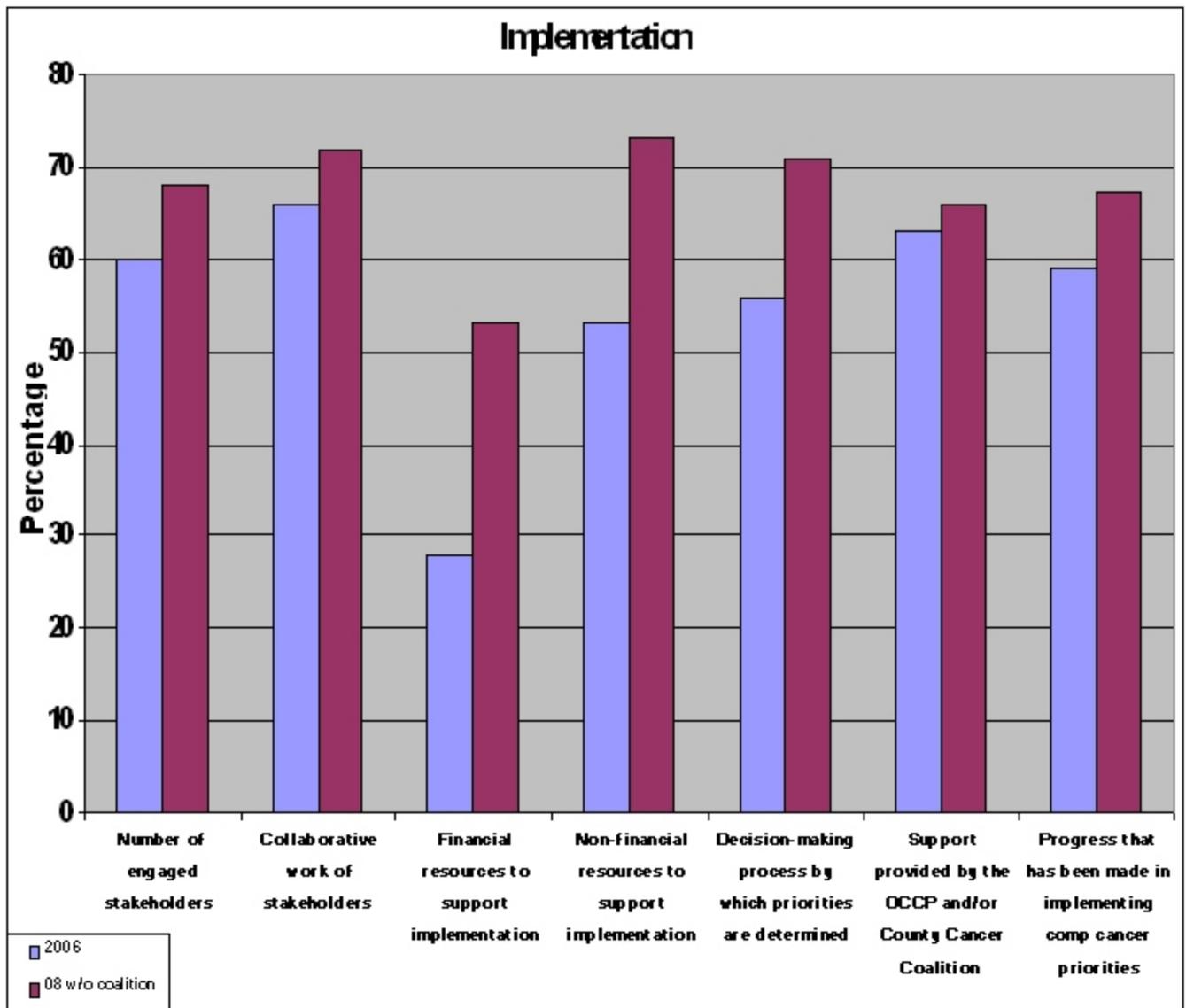
Comments varied from requests to increase conference calls or web meetings, to compliments to the Executive Director for her organization and motivation, to a request for bi-annual reports to the Task Force or Coalitions. Among other comments were those related to schedule conflicts and the resultant inability to get to meetings.

