

Comp Cancer Quarterly

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A Call to Action: Eliminating Health Disparities

The statewide cancer capacity and needs assessment (C/NA), conducted in 2003 under the direction of the NJDHSS Office of Cancer Control and Prevention (OCCP); the University of Medicine and Dentistry of New Jersey Medical School and the Evaluation Committee of the Governor's Task Force on Cancer Prevention, Early Detection, and Treatment in New Jersey identified that NJ, like many other states in the U.S., suffers from cancer-related health disparities. The C/NA identified differences in incidence, prevalence, mortality, and general burden of cancer and related adverse health effects between sex, age, racial, ethnic, geographic, and socioeconomic subgroups. Factors attributed to such disparities include lack of access to healthcare, poor quality of care, and environmental exposures. NJDHSS Commissioner of Health and Senior Services

Fred M. Jacobs, M.D., J.D., in his September 2005 series dubbed "Healthy Communities for a Healthy New Jersey" called such health disparities "outrageous."

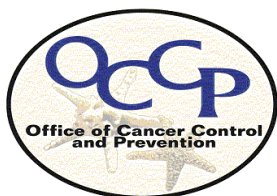
New Jersey is not alone in its challenge to overcome cancer-related health disparities. Throughout the U.S. communities are facing similar challenges, fueled by an ever-growing need for culturally competent information and services; programmatic competition for shrinking federal, state, and local resources; and lack of access to advanced technologies with the potential to significantly improve cancer prevention and treatment. These factors as well as social, cultural, and economic barriers have culminated to produce an unequal disease burden across demographic, geographic, and socioeconomic groups. In the U.S., for ex-

ample, African-American men are 3.5 times more likely to be diagnosed with prostate cancer, and 6 times more likely to die of the disease than are Asian men. Likewise, African American women are 2.7 times more likely to die of breast cancer than are Asian/Pacific Islander women.¹

Comprehensive cancer control plans are in various stages of development and implementation throughout every U.S. state and several territories, tribes, and tribal organizations. Each plan either includes cancer-related health disparities as a major concern, or is developing strategies to address cancer-related issues within specific underserved ethnic or racial populations.

In California, for example, where there exists a significant population of migrant and undocumented

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CHAIRMAN'S CORNER



Dr. Arnold Baskies is a physician in private practice as well as the Chairman of the Governor's Task Force on Cancer Prevention, Early Detection, and Treatment in New Jersey.

I would like to take this opportunity to wish everyone a Happy New Year. Our Task Force has been enriched by all of the expertise which its members have brought to the table. We have achieved a great deal already, and have placed New Jersey on the forefront of cancer prevention. But many challenges lie ahead. We all feel strongly that we must review our charge from

the Governor and reinvigorate our workgroups to continue their exemplary work. Our county cancer coalitions are moving along and making giant strides, bringing the county health offices into the fold. Our partnerships with organizations like the American College of Surgeons and the American Cancer Society have become even more important and have multiplied our abilities to decrease the morbidity of cancer. We have set lofty goals that need to be met, but there is little doubt that with time and more hard work that we will exceed our expectations. Most importantly, we will begin a new planning cycle, and with the help of our superb staff, this will all come together quickly.

A Call to Action

(Continued from page 1)

residents, the state's Comprehensive Cancer Control Plan has designated a specific chapter to the unequal burden of cancer for specific populations. The chapter identifies goals and objectives for providing "access to quality cancer care across the entire continuum of care with no disparity in outcomes." Strategies for addressing the plan include (1) "increasing research into cancer health disparities"; (2) "increasing the capacity of agencies, institutions, and community-based organizations to work with diverse communities"; and (3) "increasing surveillance data for population subgroups."

Similarly, the New Mexico cancer control plan includes strategies to (1) "Ensure that a high proportion of men from racial/ethnic minority groups are included in any prostate cancer prevention, screening, treatment, or outcomes studies;" and (2) "Work with tribal communities and minority populations to increase participation in screening and early detection clinical trials."

Across the U.S. communities are coming together to battle the burden of cancer among their residents, particularly among disproportionately affected populations utilizing interventions that bring together underserved communities. If programs designed by government, private organizations, academia, and non-profit organizations do not work synergistically to eliminate cancer-related health disparities, the gap will only

widen. "Community involvement in planning, implementation, dissemination, and evaluation is essential to successful cancer prevention and control."¹

State, local, and community leaders are called upon to:

- Improve planning and cooperation between state and local community health resources, voluntary agencies, community centers, and healthcare providers.
- Seek ways to better link research and delivery efforts to the community where cancer control activities are taking place. Academic institutions and cancer centers should continue to advance cancer control strategies, evidence-based programs, and best practices in cancer control with enthusiasm and passion.
- Share successes and failures in CCC planning and implementation not only during trainings and conferences and in professional publications but also through mechanisms that reach people working in communities. This is crucial for not only ensuring that messages reach the intended audiences, but also for ensuring techniques changing and sustaining cancer control efforts are well documented even when funding changes. National partners have created several resources for cancer control planning and implementation including:

◦ Cancer Control PLANET

(cancercontrolplanet.cancer.gov) that provides links

(Continued on page 12)

Comp Cancer Quarterly

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The **Comp Cancer Quarterly** newsletter is published in January, April, July, and October by the NJ Department of Health and Senior Services' Office of Cancer Control and Prevention for those who have dedicated their efforts to implementing the NJ Comprehensive Cancer Control Plan and are committed to reducing the cancer burden in New Jersey. We welcome reader comments and submissions of NJCCCP-related articles and photographs. To submit comments or materials, please contact the Office of Cancer Control and Prevention, PO Box 369, Trenton, NJ 08625-0369.

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Save the Date!

**GOVERNOR'S
TASK FORCE ON CANCER
PREVENTION, EARLY DE-
TECTION, AND
TREATMENT IN NJ
SUMMIT
MAY 11, 2006
(DETAILS TO FOLLOW)**

BREAST CANCER

The Breast Cancer Workgroup continues its efforts to stimulate awareness of breast cancer incidence among women under 40 years of age. Through a series of multi-media events, the Workgroup hopes to bring young breast cancer patients to the attention of both the public and professional communities.

While there is currently no consensus among medical professionals on an appropriate screening and early detection method for breast cancer in women under 40, the group is

trying to spread the message that *"You're too young" is not a diagnosis*. While the breast cancer incidence is comparatively low in women under 40, it is important that young women be aware of risks to their health and bring any concerns they may have to a healthcare professional. Likewise, it is important for the healthcare community to take seriously the breast health concerns of young women.

