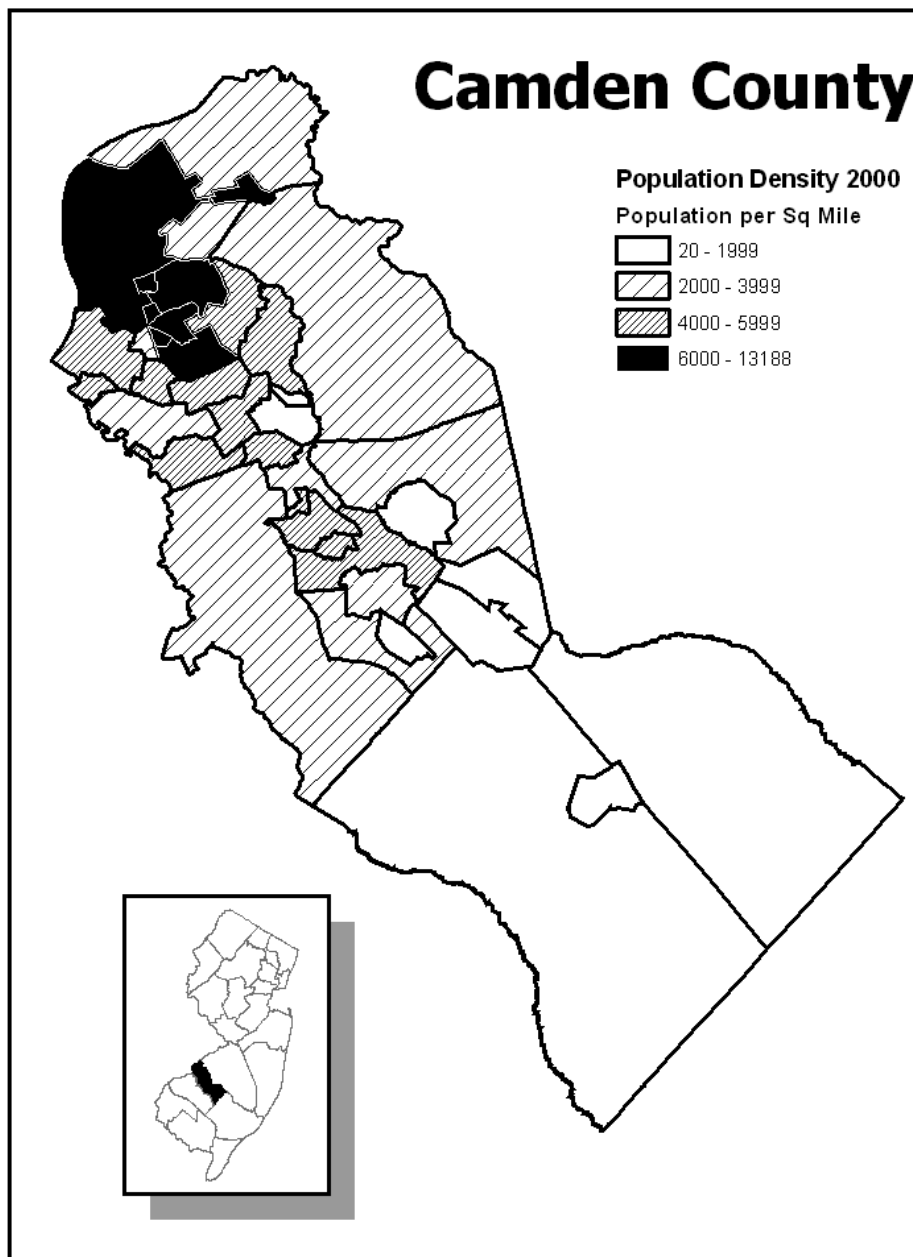


From the Camden County Cancer Coalition:

Facts from the 2004 Camden County Cancer Capacity and Needs Assessment



Introduction

In 2002, the Governor commissioned the first State of New Jersey Comprehensive Cancer Control Plan (NJCCCP). This overview introduces the Camden County Cancer Capacity and Needs Assessment of 2004, which is one of 21 county reports, based on the goals and objectives of NJCCCP.

The Camden County Cancer Capacity and Needs Assessment Report analyzes the most currently available (1996-2000) county cancer incidence rates, mortality rates, and percentages of cancers diagnosed at late stages of the disease, for **the seven priority cancers of the NJCCCP: breast, cervical, colorectal, lung, oral, melanoma, and prostate**. Through the development of the Cancer Resource Database of New Jersey (CRDNJ), each county has also begun to update the current resources that are available at the county level for cancer care. These data-guided, evidence-based recommendations and interventions address cancer prevention, control, and treatment priorities at the local, regional, and state level.