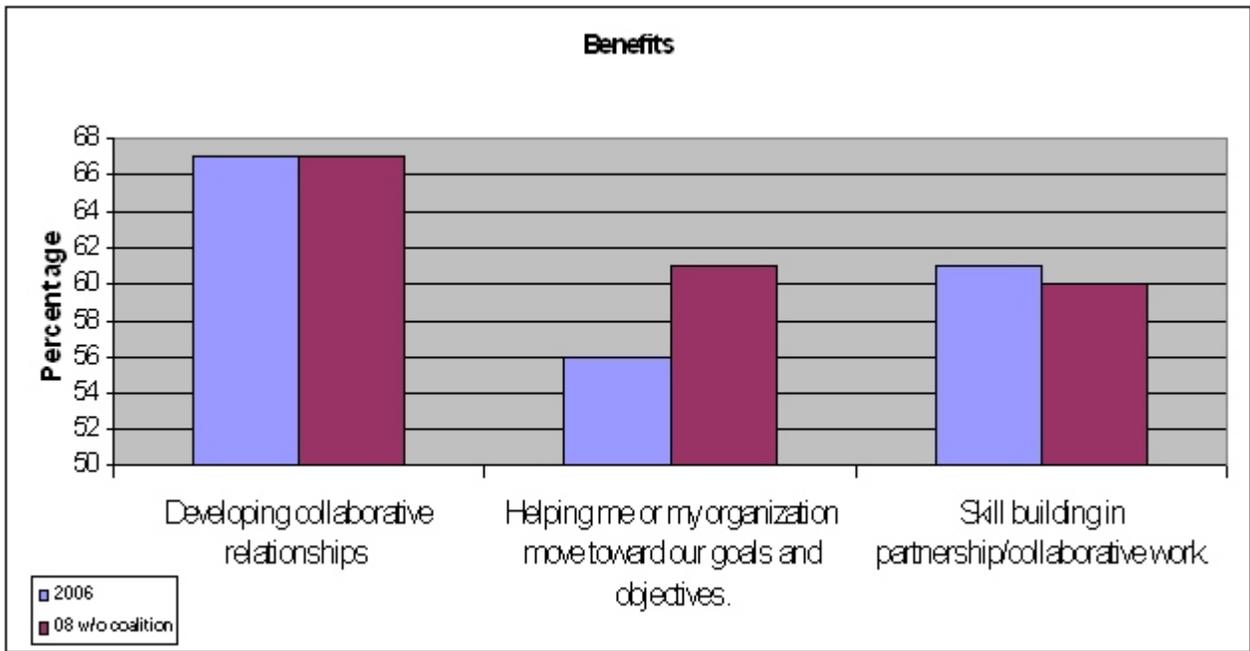
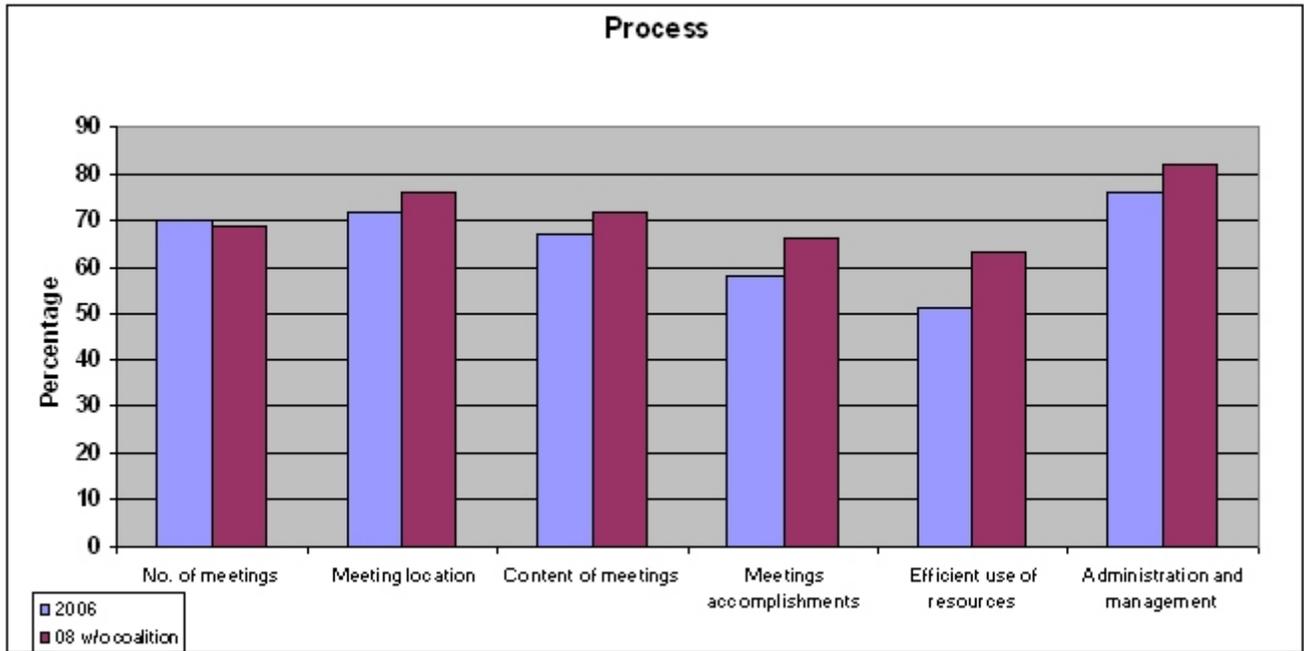
Benefits of Participation: From 2006 to 2008, there was a decrease in how involvement in the implementation of the Plan has been beneficial to participants. Respondents were asked three items on how their involvement has benefitted themselves and/or their organizations, using a scale from a low of 1 (representing “not at all”) to a high of 7

(representing “quite a lot”) in both years. Combining responses of 5, 6, and 7 to denote that members did perceive benefits, only 69% in 2008 compared to 73% of respondents in 2006 reported that their involvement has helped them develop collaborative relationships with other members or agencies. There was no change for the second question how their involvement has helped them or their organizations move toward their goals and objectives at 60%. There was a decrease for the third question; only 62.1% reported that their participation resulted in an enhancement of their skills in partnership/collaborative work in 2008 compared to 66% in 2006. However, to the question, “Have you collaborated with others in implementing the NJ Comprehensive Cancer Control Plan and/or County Cancer Coalition activities (including other workgroups and/or county cancer coalitions)?” for the 289 who responded excluding the 34 who responded “Not Sure,” 225 or 77.8% said “Yes.” Many comments followed providing examples of the collaborations.