The Breast Cancer Workgroup plans to continue its work toward developing consensus on

a message to young women about awareness and early detection of breast cancer. The Workgroup is developing a survey tool to be distributed to OB/GYNs, primary care physicians, and advanced practice nurses to determine common professional practices surrounding young women and breast health. The results of the survey will be used to determine if more action is needed in developing consensus.



CERVICAL CANCER

With the eagerly anticipated release of the first vaccination against cancer, the public health community is striving to prepare for what will surely be a significant breakthrough in cervical cancer prevention. The vaccines, developed simultaneously by Merck & Co., and GlaxoSmith-Kline Pharmacologics, target strains of the Human Papilloma Virus (HPV) which are known risk factors for developing cervical cancer. The Cervical Cancer Workgroup and the NJDHSS are planning to host a one-day public

policy forum to discuss issues surrounding the administration of the newly-developed vaccine. The forum will be utilized as a mechanism for identifying potential recommendations for administration of the vaccine including: (1) who should receive it; (2) when it should be given; (3) requirements for public school attendance; and (4) who should cover the cost of the vaccine. Particular consideration will be given to minority and underserved populations.

Anticipated speakers include representatives from the New Jersey Department of Health and Senior Services (NJDHSS), the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), and pharmaceutical and insurance industries, as well as physicians, parents and children from targeted age groups. The forum will be open to the public at no cost in order to ensure participation by all concerned parties.◆◆◆

CHILDHOOD CANCER

Following the enormous success of the 2005 conference, "Childhood Cancer Survivors: Meeting Challenges," the Childhood Cancer Workgroup has set its sights on hosting a follow-up conference in late 2006 or early 2007.

Funded by a generous grant from the Lance Armstrong Foundation, the 2005 conference explored challenges facing adolescent and young adult cancer survivors, including fertility issues and latent effects, employment and insurance, and pediatric obesity. The conference was attended by over 120 healthcare professionals, childhood cancer survivors and their families.

Taking its cue from participant feedback, the Workgroup plans to further explore these and other issues in greater detail at the next conference.

The Leukemia and Lymphoma Society Southern NJ/Shore Region, an active member of the Childhood Cancer Workgroup, held on November 10 a free program entitled *From the Clinic to the Classroom: Meeting the Needs of Children With Cancer*. This program is part of *The Trish Greene Back to School Program for the Child with Cancer*, developed to foster communication among healthcare professionals, parents, young patients and school personnel in prepara-

tion for a child's return to school after cancer treatment. The program included information about the cognitive effects related to childhood cancers and their treatments and provided useful tools to help meet those challenges. The program also implements strategies from the NJ-CCCP. *From the Clinic to the Classroom* is intended for school nurses, school social workers, psychologists, teachers, principals, superintendents, guidance counselors, learning consultants, oncology nurses and social workers. For more information visit www.lls.org.◆◆◆

COLORECTAL CANCER

The Colorectal Cancer Workgroup will host a NJ state-level *Dialogue for Action* on colorectal cancer screening. The *Dialogue for Action* (DFA) program is based on the Cancer Research and Prevention Foundation's (CRPF) highly successful colorectal cancer campaign and conferences. CRPF's meetings are innovative, creative forums for initiating both local and national change to increase the country's colorectal cancer screening rates.

Funded by the American Cancer Society (ACS), the DFA will be an interactive and collaborative process aimed at fostering consensus building on strategies and action plans to implement the colorectal

cancer screening goals in the NJ-CCCP. The DFA process will identify programs and best practices that are expected to have a significant impact on colorectal cancer screening rates in NJ. Participants in the DFA will be expected to implement these best practices in their own organizations. A NJ DFA will result in the development of a collaborative statewide approach to increasing the awareness for colorectal cancer screening while simultaneously implementing these strategies through participating organizations.

"The timing is right to conduct a Dialogue for Action on Colorectal Cancer in NJ," said Michelle Troller, MPH, Vice President Strategic

Health Initiatives for the Eastern Division of the ACS. "There is already a committed group of stakeholders working with the American Cancer Society and NJ Department of Health and Senior Services through the NJ Comprehensive Cancer Control Plan."

A DFA in NJ will involve a 12-month series of meetings among a statewide team of influential stakeholders in colorectal cancer screening facilitated by a team of professionals from CRPF and culminating in a day-long *Dialogue for Action* conference event to be held in late 2006. ♦♦♦

LUNG CANCER

The Lung Cancer Workgroup continues to work closely with County Cancer Coalitions throughout NJ.

Research has shown that cancer patients who continue to smoke are less responsive to treatment and have higher rates of recurrence and malignancies. In response, the Workgroup is moving forward with its oncology treatment plan initiative to partner with the pharmaceutical industry to encourage the oncological community to incorporate tobacco cessation in treatment plans.

The Workgroup would also like to thank all those who have dedicated their efforts to making NJ a smoke-free state. On January 15th, former Governor Richard J. Codey signed the NJ Smoke-Free Air Act, prohibiting smoking in public places throughout the state. The Act will go into effect April 15, 2006. ♦♦♦

MELANOMA

The Melanoma Workgroup continues to seek out partners to assist in the implementation of a series of day-long workshops aimed at educating school nurses on improving students' health and health awareness, in accordance with every school-based initiative recommended in the NJ Comprehensive Cancer Control Plan.

The goals of the program are to provide current subject content, resources, and information for professional development in the areas of school health, physical activity, and nutrition; and to support and enhance relationships with individual school districts. Speakers will present on cause and detection of cancers such as colorectal, skin, lung, breast, cervical, oral, and childhood cancers. Nutrition and physical activity will be presented as the prevention base of most dis-

eases. Course materials will be presented by experienced representatives from the ACS, Action for Healthy Kids, NJDOE, and NJDHSS. Resources will be provided to be duplicated by school districts for classroom distribution. A survey will be conducted of each district in attendance to identify strengths, policies, or gaps in health/physical education/nutrition.

While outcomes resulting from school health education on the prevention, detection, and screening of cancer will not have an immediate impact on incidence rates, they will provide a foundation of support for long-term health awareness programs and policies within the school setting. ♦♦♦

NUTRITION & PHYSICAL ACTIVITY

The Nutrition and Physical Activity Workgroup continues its endeavors to designate New Jersey as a Fruit and Vegetable State under the U.S. Department of Agriculture *Fruit and Vegetable Program: Healthy Snacks for Healthy Schools*. NJ has been accepted as a candidate for the FY06 Fruit and Vegetable Snack Program, which would provide fresh fruits and vegetables to school students throughout NJ.

