

Identification of cancer priorities in Essex County: Results from a cancer capacity & needs assessment (C/NA) performed as part of a statewide initiative of the New Jersey Comprehensive Cancer Control Plan

Azadeh Tasslimi, BA^{1,2}, Punam J. Parikh, MPH¹, William Bullock, BSEE³, Daniel M. Rosenblum, PhD¹, Diana R. DeCosimo, MD⁴, Stanley H. Weiss, MD^{1,2}

¹ Dept. of Preventive Medicine and Community Health, UMDNJ – New Jersey Medical School, 30 Bergen St, Bldg 16, Suite ADMC 1614, Newark, NJ 07101-1709, 973-972-4623, ² NJ School of Public Health,

³ Hoboken Family Planning, 124 Grand St, Hoboken, NJ 07030, ⁴ Dept. of Medicine, UMDNJ – New Jersey Medical School and University Hospital, 150 Bergen Street, Room H249, Newark, NJ 07103-2406.

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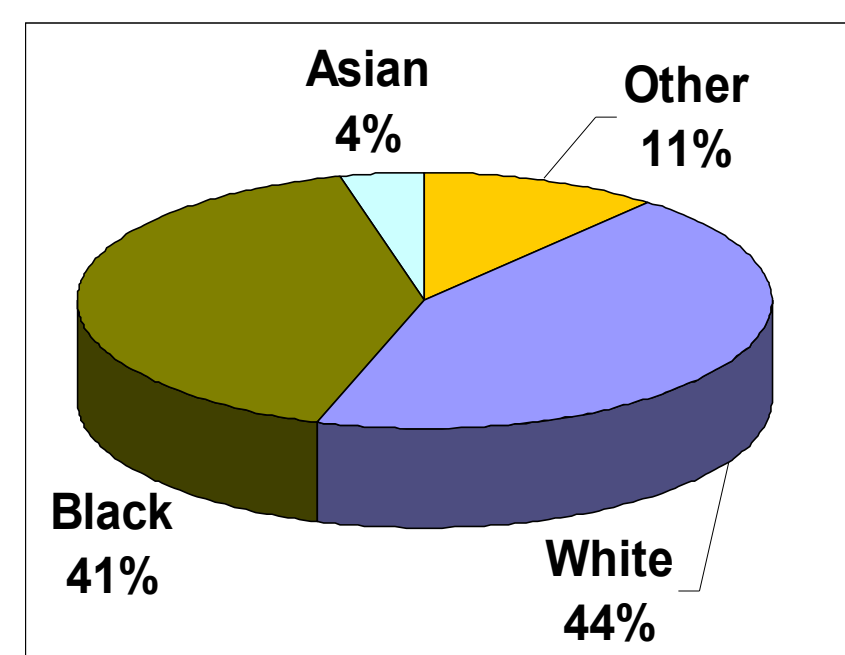
A C/NA was conducted in Essex County from 4/03-6/04 to identify major cancer issues and available resources for cancer prevention, screening & treatment, and to develop recommendations to alleviate the county's cancer burden. County-level epidemiologic data and key demographic indicators from Census 2000, such as poverty, unemployment, and limited English proficiency, were examined to understand potential barriers to healthcare access. The C/NA document is intended to provide a baseline on which local cancer control efforts can be implemented under the guidance of the Essex County Cancer Coalition. These are the major initiatives of New Jersey Comprehensive Cancer Control Plan (NJ-CCCP) in the fight to control cancer in Essex County.

METHODS Development of the Essex County C/NA Report included collection and analysis of data, by a trained NJ-CCCP County Evaluator, on (1) **County Demographics**, (2) **Existing Cancer Resources & Gaps** (description of groups/institutions involved in cancer screening, education or treatment and analysis of any disparities in cancer service needs), (3) **Cancer Burden** (collection of cancer epidemiologic data and then analysis of disparities in cancer incidence, stage at diagnosis, and mortality within the county and of differences from the state's cancer epidemiology profile) AND development and prioritization of (4) **Evidence-based Recommendations** to reduce the burden of cancer within the county.