Three Most Common Cancer Diagnoses in Men in Camden County 1996-2000

	Prostate Cancer			Lung Cancer		Colorectal Cancer		
	Incidence Rate	Percent diagnosed at Distant/Regional Stage	Death Rate	Incidence Rate	Death Rate	Incidence Rate	Percent diagnosed at Distant/Regional Stage	Death Rate
Total Men	172.0	12.3%	33.6	107.0	87.5	81.1	47.8%	30.5
White	162.1	11.5%	30.9	105.5	86.0	83.3	48.1%	30.8
Black	242.7	14.6%	59.8	123.1	99.9	75.4	48.5%	33.1
Hispanic	206.2	13.5% ^a	45.3 ^a	85.3	41.4	78.5	67.6% ^a	30.4 ^a

Source: NJ State Cancer Registry, August 2003; Cancer Control Planet (<http://cancercontrolplanet.gov>) for mortality; Rates are per 100,000 age adjusted to 2000 population; ^a Based on a low number of cases

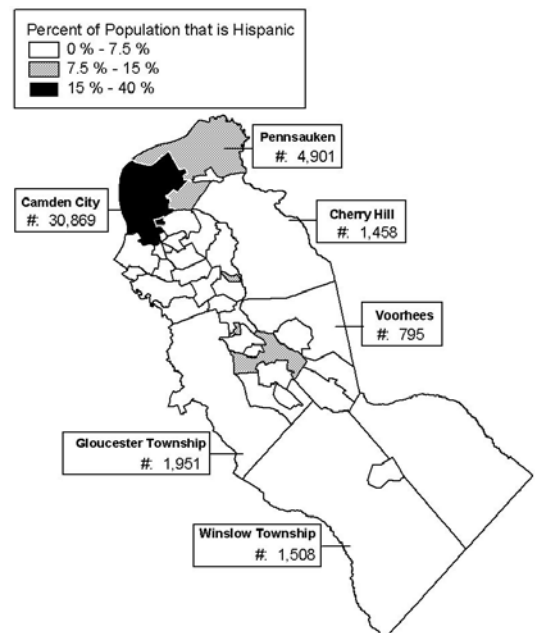
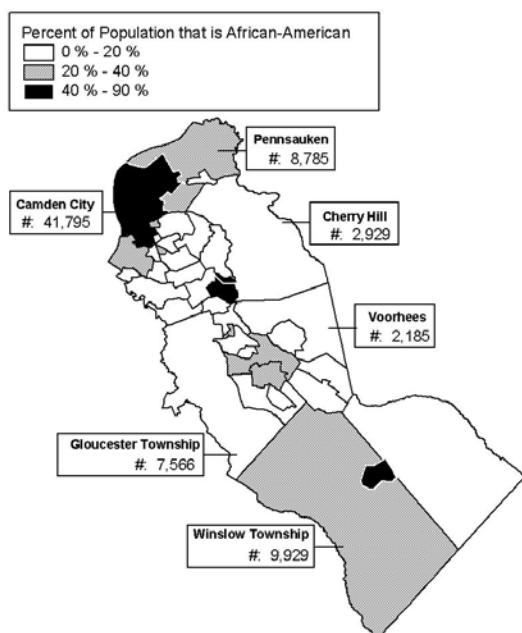
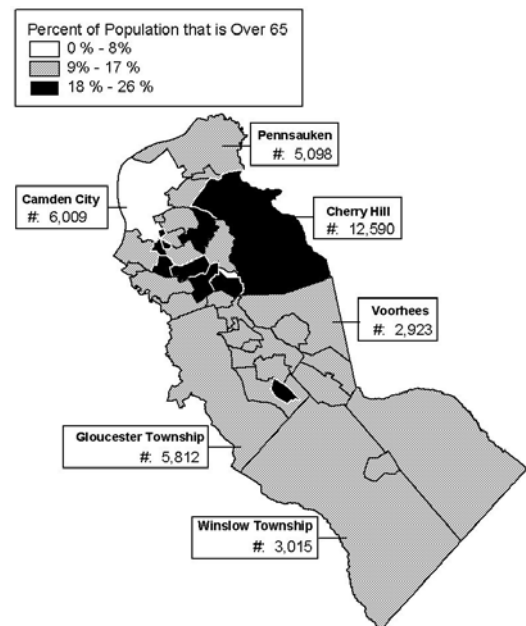
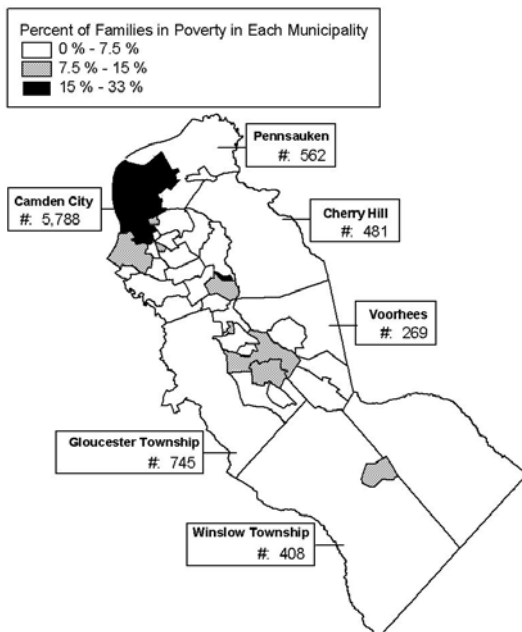
Three Most Common Cancer Diagnoses in Women in Camden County 1996-2000