The United Fresh Fruit and Vegetable Association's website (www.uffva.org) is already in place for an advocacy campaign. The NJ School Food Service Association has agreed to take the lead on advocating for this program in NJ.

A new federal mandate now requires schools serving lunches to develop a school wellness program. The Nutrition and Physical Activity Workgroup is developing a training

program to assist in developing a Coordinated School Health Model as a solution.

The Workgroup is also moving toward updating the NJ Commission on Cancer Research's Nutrition Guide based on the results of the statewide capacity and needs assessment and in collaboration with OCCP staff and the Adolescent Health Program. ♦♦♦

ORAL CANCER

The Oral and Oropharyngeal Cancer Workgroup continues to advocate for dental representation on all 21 county cancer coalitions. To date, Monmouth, Ocean, Essex, Hudson, and Union counties have representatives from the Oral Cancer Workgroup. The Workgroup plans to form a subcommittee aimed at ensuring an oral cancer perspective within each county. The subcommittee would provide regional workshops throughout the state on issues related to oral health and cancer.

Originating in NJ, the move to develop oral and oropharyngeal cancer screening guidelines has attracted national attention. The American Association of Oral Medicine (AAOM) has taken charge of the project and has plans to develop these evidence-based guidelines. Currently there are no screening guidelines nor standards of care for the early detection of oral cancers.

Additionally, the Oral and Oropharyngeal Cancer Workgroup is interested in exploring oral health issues secondary to the treatment of other cancers. The Workgroup hopes to increase physician awareness of the side-effects of certain treatments as they relate to oral health. ♦♦♦

PROSTATE CANCER

The Prostate Cancer Workgroup continues to seek funding to expand the Wired Barbershop Initiative in New Jersey. The Wired Barbershop Initiative will place interactive computers in barbershops for consumer self-education as well as guided instruction from the medical center community outreach teams. The "Wired Barbershops" are part of "The Knowledge Net" (www.theknowledgenet.info), an umbrella health education campaign that will ultimately provide information regarding heart disease, obesity, diabetes and other health issues. Currently there are seven funded wired barbershops in Newark, NJ.

The Workgroup is also seeking funding for a pilot program with the Morris County Cancer Coalition to involve local health officers in comprehensive cancer control.

The Prostate Cancer Workgroup is happy to welcome US TOO International, a grassroots organization dedicated to enhancing the quality of life of those affected by prostate cancer, which has recently come to the table. US TOO provides a forum for "sharing, caring and learning through its many programs and services designed for men with cancer and their loved ones. For more information, please visit www.ustoo.org.

The Workgroup also continues to work closely with NJ Mayors and the League of Municipalities to increase awareness of the importance of prostate cancer screening throughout the state.

NJCEED is working with the Prostate Cancer Workgroup as well as the Advocacy Ad-Hoc Committee on the "No Man Left Behind" campaign, advocating for funds for prostate cancer screening for the uninsured and underserved population. ♦♦♦

PALLIATION

The Palliation Workgroup plans to hold a series of three regional conferences throughout New Jersey aimed at educating healthcare professionals and the general public regarding the right to access palliative care and the benefits of comprehensive palliative care in all settings, and at identifying, prioritizing, and reducing personal barriers to palliative care services.

The anticipated audience includes social workers, advanced practice nurses, nurses, medical students, physician assistants, home care givers, faith-based organizations, pastoral care givers, and physicians by invitation. The conference will include speakers, breakout sessions, and a town hall forum on palliative care, pain and symptom management, alternative medicine, situational depression, cultural diversity, and survivorship.

The first of the three sessions is to be held May 22, 2006 in Northern NJ at the Hackensack Regional Medical Center (HRMC) Conference Center in conjunction with the HRMC Supportive Care Division. Subsequent sessions will be hosted by Samaritan Hospice in Marlton in October, 2006 and CINJ in New Brunswick in May, 2007. ♦♦♦

EVALUATION

The Evaluation Committee provides scientific guidance to the Task Force, as well as direct oversight on specific projects, such as development of the statewide Cancer Resource Database of New Jersey (CRDNJ) and the County Cancer Capacity and Needs Assessment Reports. At the request of the Task Force, the *Status Report to the Governor on New Jersey Comprehensive Cancer Control, December 2004*, was prepared by Stanley H. Weiss, MD, Daniel M. Rosenblum, PhD, and Jung Y. Kim, MPH, under the auspices of this Committee. It was publicly released in September by NJDHSS Commissioner Fred M. Jacobs, MD, JD, and can be downloaded from www.state.nj.us/health/ccp/.

Evaluation of the current five-year cancer plan (2003-2007) is one focus of this Committee. Partly under the auspices of this Committee, a CRDNJ Geographic Information Systems (GIS) Group was formed to advise on uses of the CRDNJ and related data. As an outcome, key resource data have been coded for easy visual reference using GIS software, along with links to more extensive information on each resource via the internet. This information is anticipated to be available to the public on the OCCP web site.

The Committee is currently working closely with the OCCP to develop a comprehensive plan for evaluating the implementation of the NJ-CCCP.

An upcoming focus will be to provide assistance to the Task Force and OCCP for their development of the next five-year plan for comprehensive cancer control in NJ for 2008-2013. Meetings are held on a quarterly basis. Those interested in this Committee should contact the OCCP for more information about joining. Extensive information about past activities can be found at www.umdj.edu/evalweb/. ♦♦♦

Workgroup Update

ATLANTIC

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In the past year the Atlantic County Healthy Living Coalition has grown to a total of 41 agencies. They have a mission statement, logo and goals. With the assistance of member organizations, the Coalition has held two events and participated in numerous Atlantic County educational outreach activities.

The ACHLC presented its first annual "Shining Star Award" for Breast Cancer Educational Outreach to Carol Threatt. Carol is a postal worker at the Margate Post Office. She was recognized for her continual efforts over the years to provide education about breast cancer to local residents during Breast Cancer Awareness Month when the U.S. Postal Service promotes the Breast Cancer Stamp. Her efforts have grown to include other area post offices in the South Jersey shore area.



(L to R) Marge Scanny, Shore Memorial Cancer Center; Linneas Brown, RN, Atlanticare; Carol Threatt, Margate Post Office, recipient of the first annual "Shining Star Award" for Breast Cancer Outreach and Education.