Refer to **Poster #P161** by Rosenblum et al for detailed methodology.

DEMOGRAPHICS

Composition of Essex County, 2000



- 56% Minority population in Essex vs. only 27% in New Jersey
- 1/3 of State's total Black population lives in Essex

• Substantial Hispanic/Latino population - 16% of Essex vs. 13% of NJ

• Other special populations (race, ethnicity, or language)

exceeding 3% of county include:

- Asians (29,429)
- French- /French-Creole-speaking (24,874; incl. Haitians)
- Portuguese (23,744)
- Spanish-speaking, comprising 1/2 of linguistically isolated households

Key Demographic Indicators^a of Risk for Health Problems in Essex

| | Essex County | New Jersey |
|---|--------------|------------|
| Below 100% Poverty level | 15.6% | 8.5% |
| % Hispanic | 24% | |
| % Black | 23% | |
| Below 200% Poverty level^b | 30% | 20% |
| Unemployment Rate | 9.3% | 5.8% |
| Median Household Income | | |
| 1989 | \$34,518 | \$40,927 |
| 1999 | \$44,944 | \$55,146 |
| Uninsured | 17% | 13% |
| Linguistically Isolated Households^c | 7.5% | 6.3% |

^a Census 2000

^b 200% Poverty level = \$11,000 for a family of 4

^c A linguistically isolated household is one in which no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some difficulty with English.

Compared to the state, Essex has:

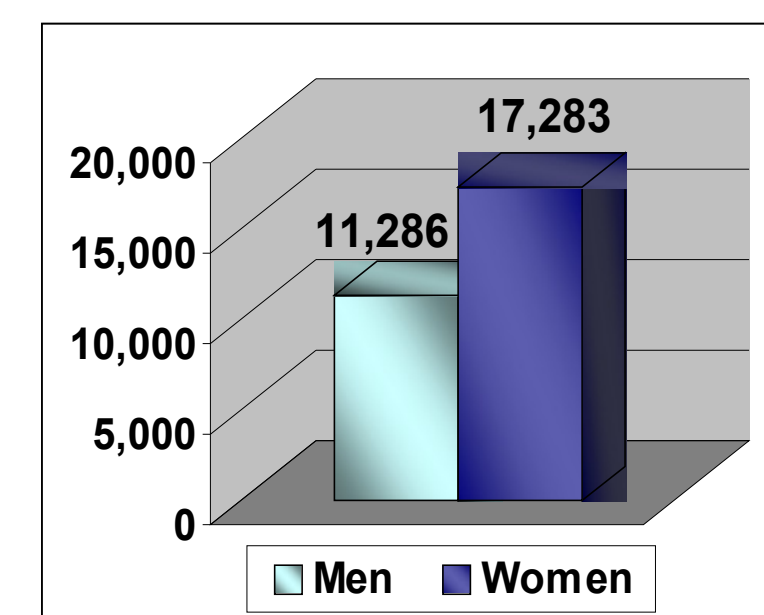
- Higher poverty rates, unemployment rates, and subsequently lower income
- A greater percentage of un-insured & linguistically isolated residents

Implications of Demographics on Cancer Control

- ❖ When designing & implementing program and services reduce the cancer burden, the County's diverse population must be considered.
- ❖ Essex residents are less likely to:
 - 1) access prevention services,
 - 2) visit healthcare professionals, or
 - 3) communicate effectively with their healthcare providers which are factors that often contribute to poor health outcomes
- ❖ Populations with lower levels of resources are at increased risk for health problems, including higher rates of cancer mortality.

CANCER BURDEN IN ESSEX

Estimated Number of Adult Essex County Residents Living with Cancer^d



Approximately 9% (nearly 29,000) of the County's residents aged 15+ have cancer at any given time (based on 1996-2000 prevalence estimates^e)

^d "Cancer" represents the sum of all invasive cancers during the time period, not just the seven NJ-CCCP priority cancers.