In sum, responses were similar in both 2006 and 2008. There were minimal, insignificant declines in some of the measures. However, for membership, an area upon which great emphasis has been placed for the Workgroups, Standing Committees, and Coalitions, there were striking increases in satisfaction in two areas. The changes were a 7.3% increase and 4% increase for personal involvement and agency involvement respectively. The one area for which survey respondents showed the least satisfaction (and consistent with barriers to implementation) was financial resources generated to support implementation, 51.6% down from 65% in 2006. Responses to all other issues of implementation showed overall satisfaction, ranging from 67.7% satisfied with non-financial resources to support implementation to 76.5% satisfied with collaborative work of stakeholders to address comprehensive cancer control priorities. These responses are consistent with the 2006 results. Based on the comments, the response levels may be lower compared to 2006 because many respondents answered based on their own County Coalition communications and not the communication efforts supported by OCCP. Practical suggestions e.g., for more conference calls rather than meetings were offered. For comments that identified issues of specific coalitions, the OCCP has used the opportunity to reach out to the coalitions to address the issues. As examples, three graphs depicting comparisons of 2006 and 2008 responses on Implementation, Process, and Benefits of Participation are displayed at the end of this section.

In addition to conducting annual stakeholder assessments, as a cost-effective means of accomplishing this task, enhancements were made to an existing OCCP Master Database of past and currently involved stakeholders. The database categorizes stakeholders based on the CDC’s list of suggested partners, as well as others specific to NJ. Based on CDC Performance Measure 1.1 from its new 2008 set of Performance Measure requirements, NJ’s representation exceeds the average of 67% nationally with 29 of the possible 34 organization types (85%) represented in the partnership. Stakeholders are grouped by county and region (North, South, and Central). The purpose of this database is to identify gaps, both geographically and organizationally, in the CCC constituency in NJ. These enhancements allow OCCP to generate reports of the geographic and organizational representation of the partnership and to identify gaps in representation. Based on identified gaps, recruitment is initiated to involve new stakeholders.





III. PROGRESS BASED ON THE EVALUATION PLAN: IMPLEMENTATION EVALUATION

A. Coalition Activities

As NJ implements the Second Plan, the evidence-based recommendations contained within it continue to be employed at the local level. The County Cancer Coalition Coordinators (Coordinators) use the Plan's data and recommendations as well as the updated, county-based Fact Sheets to prioritize and plan their Coalition's activities. Utilizing the data and recommendations ensures Coalition activities align with the goals of the Plan. The Coordinators are mandated to identify specific goals, objectives and strategies recommended in the Plan as they develop these activities in their respective counties. The OCCP and the Coalitions partner with the National Cancer Institute's Cancer Information Services to collaborate on activities that are evidence-based.

1. Coalition Self-Monitoring Activities

Coalition Stakeholder Assessments, the Coalition Membership Gap Analysis Tool, the Coalition Self-Needs Assessment Tool and Grant Progress Reports are required to be performed by each Coalition. Annual Audits are performed by the federally-funded OCCP staff member as a measure of quality control. The Coalitions are now implementing the recommendations included in the 2008 Annual Audits. These audits will continue to be performed on an annual basis.

Coalitions are required to perform an annual Coalition Self-Needs Assessment. This survey tool is utilized to assess the Coalitions by strengths, weaknesses, successes and need for improvement on a consistent basis, and may be qualitative, quantitative, or a combination of both. The Coalitions are required to submit a Grant Progress Report to the OCCP that includes the Coalition's objectives, the activities being performed to meet each objective and the level of completion on each activity. These assessment tools are critical in guiding ongoing recruitment of new stakeholders and ensuring cancer control efforts continue to be implemented effectively at the county level.

Since a vital part of comprehensive cancer control is the coordination and collaboration of a diverse group of stakeholders, it is important for the Coalitions to evaluate organizational involvement. An annual Coalition Stakeholder Assessment Matrix evaluates the types of organizations currently involved, the populations served, and the focus of member organizations. It has been found to be a very effective tool in assisting with coalition building. The Coalitions also perform an annual County Cancer Coalition Membership Gap Analysis. This tool helps to identify the desired organizations that are or are not currently present on the Coalition membership at a local level, and include categories ranging from cancer organizations to media services.

The OCCP utilizes a Coalition Event Reporting Form to measure the Coalitions' effectiveness in prioritizing and planning their projects and events. These reports must demonstrate which goals, objectives and strategies of the Plan have been met by the event and are monitored by OCCP staff for evaluation purposes. The reports are entered in the

IMP and are also utilized in providing quarterly quantitative data on coalition activities to the Evaluation Committee and the Task Force.