	Breast Cancer			Lung Cancer		Colorectal Cancer		
	Incidence Rate	Percent diagnosed at Distant/Regional Stage	Death Rate	Incidence Rate	Death Rate	Incidence Rate	Percent diagnosed at Distant/Regional Stage	Death Rate
Total Women	128.0	29.3%	34.6	60.1	47.5	59.9	52.2%	19.7
White	131.2	28.4%	34.6	62.0	47.7	59.5	51.9%	20.0
Black	118.5	37.1%	38.3	56.4	52.5	64.2	54.3%	18.5
Hispanic	89.2	28.8% ^a	19.0 ^a	44.7	13.7 ^a	71.5	62.8% ^a	13.7 ^a

Source: NJ State Cancer Registry, August 2003; Cancer Control Planet (<http://cancercontrolplanet.gov>) for mortality; Rates are per 100,000 age adjusted to 2000 population; ^a Based on a low number of cases

Identifying the Populations at Greater Risk of Cancer in Camden County

- ➔ The six largest municipalities (population >25,000) — Camden City, Cherry Hill, Gloucester Township, Pennsauken, Voorhees, and Winslow Township — are home to 80% of African Americans in Camden County and 82% of the persons of Hispanic / Latino ethnicity.
- ➔ African Americans are 18.1% of the population in Camden County compared to 14% of the population in New Jersey. Hispanic ethnicity is 9.7% of the population in Camden County and 13% of the population in New Jersey. Camden City has 46% of the County's African American population, and 63% of the County's Hispanic population.
- ➔ Persons 65 years of age and older are 12.5% of the population in Camden County and 13.2% of the population in NJ. Cherry Hill has more than twice as many seniors as any other municipality in Camden County.



Populations of Focus for reducing cancer burden:

1. With each age cohort, increasing age, cancer incidence and mortality rates increase for both men and women. Camden County has 63,769 citizens over 65, of whom 40% are men and 60% are women. These seniors are 12.5% of the total population.
2. The highest mortality rates in Camden County, from all cancer sites together, are found among African American men and women. Camden County has 18.1% African Americans.
3. The Caucasian, white population group, which is the majority population group in the county, has the largest actual number of new cancer cases when compared with other populations as they are 71% of Camden County's population.

Number of New Cancers in Camden County by Race, Year 2000

	White	African American	Other Races	All
Male	1,101	202	33	1,336
Female	1,106	161	38	1,305
Total New Cancer Cases in 2000	2,207	363	71	2,641

Source: NJ State Cancer Registry Data, August 2003

4. Camden County has 9.7% residents who are Hispanic, and 82% of them live in the six largest municipalities. Language isolation can be a major barrier for receiving cancer education, and access to services for early detection of cancer. Linguistically isolated households are concentrated in nine municipalities. Camden City has 10.7% of its total households identified as linguistically isolated. Compared to New Jersey all sites of cancer mortality rates for Hispanic populations (114.7), Camden County Hispanic groups have higher cancer death rates (153.7).

Other Populations of Special Focus

- ➔ Lack of health insurance, low income, and multiple socioeconomic barriers to accessing health care are identified. The 2002 NJ Behavioral Risk Factor Surveillance Survey shows a significant increase of uninsured respondents for Hispanics (1997 = 24.6% to 2002=38.2%) and for those with less than a high school education (24.5% in 1997 compared to 25.3% in 2002).
- ➔ In the United Way 2003 survey, 500 Camden County residents were asked what the top-household priority problem was for them, and the answer was lack of affordable health care. Camden County has 13% lacking health insurance.
- ➔ Twelve municipalities have 10% or more residents living below the poverty line by at least one or more of these categories: all ages, or percent with children under the age of 18 years, or Adults 65+, or families. Camden City has two and three times the percentage of these groups living below the poverty line in comparison to other municipalities. For example, 33% of families live below the poverty line in Camden City, as compared with 8.1% of Camden County families who live below the poverty line.