^e Refer to **Poster # 169** by Weiss SH, Klotz J, Rosenblum DM.

Summary of Selected^a Age-Adjusted^f Essex County Cancer Statistics, 1996–2000^g

| NJ-CCCP Priority Cancer by Gender | Estimated Prevalence ^b | Incidence / 100,000 ^c | Mortality / 100,000 ^d |
|-----------------------------------|-----------------------------------|----------------------------------|----------------------------------|
| Breast, female | 6,721 | 138.5 | 34.6 |
| Cervical, female | 1,120 | 13.7 | 3.0 |
| Colon and rectum, male | 1,209 | 74.7 | 30.6 |
| Colon and rectum, female | 1,895 | 54.5 | 20.6 |
| Lung, male | 421 | 96.8 | 76.9 |
| Lung, female | 490 | 51.1 | 38.9 |
| Melanoma, male | 455 | 14.1 | 2.7 |
| Melanoma, female | 598 | 8.5 | 1.0 |
| Oral/Oropharyngeal, male | 379 | 17.6 | 5.6 |
| Oral/Oropharyngeal, female | 257 | 6.9 | 2.6 |
| Prostate, male | 5,089 | 227.4 | 39.6 |

Rates were >10% higher than NJ for:

- Breast mortality
- Cervical incidence & mortality^j
- Oral incidence (males) & mortality^j
- Prostate incidence & mortality^j

^j Essex also the county w/ highest mortality rate

Racial Disparities

(in selected 3 cancers^j where Essex has highest county mortality rate in NJ)

- Incidence ≥ 2 xs higher in blacks vs. whites for cervical and male oral cancer
- Incidence is $\sim 50\%$ higher in blacks vs. whites for prostate cancer.
- Mortality $\geq 2-3$ xs higher in blacks vs. whites for cervical, male oral, & prostate cancers.
- Mortality nearly 3xs higher in blacks vs. whites for female oral cancer, despite similar incidence rates

Incidence (per 100,000)

| Cancer Site | Essex County | |
|----------------|--------------|-------|
| | Black | White |
| Cervical | 23.0 | 10.5 |
| Oral (Males) | 27.3 | 12.6 |
| Oral (Females) | 7.2 | 6.3 |
| Prostate | 288.4 | 199.5 |

Mortality (per 100,000)

| Cancer Site | Essex County | |
|----------------|--------------|-------|
| | Black | White |
| Cervical | 7.9 | 3.4 |
| Oral (Males) | 9.9 | 3.4 |
| Oral (Females) | 4.1 | 1.5 |
| Prostate | 72.4 | 27.8 |