2. Major Coalition Cancer-Related Activities Per Grant Period

As part of the implementation process, all Coalitions are required to complete at least one cancer-related activity per grant period. Several activities continue to take place in all of the counties including new and ongoing projects during each quarter. Examples from each of the Coalitions for 2007 and 2008 are described in the 2007-2008 Accomplishments section on pages vi-.xi of this report.

It can be seen from some of these examples that a number of collaborations between/among the coalitions have been growing. Details of the two other CDC-funded optional special projects for addressing skin and prostate cancer that were initiated by the coalitions in July 2007 will be described in section IV of this report.

3. Evidence-Based Evaluation Related Training Initiatives

The Evaluation Committee through needs assessments conducted with the Coalition and NJCEED coordinators determined that the majority had beginning to intermediate program evaluation knowledge and skills. To assist the coordinators to further develop their skills, an Evaluation Training sub-committee was established. Program evaluation training via webinar was developed in collaboration with the Cancer Information Service Partnership Program. The first training was held on November 6, 2008 with more than 23 participants in attendance. The training was recorded and now is available for those who were unable to attend as well as those who wish to review the content. In addition, individualized one-on-one training of the Coalitions is underway to support their efforts to identify evidence-based initiatives that will enable them to evaluate both short and longer term outcomes of their efforts.

B. Task Force, Workgroup, and Standing Committee Highlights

The Task Force is charged with the development, implementation, and evaluation of the CCC Plan with modification as needed. To support the success of these efforts, each of the Workgroups and Standing Committees has a workplan that is reviewed quarterly throughout the year. Further, as needed, additional planning meetings are held to work through details of workplan activities. Based on a number of volunteer efforts of the Task Force, Workgroups and Standing Committees, many of the accomplishments during the 2007 and 2008 time span have been enumerated on pages xi-xviii in this report. Along with these, major strides coordinated by the OCCP have been made in the arena of keeping the public informed. Task Force activities can be found on pages xii-xiii, standing Committees can be found on pages xiii-xiv, and Workgroup activities can be found on pages xvi-xviii of this report.

IV. IMPLEMENTATION EVALUATION: THE OPTIONAL SPECIAL PROJECTS

Two optional projects to address skin and prostate cancer are described in this section. The rationale for each of these projects is addressed under each topic area below. Both of these projects spent a good portion of the initial year further developing and getting their projects into the field but have picked up momentum.

A. Skin Project Activities

Background

New Jersey's cutaneous melanoma incidence rates reflect the national trend of increasing incidence. Data from the New Jersey State Cancer Registry reveal that the incidence rate of melanoma in New Jersey men and women (all races combined) has increased from 1979 to 2005. The American Cancer Society estimates that in 2008, 2,300 new melanoma cases will be diagnosed in New Jersey. Adopted as an initiative by the Melanoma Workgroup of the Task Force, the Skin Cancer Reduction – Early Education Network (SCREEN) Sun Safety Program was funded by the CDC beginning July 1, 2007 through June 30, 2008 and again July 1, 2008 through June 30, 2009. The project aims to reduce the incidence of skin cancer in New Jersey by: 1) improving sun safety knowledge of children, parents, caregivers, and recreation/school staff; 2) improving sun safety behaviors (i.e., the use/proper use of sunscreen); and 3) increasing sun safety policy implementation and environmental changes (i.e., increases in available shaded areas). The program is being implemented in the seven NJ counties that have the highest melanoma incidence rates based on 1999-2003 data. These include: Cape May, Hunterdon, Warren, Morris, Monmouth, Sussex, and Ocean.

Implementation

The first 12 months of the grant cycle established a foundation for the SCREEN Sun Safety Program. This foundation includes: 1) the recruitment and training of key stakeholders within the seven targeted counties; 2) the development of three 20-minute lessons to be used in health education curriculums for elementary school children; 3) the development and purchase of sun safety social marketing materials (i.e., UV index signs; UV wrist bracelets; bumper stickers; sun safety tattoos; lifeguard buttons/pins; and sun safe fact of the day); 4) the development of daily tasks for SCREEN sites [i.e., UV sign set-up; daily sun safe fact quiz for children with sun safe prizes; site staff hourly prompts (typically 11am; 12noon; and 1pm) for children/parents to engage in sun safety behaviors such as reapplication of sun screen, and/or seeking shade]; and 5) the finalization of an IRB approved evaluation tool that assesses program efficacy (i.e., process evaluation; sun safety knowledge and behaviors). In addition, approximately 5,500 in-kind sunscreen samples were received from Johnson & Johnson and Schering-Plough which will be handed out to SCREEN site patrons during program implementation.

The trainings which were conducted for the SCREEN sites covered: 1) SCREEN Sun Safety Program Curriculum; 2) methods and materials to improve sun safety health literacy in children, parents and recreation/school staff; 3) methods and materials to develop social marketing strategies to promote sun safety in children; 4) methods and materials to gain entry into the public schools and establish sun safety policies; and 5) initiating sun safety

advocacy efforts and developing partnerships with local business to create sun-safe environments. Using this “train the trainer” model, personnel from all seven counties are now qualified to implement the SCREEN program within community settings in their specific counties.