Eight breast cancer survivors modeled fashions at the ACHLC Celebration of Life Fashion Show on October 18 at Boscov's Department Store. Two survivors shared their inspiring stories of their battle with breast cancer. Over 150 local residents attended this Breast Cancer Awareness Educational Event. Local NBC40 news health reporter, Robin Stoloff, was the guest speaker.

The ACHLC offered a community Lung Cancer Workshop on Thursday, November 10 at the Shore Memorial Cancer Center. Dr. Fred Weber, thoracic surgeon, spoke on the "History of Lung Cancer." Maria Speat, Certified Tobacco Dependence Counselor, provided helpful tips on how to quit smoking. ACHLC exhibitors

included Nicotine Anonymous, Mom's QuitConnection, the Communities Against Tobacco (CAT) Coalition, REBEL, Shore Memorial Wellness, Shore Memorial Cancer Center, and Gilda's Club of South Jersey.



ACHLC community Lung Cancer Workshop

In 2006, the ACHLC is ready to forge ahead with some new ideas. To accomplish all of its goals, the ACHLC has formed new committees for professional/community education, healthy lifestyle events, website development and advocacy. These committees will utilize the talents of those participating agencies in order to reach out to the communities they serve.

The ACHLC will be sponsoring a new community education program for the African-American community entitled "Health Empowerment Project." The program will reach out to specific churches and educate their congregations about the importance of cancer screenings and early detection among the African-American Population as it relates to the Atlantic County Capacity and Needs Assessment. ♦♦♦



Breast cancer survivors modeled fashions at the ACHLC Celebration of Life Fashion Show at Boscov's Department Store.

BERGEN

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The goal of the Bergen County Cancer Coalition is to bring together major decision makers in the county and expand educational activities through awareness of the cancer continuum: Prevention; early detection; treatment; and survivorship. These activities will incorporate the physical, social, spiritual and wellness components of cancer care. The Bergen County Cancer Coalition is currently working on school health initiatives, targeting obesity, lung cancer, and melanoma, and in particular the Ambassadors to Health program, which focuses on health issues in general. For more information on the Bergen County Cancer Coalition please contact Ms. Marge Doremus. ♦ ♦ ♦

BURLINGTON

COORDINATOR: HILARY COLBERT:
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The Tri-County Workgroup, a collaborative between the Burlington, Camden and Gloucester county coalitions, is working diligently towards its regional health education event in the spring. "The Big C: Current Trends in Cancer Control" will be held on Thursday, April 27, 2006 at 5:30 p.m. at the Cherry Hill Hilton.

The event is geared towards health professionals, primary care providers and specialists and will provide an overview of the New Jersey Comprehensive Cancer Control Plan (NJ-CCCP); a brief presentation of the 2004 Tri-County Cancer Capacity and Needs Assessment for Burlington, Camden, and Gloucester Counties; and a panel of experts discussing the four top cancers in the tri-county region. Panel members will address the issues of cancer awareness, early detection, screening, and provide an update on trends in diagnosis, treatment, research, cultural sensitivity and competence in cancer care as well as palliative care for the top four cancers.

Dr. Arnold Baskies, Chairman of the Governor's Task Force on Cancer Prevention, Early Detection and Treatment will welcome participants and provide an introduction to the NJ-CCCP and OCCP's Executive Director, Peg Knight will serve as moderator for the panel. Panelists include Dr. Generosa Grana of The Cancer Institute of New Jersey at Cooper; Jeffrey Becker, MD, from Lourdes Hospital; Eytan A. Irwin, MD, from Virtua Health System; and James P. Stevenson, MD of The Cancer Institute of New Jersey at Cooper. Attendees will also have an opportunity to meet

the three county Coalition Coordinators. 2.5 CME's, underwritten by Cooper Hospital, will be offered to attendees. For more information, contact

CAMDEN

COORDINATOR: JEAN MOUCH:
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One of the goals of the Camden County Cancer Coalition is to address the dearth of smoking cessation services in the County.

Kennedy Hospital has continued to host the Quit Center at its Tobacco Dependence Treatment Program in Cherry Hill (856-488-6514). They negotiate with clients to help cover the subsidized costs of the program. Ms Cynthia Grant, director, is part of the Lung Cancer/Smoking Cessation Working Group for the Coalition. She has run an employee satellite cessation program at the Federally Qualified Health Center, CAMCare, Inc. in Camden City. Mr. Bryant, CEO for CAMCare, has zero tolerance for smoking on the premises. Mr. Bryant provides an on-site cessation program free to employees during work hours to encourage all staff to be smoke-free.

The first goal for the Lung Cancer/Smoking Cessation Working Group is to have smoking cessation programs for adolescents. We are writing a grant to expand the Youth Quit2Win School Based Smoking Cessation program to all county high-schools. Currently, Youth Quit2Win is being offered at Camden Center for Youth Development, Camden City and at Eastern High School. Workgroup members Mr. Chris Spencer and Ms. Patricia Hearey, Health Educator with the Camden County Department of Health and Human Services, have been trained as facilitators. Eighty percent of adult smokers began smoking as teens.

The November 17th Great American Smoke-out event with the Communities Against Tobacco - C.A.T. Coalition was held at two of the Camden County Stores. These information and county service locations are at shopping malls. For 2005, the C.A.T. coalition spent the morning with the Carbon Monoxide Testing at the Cherry Hill Mall and the Echelon Mall County Stores and promoting the Quit Center, QuitLine (1-866-NJ-STOPS) and the QuitNet (www.quitnet.com). In addition, CamdenMatters website news for Camden City, (www.camdenmatters.org) ran an article on both November 16th and 17th about "Tobacco use is the single most preventable cause of illness and death in the United States." We were able to highlight the rates of Lung Cancer in Camden County both incidence rate and death rate, which are higher than New Jersey and higher than the USA. ♦ ♦ ♦

AROUND THE COUNTY

CAPE MAY

COORDINATOR: RICHARD COLOSI:
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The Cape May County Chronic Illness Coalition (CIC) has been busy promoting cancer screening services as follows:

- Targeting the uninsured, free cancer screenings notices was sent via direct mail to 560 year-round restaurants.
- Blast faxes were sent to all primary care physicians and internists throughout the county informing them of free CEED services.
- The Chronic Illness Coalition website update was completed.
- TV appearances were made regarding the "Find the 5,000" campaign on the Comcast local access television channel.
- CIC informational flyers were distributed at local events.
- Membership in the CIC was expanded by an additional eight organizations in Cape May County, composed primarily of grassroots groups.
- The Chronic Illness Coalition held a successful and well-attended meeting on October 20.
- The "Find the 5000" campaign continues to be promoted throughout the county via pres-