Gaps that have been identified through this first-ever cancer resource assessment include the following:

- ➔ There is a ten-year gap since the last Camden County health assessment was completed by Health Visions, Inc. The 1993 Southwestern NJ survey and the 1997 Camden County general health assessment included screening for cancer as well as prevention and health promotion issues related to cancer. In 1995, there was a need expressed for assessing health status in Camden City as a priority to understanding health disparities. Cancer is one of the top five health problems for the city.
- ➔ The Cancer Education and Early Detection (CEED) program can only partially meet the needs of those with incomes below 250% of the poverty level who are uninsured or underinsured for screening of breast cancer and uterine cervical cancer in women, prostate cancer in men, and colorectal cancer. This program, funded by Federal and State dollars, only covered 18% of the eligible population in 2003.
- ➔ A Camden County 2003 pilot survey showed that 47% of community based organization participants were unsure about the adequacy or availability of cancer services in the county.
- ➔ Special hours for cancer programs and cancer screening services were identified in the CRDNJ process by only half of the participating providers for night hours and only a quarter of the participants for week-end hours.
- ➔ The 132 schools participating in the 2003 CRDNJ process have only 33% of 7-12 grades teaching the skill of self-breast exam for girls, and 22% of 7-12 grades teaching the skill of self-testicular exam for boys. These skills for learning the value of early screening of breast cancer and testicular cancer are appropriate and recommended in the State of New Jersey curriculum standards.

Summary Table of Selected^a Age-Adjusted^b Camden County Cancer Statistics (1996-2000^c)

Type of Cancer, gender	Estimated Prevalence ^d	Incidence per 100,000 ^e	Mortality per 100,000 ^e
Breast, female	3,853	128.0	34.6
Cervical, female	469	10.5	2.3
Colorectal, male	1,084	81.1	30.5
Colorectal, female	1,227	59.9	19.7
Lung, male	373	107.0	87.5
Lung, female	347	60.1	47.5
Melanoma, male	353	14.1	5.5
Melanoma, female	349	8.1	1.5
Oral/Oropharyngeal, male	278	17.3	4.5
Oral/Oropharyngeal, female	124	5.4	1.2
Prostate, male	3,098	172.0	33.6

^a Based upon the NJCCCP.

^b Age-adjusted to 2000 US Census population standards. Age-adjustment is used to describe rates in which statistical procedures have been applied to remove the effect of differences in composition (specifically, variations in age distribution) of the various populations. This is important in order to portray an accurate picture of the burden of cancer, since cancer is known to disproportionately affect persons of differing ages.

^c Rates are averages of rates measured from 1996 through 2000.

^d Prevalence is the measurement of burden of disease in the population at a particular point in time. Within this report, it represents the number of people alive who have ever been diagnosed with the disease. Prevalence figures given here are rough estimates computed by applying national prevalence-to-incidence ratios to Camden County's incidence figures, separately for each gender.

^e Incidence and mortality are age-adjusted rates, not counts.

Text in bold italics indicates rates which were 10% higher than NJ State Cancer Rate for either incidence or mortality.

2005 Mission Statement

The Mission of the Camden County Cancer Coalition is to effectively and efficiently support cancer prevention, education, early detection, and advocacy for all residents in the county to help reduce the cancer burden.

Goals and Objectives for 2005

Goal #1 The Camden County Cancer Coalition will serve as a forum to bring together information sharing and project/program collaboration on cancer care efforts of both public and private agencies and health providers in the county in order to reduce the cancer burden by implementing the 2004 Camden County Cancer Capacity and Needs Assessment recommendations.

Objectives include starting a webpage for information sharing; having a part-time coordinator role; and forming 4 workgroups: Eliminating Health Disparities / CEED Workgroup; Lung Cancer / Smoking Cessation Workgroup; Tri-County Cancer Information Event Workgroup; and Urban Cancer Initiative for Camden City Workgroup.

Goal #2 The Camden County Cancer Coalition will identify priorities from the Camden Cancer Capacity and Needs Assessment Report for 2005, and set a yearly plan to implement the recommendations of the report.

Objectives include working with the Camden County Communities Against Tobacco initiatives; having a Tri-County Information Event on the NJCCCP and the county coalition plans for healthcare providers and cancer survivors; beginning a special Camden City Urban Initiative for Cancer.

Direct all questions to:

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Summary prepared by:



www.camconnect.org

**REMEMBER to promote Cancer Education and
Early Detection (CEED) Cancer Screening Programs
FREE for Uninsured and Underinsured Persons:**

- ➔ CEED Coordinator at Cooper Hospital , Camden (856) 968-7308
- ➔ CEED Coordinator at Virtua Hospital, Voorhees (888)-Virtua-3