The program was successfully implemented in 17 venues over the 2008 summer months with significant findings based on pre-/post-surveys that were administered anonymously. Pre-program SCREEN data were collected in May-July 2008, and post-program data were collected in August 2008. A central intercept method, including structured interviews (using sun safety knowledge/health literacy surveys taken from K. Glanz (Escoffery C, Glanz K, Elliott T. 2008) and modified to meet the needs of this study) were conducted on 141 children and 338 parents/caregivers. Pre-post data were also collected from 42 lifeguards and 27 summer camp staff during the SCREEN orientation training. Analyses on the pre-post data indicated that numerous significant changes occurred in sun safety behaviors. Similarly, substantial changes occurred in site policies regarding sun safety. Areas in need of greater emphasis have been identified. Lessons learned from the 2007 and 2008 time periods will be introduced in 2009 (e.g., it is recommended that with the current amount of funding, this intervention should not be launched on NJ beaches that have miles of oceanfront and numerous entrances because monitoring of the program would be very difficult). More sites are being identified and will be added during this period. Additional CDC funding will be requested for July 1, 2009 – June 30, 2010.

Reference

Escoffery C, Glanz K, Elliott T. (2008). Process evaluation of the Pool Cool Diffusion Trial for skin cancer prevention across 2 years. *Health Education Research*, 23, 732-743.

B. Prostate Activities in New Jersey: “Barbershop”

Background

In NJ, comparing prostate cancer incidence data for the time period 2001-2005 for white and black males 171.50 and 269.5 per 100,000 adjusted to the 2000 US Standard Million population respectively, the ratio for black males (largely an uninsured or under-insured population) was 157.14 % greater. The Barbershop Initiative™ is a national program created by The Prostate Net (TPN), a national patient education and advocacy organization founded by Virgil H. Simons. Funded by the CDC, implementation of an enhanced version of The Prostate Net’s Barbershop Initiative™ model in NJ began in September 2007, and has continued with additional funding for July 1, 2008-June 30 2009. The program improves communication about prostate cancer to men in NJ with a focus on medically underserved minorities through the recruitment of barbers to participate with NJCEED lead agencies in the initiative and assists the NJCEED lead agencies in maintaining the barbers’ involvement. Adopted as an initiative by the Task Force Prostate Workgroup, Barbershop is being spearheaded by the Atlantic County Healthy Living Coalition (ACHLC) and the Essex County Cancer Coalition (ECCC). Each coalition has made significant progress in implementing the program. The program clearly is an evolving one with lessons learned in terms of best approaches to educating barbers to serve as lay health educators in minority communities on the topic of prostate cancer and related screening for it. Hundreds of barbershops have been

visited, and NJCEED agencies and Coalitions have been brought together in partnership to address this issue. Following training sessions in barbershops, a number of screenings (Prostate Specific Antigen-PSA and digital rectal exams-DREs) have occurred on site, via van, or within a block at partnering health departments. For barbers who completed the pre- and post-questionnaires, the results were highly significant for changes in knowledge, attitudes and behaviors for the majority of the items asked. Additional CDC funding will be requested for July 1, 2009 – June 30, 2010.

Implementation

One of the primary activities to attain the project's goal is to enlist NJCEED lead agencies as sponsoring medical organizations for Barbershop. The ACHLC continues to partner with Atlantic, Burlington, Cumberland, Mercer and Somerset NJCEED lead agencies and County Cancer Coalitions. The NJCEED agencies in these counties have been trained on the Barbershop Initiative and have participated in follow-up visits with the ACHLC outreach coordinator. The ACHLC outreach coordinator continues to build relationships within the community and recruit barbershops to participate in the Barbershop Initiative. Some highlights of accomplishments by the ACHLC in the Southern part of the State include:

- 178 barbershops were visited between September 2007 and June 2008, and 297 visits and calls to barbershops and hair salons were made from July to December 2008. A total of 77 barbers were trained in the 15-month period.
- In Somerset County, 69 individuals were educated at seven events held throughout the county from July-September 2008, including at "Kut out Cancer" events.
- In Mercer County, 52 individuals were educated at three events in October 2008. These educational events led to the screening of nine men for prostate cancer at the Trenton Health Department using PSA tests and digital rectal exams (DREs). At an additional event in Trenton in November 2008, 12 men were educated and screened.
- In Burlington County, 14 barbershop patrons were educated in November 2008; 12 patrons in Atlantic County were educated in December 2008.
- In total, from July 1, 2008 to December 31, 2008, a total of 145 people were educated and 21 men were screened for prostate cancer in Southern New Jersey as a result of the Barbershop Initiative.
- Additionally, the ACHLC promoted the barbershop initiative at a total of four health fairs or workshops throughout the Southern region with a total of 653 attendees.

Each coalition is responsible for evaluating their respective counties. Evaluation forms for the southern and northern counties have been developed; both the northern and the southern counties submit their data to OCCP. Baseline data for NJCEED prostate cancer screenings was provided by the state NJCEED coordinator, and the NJCEED lead agencies provide reports on the number of prostate cancer screenings performed and how the clients were referred to the program.