CUMBERLAND

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The Mission of the Cumberland County Cancer Coalition is to disseminate the findings of the recent Cancer Capacity and Needs Assessment; to align members of the coalition in work groups for which they are best suited; and to identify and implement the most effective interventions to reduce cancer mortality in Cumberland County. ♦♦

ESSEX

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The Essex County Cancer Coalition will focus on cervical, oral, and prostate cancers, which emerged as priorities through the Capacity & Needs Assessment (C/NA). We have formed partnerships with local and national organizations including The Prostate Net, Oral Cancer Consor-

tium, and Essex County Communities Against Tobacco (CAT) Coalition to address these priorities. We have grown to include representatives from these organizations, some of whom have presented on current, local cancer education and screening efforts at quarterly meetings.

The coalition has raised awareness about these cancers in multiple ways. Our monthly calendar publicizes cancer-related events, including screenings for these priority cancers. We have made referrals to Essex CEED for women seeking cervical cancer screenings. In addition, the coalition continues to support The Prostate Net's *Barbershop Initiative* and has facilitated its expansion and implementation in Essex. We have also supported the CAT Coalition's advocacy efforts for passage of the Clean Indoor Air bill through the NJ Breathes campaign in the summer. Finally, the coordinators presented salient findings from the Essex County C/NA with a focus on local rates and racial disparities for cervical, oral, and prostate cancers at the December coalition meeting.

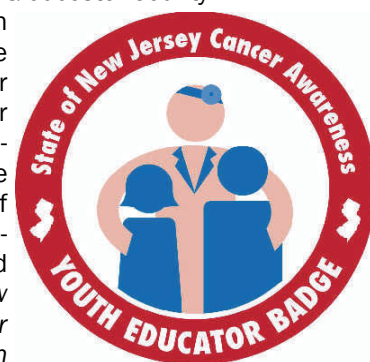
The ECCC will continue addressing these cancers in 2006. Future activities include promoting the Oral Cancer Consortium's free screenings in April and collaborating with the Fire Chiefs' Association to educate the older firefighters about prostate cancer. ♦♦♦

GLOUCESTER

COORDINATOR: LISA LITTLE:
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The Mission of the Gloucester County Cancer Coalition is to effectively and efficiently reach and serve all populations in the county through education and early detection in an effort to reduce the cancer burden in Gloucester County.

The Youth Sub-Committee of the Gloucester County Cancer Coalition, in conjunction with the Boy Scouts of America, has recently developed the State of New Jersey Cancer Awareness Youth Educator Badge.



The Badge, available to both Boy Scouts and Girl Scouts, requires that the applicant gather information about his/her county cancer coalition; identify the four most common cancers in his/her county; obtain and distribute 100 pieces of educational materials pertaining to these can-

cers; volunteer 10 hours in a healthcare setting; collect 10 signatures of individuals who have promised to undergo cancer screening; and speak with oncologists about cancer treatment. The applicant must also write short essays about his/her experiences. The Coalition is currently seeking funding to produce 5,000-10,000 badges. ♦♦♦

HUDSON

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The Hudson County Cancer Coalition (HCCC) has developed a cervical cancer intervention because, in the five-year period from 1996 to 2000, the county cervical cancer incidence and mortality rates were higher than the corresponding NJ rates. In addition, January is cervical cancer awareness month. Therefore, the HCCC decided to conduct a cervical cancer intervention project called "2006 a New Year – A New You" and to partner with many healthcare and community organizations to implement the program.

The partnering phase of the project has been a big success in that the following Hudson county-based organizations are now actively promoting the project: Bayonne Health Department; Hoboken Family Planning; Jersey City Family Health Center; Quality Medical Care; North Hudson Community Action; Horizon Health Center; Hudson Perinatal Consortium; Community Network Association; Partners in Prevention/Communities Against Tobacco; Save Latin America; and the Jersey City Cancer Initiative. Advertising for the Program consists of local newspapers notices, fliers, brochures and two public interest cable television programs describing that are being aired throughout the month of January, a half-hour program on the Bayonne Network and a ten minute interview on a second network serving several other Hudson County municipalities.

The HCCC has retained the services of Hoboken Family Planning, Inc., a non-profit organization, to act as fiscal agent for administration of revenue from fundraising efforts. HCCC may seek its own non-profit status in the future. ♦♦♦

HUNTERDON

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The Mission of the Hunterdon County Cancer Coalition is to prevent cancer through education and outreach initiatives. These initiatives are achieved through partnerships between local

public health care providers, human services organizations, churches, worksites, schools, community and civic groups, cancer survivors and interested parties. The coalition establishes and maintains the involvement of the community through planning, coordinating and implementing cancer-focused initiatives. For more information on the Hunterdon County Cancer Coalition, please contact Mr. Marc Katz. ♦♦♦

MERCER

COORDINATOR: WANDA ALLEN:
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The Mission of the Mercer County Cancer Coalition is to raise cancer awareness, cancer education and improve access to cancer screenings through establishing partnerships within the community for the purpose of reducing the cancer burden among the residents of Mercer County. For more information on the Mercer County Cancer Coalition, please contact Ms. Wanda Allen. ♦♦♦

MIDDLESEX

COORDINATOR: DEB JOHNSON:
DEBJOHNSON@OPTONLINE.NET

The Mission of the Middlesex County Cancer Coalition is to implement the New Jersey Comprehensive Cancer Control Plan at the county level through coalition building and cooperative alliances; maintaining and strengthening existing relationships and including key stakeholders committed to implementing the Plan; to make a difference in reducing cancer mortality and increasing access to care in Middlesex County through collaboration; allowing the sharing of resources, expansion of skills and knowledge and the opportunity to be more effective than one organization alone. The coalition will include a broad variety of stakeholders including health care providers; civic/community organizations; business and industry; academia; consumers of health care services; faith-based organizations; local and state government; volunteers; cancer survivors; the media; and any other interested individuals. For more information on the Middlesex County Cancer Coalition, please contact Ms. Deb Johnson. ♦♦♦

MONMOUTH

COORDINATOR: PAT VIRGA:
PVIRGA@NEWSOLUTIONSINC.COM

The Mission of the Monmouth County Cancer Coalition is to increase awareness, education and

AROUND THE COUNTY

AROUND THE COUNTY

access to cancer screening and treatment by developing and sustaining collaborative relationships within the community. For more information on the Monmouth County Cancer Coalition, please contact Ms. Pat Virga. ♦♦♦



(L to R) Dr. Eugene Cheslock and former Assemblyman Robert Morgan with OCCP Executive Director Peg Knight at the September 15th Monmouth County Cancer Coalition Meeting.