KEY FINDINGS IN C/NA

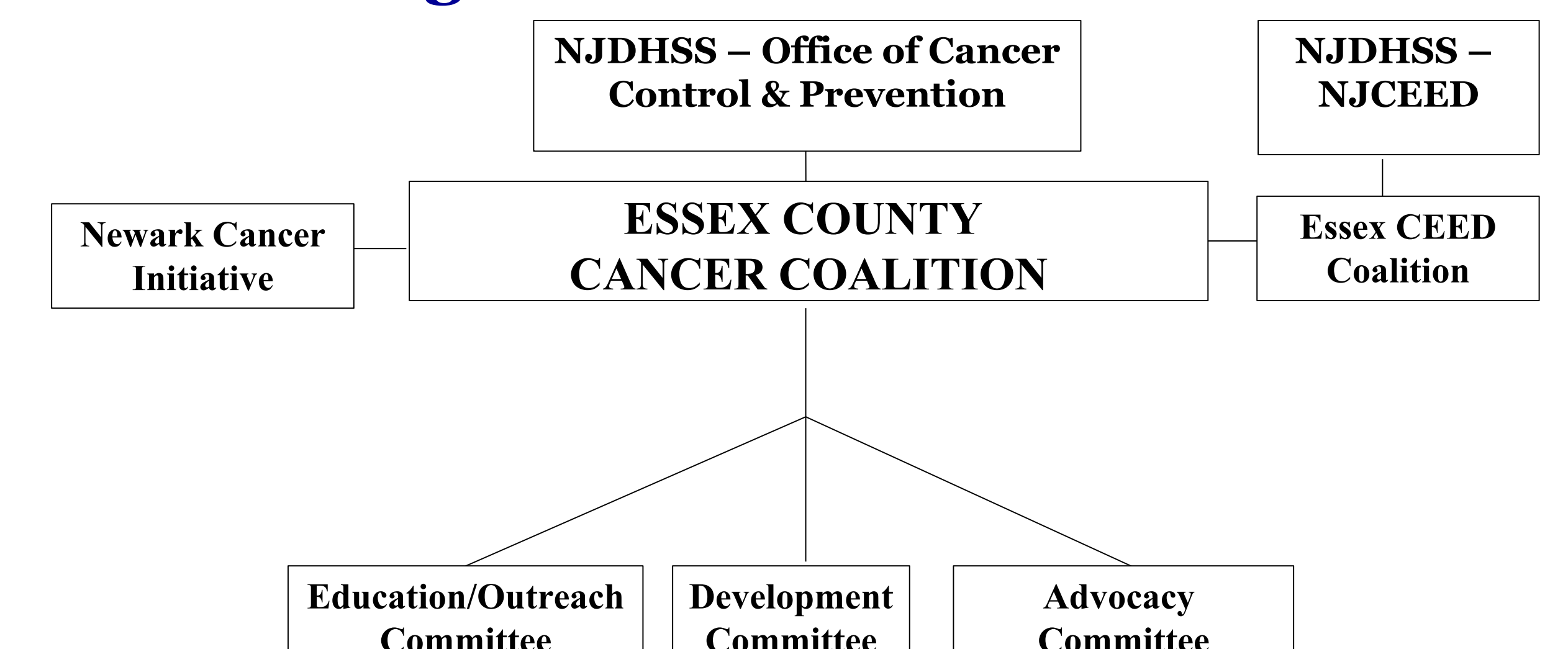
- ❖ **Oral and prostate cancers emerged as new priorities in Essex from the C/NA. Historically, these cancers have not been widely recognized as priorities in Essex.**
- ❖ **Cervical cancer screening & treatment will remain a priority, since it is preventable and highly treatable. High cervical cancer mortality rates in Essex (compared to NJ) indicate a need for increased education and detection.**
- ❖ **Black males & females in Essex bear a higher burden of these cancers.**

IMPLEMENTATION OF ESSEX C/NA ESSEX COUNTY CANCER COALITION

The Essex County Cancer Coalition was formed as a partnership of diverse stakeholders to:

- Increase cancer awareness & reduce the impact of cancer on all Essex residents through improved screening, access to treatment & follow-up
- Increase collaboration & communication among all stakeholders to maximize utilization/identification of resources
- Promote the goals of the NJ-CCCP and examine & prioritize an expansion of cancer control efforts throughout the county

Organizational Structure



In Essex County, the C/NA is the empirical basis for prioritizing cancer control efforts.

The Coalition plans to emphasize cervical, oral & prostate cancers. Populations disproportionately affected by cancer will be a priority.

Coalition Activities

- Link men to prostate cancer screenings through CEED.
- Aid in expansion of *Barbershop* to Essex County hospitals.
- Establish partnership with The Prostate Net to implement *Barbershop* (www.prostate-online.org/barbershop) in Essex.
- Recruit an oral cancer specialist from the Oral Cancer Consortium (www.oral-cancer.org) to collaborate to support oral cancer awareness & education efforts in Essex.
- Promote Oral Cancer Screening Day (April 7, 2005)
- Partner w/ addiction treatment facilities surrounding tobacco, alcohol, & other drugs to reach high-risk populations for free/reduced-cost oral cancer screenings & education.
- Partner with the Communities Against Tobacco (CAT) Coalition in Essex to implement tobacco prevention education programs in schools.
- Identify funding sources for a mobile van providing cancer screenings (for cervical, oral, prostate, & other cancers).