All NJCEED lead agencies in the 10 northern counties have been contacted regarding collaboration with Barbershop activities. Some highlights of the Barbershop Initiative Implementation in the Northern Region include:

- Barbershop has been well established in four counties in the northern part of the state (Essex, Hudson, Middlesex, and Union) as well as Somerset (for which outreach is conducted jointly with the southern outreach coordinator) and Bergen (which already had its own barbershop-based outreach program). Expansion of outreach activities in Bergen, Morris, Passaic, and Sussex counties and active participation in Barbershop are expected by February 2009.
- After initially declining to participate in Barbershop due to a minimal minority population, the Hunterdon County NJCEED agency is now interested in implementing the program in 2009. Pockets of minority populations were identified and a need for Barbershop was justified. The ECCC outreach coordinator will follow up with the Hunterdon County NJCEED agency in January 2009.
- In Middlesex County, prostate cancer screenings at barbershops in New Brunswick were promoted. Staffing shortages at the NJCEED agency put further activities on hold; follow up with the program will be made in January 2009.
- In Morris and Passaic Counties, the ECCC coordinator collaborated with the NJCEED agencies about community events and screening information.
- The ECCC coordinator is in contact with the coordinator at the new NJCEED agency in Union County. Plans are being developed for prostate cancer screenings.
- The northern team is aware of 39 men who were screened for prostate cancer in Essex County as a result of the Barbershop Initiative.
- Overall, 190 barbershops in the Northern Region have been contacted, 149 barbershops expressed interest in participating, and 31 barbershops have been trained. In Essex County, two NJCEED prostate cancer screenings took place in a barbershop in East Orange, and 28 men were screened.
- TPN Knowledge Net computer kiosks were delivered to four barbershops in Essex, Union, and Somerset counties in September 2008.
- A total of 153 barbershops in the northern counties have agreed to participate in barbershop, the majority in Essex County. The ECCC outreach coordinator made a total of 394 visits to barbershops from July to December 2008.
- Trainings were conducted at barbershops in Essex and Union counties from September – November 2008. In Essex County, 49 barbers were trained at 23 trainings, and in Union County 23 barbers were trained at 7 training events.

V. PROGRESS BASED ON THE EVALUATION PLAN: OUTCOME EVALUATION

Except for an increase in melanoma in both males and females and a slight increase in lung cancer in women, all other cancers in the Plan have decreased. With additional prevention, education, and screening efforts, other reductions in the burden of cancer will take many years to occur. For this reason, intermediate outcome measures are used to mark efforts. In terms of behaviors as observed in the BRFSS data, NJ has not only achieved but exceeded the benchmark for the percentage of women over the age of 40 who have received a mammogram in the past two years and the percentage of adults aged 50+ who have ever had a sigmoidoscopy or colonoscopy in the last two years. For the other prevention measures, NJ is closer to achieving the HP2010 target than the US as a whole.

As a preliminary approach to assessing the achievements of the OCCP's Task Force, Workgroups, Standing Committees, and Coalitions and the success of their partnerships, another source of data to evaluate related comprehensive cancer activities is the NJCEED Program data. Over time it may be possible to observe intermediate outcomes such as increases in NJCEED screenings that can be attributed to specific interventions. Having said this, there are certain limitations with the NJCEED Program and its data. A few of these are listed below.

- 1) The program addresses only four types of cancer: breast, cervical, prostate and colorectal.
- 2) The programmatic limitations define the population that can participate, and, therefore, the generalizations that can be derived from the data. In addition, with the funds available, screening services to less than 20 % of those eligible have been possible during the ten years of services to date.
- 3) While at this point in time it is possible to look back at about 10 years of screening data and the resultant cancer cases diagnosed, all we may be able to do is to compare these cases with other cases in the registry for survival information.
- 4) Over the last 10 years, the program has had inconsistent levels of funding, and thus, numbers of screenings provided. As a result, it was recommended that we combine at least three years of data. (Correspondence with Mr. Lawrence Kane from the NJCEED program, December 11, 2008)

NJCEED had its highest level of funding in 2005 and then began to decline. There has been a reduction of federal funds since this time and State funding has remained level with no cost of living increases. Based on the discussions and correspondence with NJCEED staff, moving averages of NJCEED data for the combined years of 2005, 2006, and 2007 were then compared with combined years 2006, 2007, and 2008 for the four cancers. NJCEED data are based on the State's fiscal years. Examining the percent changes, while there have been some declines in various age groups for breast and cervical screenings, there have been increases in some of the primary races such as Asian and American Indian. Of note are the large percent increases for prostate cancer screening in Black males up 12.20% from the 2005, 2006, and 2007 moving average to the 2006, 2007, and 2008 moving average time period, the period corresponding with

the implementation of Barbershop throughout NJ. Similarly, there was a 10.50% increase for colorectal screening for those identifying Black as their primary race. While there were percentage increases for other minority races, the numbers screened were quite small. Screening for colorectal cancer is another preventive measure that has been emphasized by the Coalitions, Workgroups, and NJCEED programs throughout NJ, evidence that the OCCPs programmatic efforts are working.

As mentioned in the Implementation Evaluation section, to enhance the Coalitions' program evaluation skills so that they will be able to better demonstrate outcomes of their efforts, webinars on the subject have been implemented and one-on-one training of the Coalitions is underway. Similarly, nearly all efforts of the Task Force, Workgroups, and Standing Committees are evaluated and the findings are fed back into future initiatives.