MORRIS

COORDINATOR: BOB SCHERMER:
STRATEGIC.INNOVATION@VERIZON.NET

The Mission of the Morris County Cancer Coalition is to increase cancer awareness and reduce the impact of cancer on all Morris County residents through improved education, screening, access to treatment and follow-up; to promote participation in cancer clinical trials and to support investigations that seek to find the causes of cancer, improve care, reduce health service disparities and barriers to access; to increase communication and collaboration among persons and organizations concerned with cancer services through partnerships with health insurance companies, public health organizations, the business community, civic and community-based organizations, healthcare and other service providers, volunteers, cancer survivors, membership organizations, academia, the media, local and state government and other interested parties; to seek additional resources to plan and implement cancer related studies and service programs; to effectively promote and implement the goals of the New Jersey Comprehensive Cancer Control Plan and the Morris County Cancer Capacity and Needs Assessment in coordination with the planned priorities of the Morris Regional Public Health Partnership and the Morris County Cancer Coalition.

For more information on the Morris County Cancer Coalition, please contact Mr. Bob Schermer. ♦♦♦

OCEAN

COORDINATOR: DEB LEVINSON:
DLEVINSON@NEWSOLUTIONSINC.COM

The Mission of the Ocean County Cancer Coalition is to involve all major stakeholders, providers, organizations and individuals who are interested in cancer and the needs related to cancer in the county; to determine the overall priorities, goals and objectives as related to cancer in Ocean County and to implement the New Jersey Comprehensive Cancer Control plan at the county level.

For more information on the Ocean County Cancer Coalition, please contact Ms. Deb Levinson. ♦♦♦

PASSAIC

COORDINATOR: BOB SCHERMER:
STRATEGIC.INNOVATION@VERIZON.NET

The Mission of the Passaic County Cancer Coalition is to increase cancer awareness and reduce the impact of cancer on all Passaic County residents through improved education, screening, access to treatment and follow-up; to promote participation in cancer clinical trials and to support investigations that seek to find the causes of cancer, improve care, reduce health service disparities and barriers to access; to increase communication and collaboration among persons and organizations concerned with cancer services through partnerships with health insurance companies, public health organizations, the business community, civic and community-based organizations, healthcare and other service providers, volunteers, cancer survivors, membership organizations, academia, the media, local and state government and other interested parties; to seek additional resources to plan and implement cancer related studies and service programs; to effectively promote and implement the goals of the New Jersey Comprehensive Cancer Control Plan and the Passaic County Cancer Capacity and Needs Assessment. For more information on the Passaic County Cancer Coalition, please contact Mr. Bob Schermer. ♦♦♦

SALEM

COORDINATOR: EDENA CHURCH:
EDEMA.CHURCH@MILLVILLE.ORG

The Mission of the Salem County Cancer Coalition is to reduce the cancer burden in Salem County by increasing awareness through educational campaigns, cancer screening and providing/ conducting trainings for providers on best practices in cancer prevention education. For more information on the Salem County Cancer Coalition, please contact Ms. Edena Church. ♦♦♦

SOMERSET

COORDINATOR: LUCILLE TALBOT:
YTALBOT@CO.SOMERSET.NJ.US

The Somerset County Cancer Coalition continues to be on the move actively reaching a multitude of community members. Outreach efforts during the last several months have included coordinating cancer education programs, screenings and serving as a resource for referrals and responding to advocacy issues. Most recently, several skin cancer awareness sessions were conducted for corporate employees throughout the county, reaching hundreds of people utilizing the dermaview skin analyzer while providing one on one education on the importance of self exam and early detection for skin cancer.

Many of our coalition members have taken advantage of our resources, utilizing literature, cancer education models and the dermaview for their own individual community events.

To learn more about Somerset County visit:
www.co.somerset.nj.us/health/ ♦♦♦



Xiomara Piercey looks into the dermaview skin analyzer at a Somerset County Cancer Coalition skin cancer outreach and education

SUSSEX

COORDINATOR: ALICIA THOMAS:
ALICIAOASTEEN@YAHOO.COM

The Sussex County Cancer Coalition held a drawing competition at Creative KidCare in Byram, NJ to promote healthy eating and snack time. Each child was presented with a goodie bag filled with healthy snacks and a coloring book. The kids and teachers enjoyed it so much they asked us to come back next year.

Two Coalition Representatives held a *Super Size Me* Presentation at Halstead Middle School in Sparta, NJ. Alicia Oasteen Thomas, Coordinator of the Sussex County Cancer Coalition, and Natalie Yanoff, Coalition Member and CAT Coordinator also had lunch time presentations for smoking

intervention and education and skin cancer intervention. All students were provided with CAT and NJCEED information and pamphlets. Both representatives also held demonstrations during the lunch periods leading up to the focus group presentation. Ms. Yanoff presented *Gross Mouth*, a life-like impression of the effects of smoking on the mouth. Ms. Thomas gave a McDonald's presentation where she blended individual fast food items in order to show the fat content and discussed how an unhealthy diet can lead to greater problems later on in life. Students and teachers thoroughly enjoyed the "Healthy Living" day and asked that both representatives return to assist in other programs related to cancer and smoking intervention.

The Coalition has decided that the upcoming year will be divided into quarters and that each quarter will be centered around a specific cancer in order to be as efficient as possible. ♦♦♦

UNION

COORDINATOR: BILL BULLOCK:
BBULLOCK20@AOL.COM

During the last quarter of 2005, the Union County Cancer Coalition (UCCC) focused its efforts on building its fundraising infrastructure. The UCCC Mission Statement includes provisions to identify cancer education, screening and treatment resources and to assist members in obtaining such resources and funding. While the UCCC may seek 501(c)3 status in the future, in the interim, it must retain a non-profit corporation to administer any funds generated from fundraising efforts.

