

Essex County Cancer Capacity and Needs Assessment Report Summary

Fact Sheet

The Office of Cancer Control and Prevention of the New Jersey Department of Health and Senior Services, in conjunction with a mandate from the Governor's Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey and in collaboration with the Department of Preventive Medicine and Community Health of the UMDNJ-New Jersey Medical School, has developed comprehensive cancer capacity and needs assessment reports for each county in the state. These reports are a result of initial implementation steps of the New Jersey Comprehensive Cancer Control Plan (NJ-CCCP). The purpose of the reports is to identify the major cancer issues affecting each county and the county's available resources for cancer prevention, screening, and treatment, as well as to offer recommendations for improvement. Each report was written by county evaluators from a county-level point of view.

County Demographic Profile

- **2000 Population: 793,633**
- **Median Age: 34.7**
- **Racial Composition:**
 - **45% White**
 - **41% Black**
 - **4% Asian**
- **Ethnic Composition:**
 - **16% Hispanic**
- **Median Household Income: \$44,944**
- **% of residents \geq 25 without high school diploma: 24%**
- **% of families living below the poverty level: 13%**

Source: U.S. Census Bureau; Census 2000

Overall Cancer Burden

From 1996-2000, an average of 658.6 men and 451.8 women per 100,000 were diagnosed with cancer each year in Essex County, compared to the New Jersey rate of 628.7 for men and 453.7 for women. The average annual death rate was 278.4 for men, and 188.1 for women in Essex County, compared to the state rate of 261.1 for men and 181.6 for women. As in the state, the types of cancers which affect the most people in Essex County are prostate, breast, lung, and colorectal.

Note: Rates are per 100,000 and age-adjusted to the 2000 U.S. Census population standards.

Overarching Issues

- **Access and Resources:** The uninsured (estimated 17%) and underinsured (13% on Medicaid) are less likely to receive cancer screening. Efforts should be focused on increasing health insurance coverage, including cost for medication, and on eliminating language barriers.
- **School Health Education:** There is a need to improve cancer-specific education (especially concerning risk factors) and develop a formal mechanism within school health committees to address emerging health issues.
- **Providers and Treatment:** 11 major hospitals and numerous other providers (e.g., NJCEED agencies, FQHCs, health departments, community clinics) contribute to cancer-related efforts in the county.
- **Advocacy:** A lack of publicly funded cancer initiatives in the suburban areas may overlook the pockets of medically underserved in these areas. Advocacy in the inner cities should continue.
- **Palliative Care:** There are several hospice providers in Essex County. However, many patients could benefit from earlier access to hospice and palliative care. Physician education is needed to ensure that families are notified of the availability of these services, as another option for health care.
- **Nutrition and Physical Activity:** Need for increased awareness and facilitation especially in the inner city.
- **Childhood Cancers:** Two hospitals (but no hospices) provide comprehensive cancer treatment services for residents under 18 years.

Essex County & New Jersey

1996-2000 Average Annual Age-Adjusted Incidence & Mortality Rates by Site

All Cancers	Incidence Rate ¹		Mortality Rate ²	
	Essex County	NJ	Essex County	NJ
Male	658.6	628.7	278.4	261.1
Female	451.8	453.7	188.1	181.6
NJ-CCCP Priority Cancer by Gender				
Breast, female	138.5	138.5	34.6	31.3
Cervical, female	15.7	10.9	5.0	3.1
Colorectal, male	74.7	79.0	30.6	29.5
Colorectal, female	54.5	54.4	20.6	20.1
Lung, male	96.8	92.5	76.9	74.8
Lung, female	51.1	55.4	38.9	41.6
Melanoma, male	14.1	20.1	2.7	4.4
Melanoma, female	8.5	11.9	1.0	1.9
Oral/Oropharyngeal, male	17.6	15.7	5.6	4.2
Oral/Oropharyngeal, female	6.9	6.4	2.6	1.6
Prostate, male	227.4	194.3	39.6	32.9

Sources: ¹ New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, August 2003

² National Cancer Institute and Centers for Disease Control and Prevention, State Cancer Profiles (Accessed at <http://statecancerprofiles.cancer.gov/>)

Note: Rates are per 100,000 and age-adjusted to the 2000 U.S. Census population standards.

A rate at least 10% higher than the corresponding state rate is shown in **bold italics**.

County Recommendations

- Use proven methods for outreach & education that are culturally sensitive and linguistically appropriate to improve understanding and awareness of cancer risk factors, early detection, screening, prevention, & local resources, and to increase utilization of appropriate services, particularly among minorities, the elderly, and the underserved. Utilize existing social networks of community organizations and faith-based groups to overcome social/cultural barriers that influence health behavior.
- Support and expand cancer prevention efforts on cancers that have high mortality rates (cervical, oral, and prostate), with a focus on groups that are disproportionately affected.
- Increase awareness among health care practitioners on the importance of counseling high-risk patients on early detection through appropriate and efficacious screening.
- The four inner cities (Newark, Irvington, East Orange, & Orange) in particular contain large proportions who are in need of improved access and services. All information on services needs improved countywide distribution.

For More Information

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To access the full Report Summary, visit the website:
www.njcancer.gov