VI. RECOMMENDATIONS AND CONCLUSIONS

Managed and guided by the OCCP, over time, the momentum from the energy and enthusiasm generated by individuals and organizations passionate about reducing the burden of cancer in NJ has resulted in many accomplishments that have been achieved to date, many through growing partnerships and collaborations in addressing the burden of cancer in NJ. The accomplishments are rare relative to other chronic disease areas. The comprehensive cancer control model is one that would benefit others dealing with chronic diseases and should be sustained.

APPENDIX

New Jersey Comprehensive Cancer Control Plan Fact Sheet: Telling New Jersey's Story

New Jersey Comprehensive Cancer Control Plan Fact Sheet

What is the New Jersey Comprehensive Cancer Control Plan (CCCP)?

The New Jersey Comprehensive Cancer Control Plan (CCCP) represents an innovative approach to coordinating and integrating cancer control activities in New Jersey. The CCCP is administered by the Office of Cancer Control and Prevention at the New Jersey Department of Health and Senior Services, Office of the State Epidemiologist. The CCCP was developed by the Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey (Task Force), its Standing Committees, Workgroups and County Cancer Coalitions in conjunction with the U.S. Centers for Disease Control and Prevention, National Comprehensive Cancer Control Program. The workgroups are charged with implementing the CCCP at the state-wide level. Twenty-one county cancer coalitions are funded by the Office of Cancer Control and Prevention to implement the CCCP at the local level. Today, the CCCP is being implemented by the dedicated efforts of nearly 2,000 volunteers.

What is Comprehensive Cancer Control?

Comprehensive Cancer Control is an integrated and coordinated approach to reduce the incidence, morbidity and mortality of cancer through prevention, early detection, treatment, rehabilitation and palliation (CDC definition).

The CCCP can benefit New Jersey's residents by...

- Creating a continuum of cancer care services, from prevention through improved quality of life;
- Refocusing programs to serve the person as a whole, rather than focusing on one specific type of cancer;
- Increasing awareness and access to cancer services for New Jersey consumers;
- Expanding the number of local leaders who proactively support community partnerships and collaborations; and
- Sharing resources (time, staff, expertise) between local organizations and agencies.

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Telling New Jersey's Story

The Task Force presents this summary of the top priorities from each workgroup for continued implementation of the CCCP.

Advocacy Workgroup – Internal Structure and Funding

Continue the internal structure and funding for cancer awareness, education and early detection programs, and advocate for increased access to cancer care and for reducing cancer-related health disparities

Nutrition and Physical Activity Workgroup – Cancer Prevention

Promote healthy eating patterns, healthy weight, and physical activity with the goal of reducing cancer incidence, and assure proper nutritional care for cancer patients and survivors

Palliation Workgroup – Education

Increase awareness of and access to palliative care services from the time of cancer diagnosis, and address the benefits and risks of complementary and alternative medicine in palliative care

Breast Cancer Workgroup – Awareness and Education

Promote awareness and education for those at higher than expected risk of developing breast cancer, and increase awareness of the importance of re-screening and follow-up visits

Childhood Cancer Workgroup – Treatment and Quality of Life

Enhance the quality of life of young cancer patients from diagnosis through treatment and survivorship, and increase awareness of late effects and advocacy issues

Colorectal Cancer Workgroup – Awareness and Education

Raise awareness of colorectal cancer prevention, detection and treatment measures, and increase the colorectal cancer screening rates in NJ

Gynecologic Cancer Workgroup – Awareness and Education

Increase awareness and education regarding cervical and ovarian cancers, address the utilization of the HPV vaccine, and support gynecologic cancer research

Lung Cancer Workgroup – Tobacco Control

Support the goals of the NJ Comprehensive Tobacco Control Program, and increase the proportion of health care providers who implement the Public Health Service Tobacco Dependence Treatment Guidelines

Melanoma Workgroup – Awareness

Increase preventive behaviors among NJ's youth, promote worksite education, educate the community on skin cancers, and address measures to decrease exposure of NJ residents to ultraviolet radiation from tanning beds and booths

Oral and Oropharyngeal Cancer Workgroup – Public Awareness

Heighten public awareness of oral cancers and the need for access to screening, and collaborate with colleagues to increase education and training among healthcare providers

Prostate Cancer Workgroup – Public Awareness and Education

Promote a public health message regarding screening, the benefits and risks of early detection, and the follow-up necessary for screening and treatment

Plan para el Control Integral del Cáncer de Nueva Jersey

Hoja informativa

¿Qué es el Plan para el Control Integral del Cáncer de Nueva Jersey (New Jersey Comprehensive Cancer Control Plan, CCCP)?

El Plan para el Control Integral del Cáncer en Nueva Jersey (CCCP) constituye un enfoque innovativo en la coordinación y la integración de las actividades orientadas hacia el control del cáncer en Nueva Jersey. La administración del CCCP está a cargo de la Oficina para el Control y la Prevención del Cáncer del Departamento de Salud y Servicios para Personas Mayores de Nueva Jersey, Oficina del Epidemiólogo Estatal. El CCCP fue desarrollado por la Fuerza de Tareas de Prevención, Detección precoz y Tratamiento del Cáncer en Nueva Jersey (Task Force); sus Comités permanentes, grupos de trabajo y coaliciones del condado contra el cáncer, en colaboración con los Centros Estadounidenses para el Control y la Prevención de Enfermedades a través del Programa Nacional para el Control Integral del Cáncer. Los grupos de trabajo son los encargados de ejecutar el CCCP a nivel del estado. La Oficina de Control y Prevención del Cáncer financia a veintiuna coaliciones de condado contra el cáncer para ejecutar el CCCP a nivel local. Hoy en día, el CCCP se está llevando a la práctica gracias a los dedicados esfuerzos de alrededor de 2,000 voluntarios.