Hoboken Family Planning, Inc. (HFP) has offered to perform this financial administrative service for UCCC for a reasonable fee. Therefore, the UCCC decided to retain HFP for this purpose due to HFP's outstanding track record of managing and executing publicly funded health programs, including cancer prevention programs. For example, HFP is the NJDHSS grantee for the NJ-CEED (Cancer Education and Early Detection) Program and the county cancer coalition projects in both Union and Hudson Counties.

In addition, the UCCC has developed a package of marketing materials consisting of: an introductory letter, a presentation and a commitment form. UCCC representatives are currently using these marketing tools to create interest in contributing funds to UCCC and is pleased to announce that it has received its first fundraising pledge. ♦♦♦

AROUND THE COUNTY

AROUND OUR COUNTY (CONT'D)

WARREN

CO-COORDINATORS: TAWNY YOUTZ: TAWNYOUTZ@WARRENHOSPITAL.ORG
 SARAH PRICE: SARAHPRICE@WARRENHOSPITAL.ORG

The Warren County Cancer Coalition held its quarterly meeting on November 3rd. At this meeting Dr. Steve Godin presented the updates to our coalition website, www.warrenstopcancer.org. The website is an interactive tool designed specifically for Warren County residents. The site serves as a resource for cancer information in the county. The Warren County Cancer Coalition meeting dates for 2006 were chosen. These dates are February 9, May 11, August 10, and November 9.

In Warren County thirteen cancer education presentations were conducted in the months of November and December, designed to reach various groups throughout the county including churches, social clubs, county administration, senior groups and after school programs. The presentations included information on five different cancers: breast, lung, colorectal, melanoma, and bladder cancers. The infor-

mation includes risk factors, signs and symptoms, prevention strategies and screening recommendations for each of the five cancers.

Another project underway in Warren County is an effort to reach out to schools to provide cancer education to the students. Many local schools have been contacted, and presentations have been set up with several of them. On December 21, the Warren County Co-coordinators spoke to all 8th grade students at Great Meadows Middle School. The girls received education on melanoma, lung, breast and cervical cancers. The boys learned about melanoma, lung and testicular cancers. It was a very successful event, reaching almost 120 students! We hope to share similar presentations with many other schools throughout Warren County. ♦♦

NJ Participates in CDC Implementation Case Study

Representatives from ORC Macro, an Opinion Research Corporation Company based in Washington, D.C., visited the NJ-OCPP in October as part of the CDC Division of Cancer Prevention and Control's Comprehensive Cancer Control (CCC) Implementation Case Studies aimed at learning about and documenting the processes and activities involved in implementing a CCC Plan. New Jersey was one of ten sites to be chosen to participate in the study. The criteria used to select participating sites were: (1)length of time the program has received funding for implementing their CCC plan; (2) geographical diversity; and (3)population density. The site visitors conducted one-on-one interviews with key NJ-OCPP participants over a period of three days in order to gather information on the transition from planning to implementation, experiences and challenges with implementation, technical assistance, and overall assessment of the Comp Cancer approach. The information gathered from the interviews will be summarized in a Site Visit Report, which in turn will be utilized to develop a technical assistance document to guide current and future implementation efforts throughout the U.S. ♦♦♦♦

A Call to Action

(Continued from page 2)

to CCC planning for public health professionals.

- The Guide to Community Preventive Services (www.thecommunityguide.org/) that provides systemic reviews and recommendations for interventions.
- CancerPlan.org, a website specifically designed so that cancer control planners and implementers can share resources.
- Support and nurture programs that recruit and educate members from the community for medical, allied health, and public health careers in cancer control.
- Expect a higher level of return on investments that are made in our communities.
- Celebrate and promote progress in this fight against cancer.
- Celebrate and promote successes in achieving cancer control goals and objectives to address cancer-related disparities.¹

References

¹Hayes N, Rollins R, Weinberg A, Brawley O, Baquet C, Kaur JS, Palafox NA (2005) Cancer-related disparities: weathering the perfect storm through comprehensive cancer control approaches. *Cancer Causes and Control* 16 (1 Suppl), 41-50.

²Comprehensive Cancer Control in California, 2004. Oakland, CA: California Dialogue on Cancer, April, 2004.

³New Mexico Cancer Plan, 2002-2006. Albuquerque, NM: New Mexico Department of Health, 2002.

SCIENTIFIC PRESENTATIONS ON COMPREHENSIVE CANCER CONTROL

International Conferences

1st International Cancer Control Congress, Vancouver, Canada, October 23-26, 2005:

On behalf of the Task Force, OCCP and UMDNJ, **Stanley H. Weiss, MD**, presented "Comprehensive cancer control, and capacity/needs assessments in New Jersey, USA: Data driven processes which are utilizing epidemiologic data and novel databases." (Other authors include ML Knight, DM Rosenblum, JY Kim, JB Klotz, A Tasslimi, P Parikh, AM Baskies.)

Stanley H. Weiss, MD, FACP, is Professor of Preventive Medicine and Community Health at UMDNJ-New Jersey Medical School and Professor of Quantitative Methods at UMDNJ-School of Public Health. As an epidemiologist committed to putting science first and developing public policies on the basis on data, he and his collaborators have been applying this epidemiologic approach to the area of comprehensive cancer control efforts. Dr. Weiss is chair of the Task Force's Evaluation Committee.

National Conferences

3rd National Prevention Summit: Innovations in Community Prevention, Washington, DC, October 24-25, 2005:

Steven Godin, PhD, MPH, presented a poster on "Interactive web-based cancer health literacy to increase cancer screening." (Other authors include SH Weiss, M Grello.)

133rd American Public Health Association Annual Meeting, Philadelphia, PA, December 10-14, 2005.

In the session on Cancer Screening on Monday December 12th, 2005, **Marielos L. Vega, BSN, RN**, gave a presentation on "Colorectal cancer screening surveillance among Hispanics in the U.S.: Current national data is likely an over-estimate." (Co-authors included SH Weiss, P-H Chen, J Ferrante, A Natale-Pereira, S Rovi, MS Johnson.) Ms. Vega, a student enrolled in the MPH program of the Newark campus of the UMDNJ-School of Public Health and a member of the Task Force's Colorectal Cancer Workgroup, received a Student Award Prize from the APHA Epidemiology Section for this paper, judged as one of the top four student epidemiology abstracts submitted to the meeting.

In the session on "Epidemiologic Methods" on Tuesday, December 13th, 2005, **Jung Y. Kim, MPH** presented "Using epidemiologic data in community comprehensive cancer control and capacity and needs assessment efforts." (Co-authors were Margaret L. Knight, RN, MEd, Daniel M. Rosenblum, PhD, Judith B. Klotz, DrPH and Stanley H. Weiss, MD.)