¿Qué es el Control Integral del Cáncer?

El Control Integral del Cáncer es un enfoque unificado y coordinado para reducir la incidencia, la morbilidad y la mortalidad causadas por el cáncer a través de la prevención, la detección precoz, el tratamiento, la rehabilitación y la paliación (definición de los CDC, Centros para el Control y la Prevención de Enfermedades).

El CCCP será ventajoso para los residentes de Nueva Jersey porque:

- Crea continuidad en los servicios para el cáncer, desde la prevención hasta una mejor calidad de vida;
- Cambia el enfoque de los programas para que se dirijan a la persona como un todo, en vez de concentrarse en un tipo específico de cáncer;
- Aumenta la toma de conciencia por parte de los consumidores de Nueva Jersey y su acceso a los servicios para el cáncer;
- Amplía la cantidad de líderes locales que prestan apoyo proactivo a las asociaciones y colaboraciones; y
- Comparte los recursos (tiempo, personal, pericia) entre las organizaciones y los organismos locales.

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Sobre la historia de Nueva Jersey

La Fuerza de Tareas presenta este resumen de las mayores prioridades de cada grupo de trabajo para la implementación continua del CCCP.

Grupo de trabajo de defensoría: Estructura interna y financiación

Continuar la estructura interna y la financiación para los programas que tratan sobre la toma de conciencia sobre el cáncer, la educación y la detección precoz, y promover el mayor acceso a la atención médica del cáncer y la reducción de las disparidades en salud relacionadas con esta enfermedad.

Grupo de trabajo en nutrición y actividad física: Prevención del cáncer

Promover patrones de alimentación saludables, el peso saludable y la actividad física con el objeto de reducir la incidencia del cáncer y asegurar la atención nutricional adecuada para los pacientes con cáncer y los supervivientes.

Grupo de trabajo en paliación: Educación

Aumentar la toma de conciencia sobre los servicios de cuidados paliativos y el acceso a ellos a partir del momento del diagnóstico del cáncer, y discutir los beneficios y los riesgos de la medicina complementaria y la alternativa en los cuidados paliativos.

Grupo de trabajo en cáncer de mama: Toma de conciencia y educación

Promover la toma de conciencia y la educación en quienes están en situación de riesgo mayor que el esperado de contraer cáncer de mama, y aumentar la toma de conciencia respecto a la importancia de someterse a nuevas pruebas de detección y de asistir a las visitas de seguimiento.

Grupo de trabajo en cáncer infantil: Tratamiento y calidad de vida

Optimizar la calidad de vida de los jóvenes pacientes con cáncer desde el momento del diagnóstico y durante el tratamiento hasta la supervivencia, y aumentar la toma de conciencia respecto a los efectos tardíos y los temas de defensa.

Grupo de trabajo en cáncer colorrectal: Toma de conciencia y educación

Aumentar la conciencia respecto a las medidas de prevención, de detección y del tratamiento del cáncer colorrectal y elevar las tasas de las pruebas de detección de cáncer colorrectal en NJ.

Grupo de trabajo en cáncer ginecológico: Toma de conciencia y educación

Aumentar la conciencia y la educación respecto al cáncer de cuello uterino y de ovarios, abordar el tema de la aplicación de la vacuna contra el VPH (HPV, por sus siglas en inglés) y apoyar la investigación sobre el cáncer ginecológico.

Grupo de trabajo en cáncer de pulmón: Control del tabaquismo

Apoyar el logro de los objetivos del Programa para el Control Integral del Tabaquismo de Nueva Jersey e incrementar la proporción de proveedores de atención médica que pongan en práctica las Pautas del Servicio de Salud Pública para el tratamiento de la dependencia del tabaco.

Grupo de trabajo en melanomas: Toma de conciencia

Estimular los comportamientos preventivos entre los jóvenes de Nueva Jersey; promover la educación en los lugares de trabajo; educar a la comunidad sobre los distintos tipos de cáncer de piel y abordar las medidas para disminuir la exposición de los residentes del condado a la radiación ultravioleta que generan las camas y cabinas solares.

Grupo de trabajo en cáncer oral y orofaríngeo: Toma de conciencia por parte del público

Elevar la toma de conciencia por parte del público respecto a los cánceres orales y de la necesidad de someterse a pruebas de detección, y colaborar con los colegas para intensificar la educación y la capacitación de los proveedores de atención médica.

Grupo de trabajo en cáncer de próstata: Toma de conciencia y educación

Promover un mensaje de salud pública respecto a las pruebas de detección, de los beneficios y riesgos de la detección precoz y del seguimiento necesario para la detección y el tratamiento.