A special session was presented on Monday December 12th, 2005, entitled "Evaluation and implementation of state comprehensive cancer control plans: evolving lessons." The moderator was Linda Fleisher, MPH, the Director of Cancer Information, Education, and Research Program of the Division of Population Science at the Fox Chase Cancer Center. Ms. Fleisher is a member of the Task Force's Evaluation Committee. The presentations included:

"Enhancing infrastructure and evaluation: Collaboration with and training of local health planners to build cancer control infrastructure, and development of baseline structures to support evaluation." (Presented by **Stanley H. Weiss, MD**; other authors include ML Knight, DM Rosenblum, JY Kim, JB Klotz, DL Hom, LL Morales, SL Smith, S Collini, MM Sass, and AM Baskies.)

"Utilizing research and data: Use of epidemiologic data in community assessments." (Presented by **Jung Y. Kim, MPH**; other authors include ML Knight, DM Rosenblum, JB Klotz, and SH Weiss.)

"Building partnerships: Local implementation, coalition building, and partnerships with other local public health agencies/organizations." (Presented by **Azadeh Tasslimi, BA**; other authors include P Parikh, W Bullock, DM Rosenblum, DR DeCosimo, and SH Weiss.)

"Assessing cancer burden: Estimating and utilizing prevalence." (Presented by **Judith B. Klotz, DrPH**; other authors include SH Weiss, X Niu, JY Kim, and DM Rosenblum.)

"Addressing cancer disparities in minority (Hispanic/Latino) communities." (Presented by **Marielos L. Vega, BSN, RN**; other authors include SH Weiss, PH Chen, J Ferrante, A Natale-Pereira, S Rovi, SE Keller, and MS Johnson.)

JANUARY 2006

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9 -Breast Cancer Workgroup Mtg. -Oral Cancer Workgroup Mtg.	10 -Lung Cancer Workgroup Meeting	11 -Childhood Cancer Workgroup Mtg. -Coalition Coordinators Meeting	12	13	14
15	16	17	18 -Somerset County Cancer Coalition Mtg	19 -Advocacy Ad Hoc Committee Mtg. -Cape May County Cancer Coalition Mtg	20	21
22	23 -Melanoma Workgroup Mtg. -Task Force Mtg.	24 -Nutrition & Physical Activity Workgroup Mtg. -Salem County Cancer Coalition Meeting	25 -Sussex County Cancer Coalition Mtg. -Atlantic County Cancer Coalition Meeting	26-Camden County Cancer Coalition Mtg.	27	28
29	30	31 -Hunterdon County Cancer Coalition Meeting	CERVICAL HEALTH AWARENESS MONTH!!			

FEBRUARY 2006

SUN	MON	TUE	WED	THU	FRI	SAT
AMERICAN HEART MONTH!!			1	2	3	4
5	6 -Ocean County Cancer Coalition Mtg.	7	8 -Bergen County Cancer Coalition Mtg	9 -Warren County Coalition Meeting -Prostate Cancer Workgroup Mtg	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

MARCH 2006

SUN	MON	TUE	WED	THU	FRI	SAT
<i>National Colorectal Cancer Awareness Month!!</i>			1 -Mercer County Cancer Coalition Mtg.	2 -Monmouth County Cancer Coalition Meeting	3	4
5	6	7	8 Childhood Cancer Workgroup Mtg.	9	10 -Gloucester County Cancer Coalition Meeting	11
12	13 - Breast Cancer Workgroup Meeting	14 -Morris County Cancer Coalition Mtg.	15	16 -Essex County Cancer Coalition Mtg	17	18
19	20 -Oral Cancer Workgroup Meeting	21 -Sussex County Cancer Coalition Mtg. -Union County Cancer Coalition Mtg.	22	23	24	25
26	27	28 -Hudson County Cancer Coalition Mtg.	29	30	31	

APRIL 2006

SUN	MON	TUE	WED	THU	FRI	SAT
<i>CANCER CONTROL MONTH!!</i>						1
2	3	4 Kick Butts Day	5 -Coalition Coordina-	6	7	8
9	10 Task Force Mtg.	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26 Atlantic, Burlington & Camden County Coalition Meetings	27 The Big 'C' - Current Trends in Cancer Control -Camden County	28	29
30						

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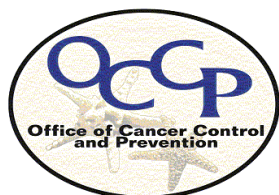
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Jon S. Corzine
Governor



Fred M. Jacobs, M.D., J.D.
Commissioner



Peg L. Knight, RN, M.Ed.
Executive Director

Mission Statement

Comprehensive cancer control is a dynamic and ongoing process which can only be achieved through an active and committed partnership. This can be accomplished with public and private sectors working together from the belief that neither entity can do it alone.

The mission of the Task Force on Cancer Prevention, Early Detection and Treatment is to develop, recommend, advocate, and promote an integrated, collaborative, and multi-disciplinary approach to reducing the incidence, illness, and death from cancer. This will be addressed through a culturally-sensitive plan which reflects prevention, early detection, treatment, rehabilitation, palliation, and quality of life issues and will embrace all of the citizens of New Jersey. Coalition building, partnerships, and education are essential to achieving this mission.

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Current and past editions of this newsletter are available on the Office of Cancer Control and Prevention website:

www.state.nj.us/health/ccp

ANNOUNCEMENTS

Newsletter Submissions

Does your organization have an announcement or upcoming event you would like featured in this newsletter? With a distribution of over 1000 stakeholders *Comp Cancer Quarterly* is a great way to reach others involved in cancer control in New Jersey. Please email all submissions to:

OCCP@doh.state.nj.us. The deadline for submissions for the April, 2006 edition is March 24, 2006.

Got Data?

Reliable statistics can help to add substance and credibility to any cancer initiative. Cancer incidence and mortality data are available for use from the NJ State Cancer Registry (NJSCR) at www.cancer-rates.info/nj/. The North American Association of Central Cancer Registries (NAACCR) has awarded the NJSCR the Gold Standard, the highest possible for data quality, every year since the inception of this award in 1995.

Unsure how to use or interpret data? The NJ-OCCP staff is available to answer any questions you might have and to assist with data usage. Customized data are also available upon request. Please send all data requests and data-related inquiries to: OCCP@doh.state.nj.us.