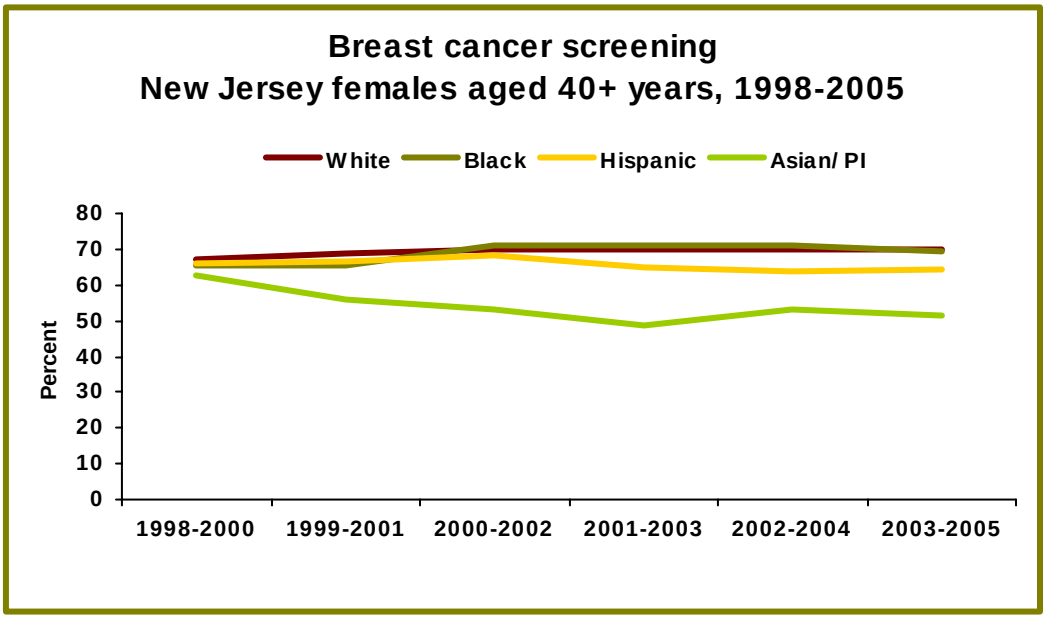
B. Area of Emphasis: Cancer

Background Data

Breast Cancer

Each year in New Jersey more than 6,000 women are diagnosed with invasive breast cancer and 1,500 women die from the disease. There are some significant racial/ethnic differences in mortality rates. Differences in screening rates are less distinctive, although Hispanic and Asian/Pacific Islander women have lower rates of completing the recommended screening schedule than whites and blacks.

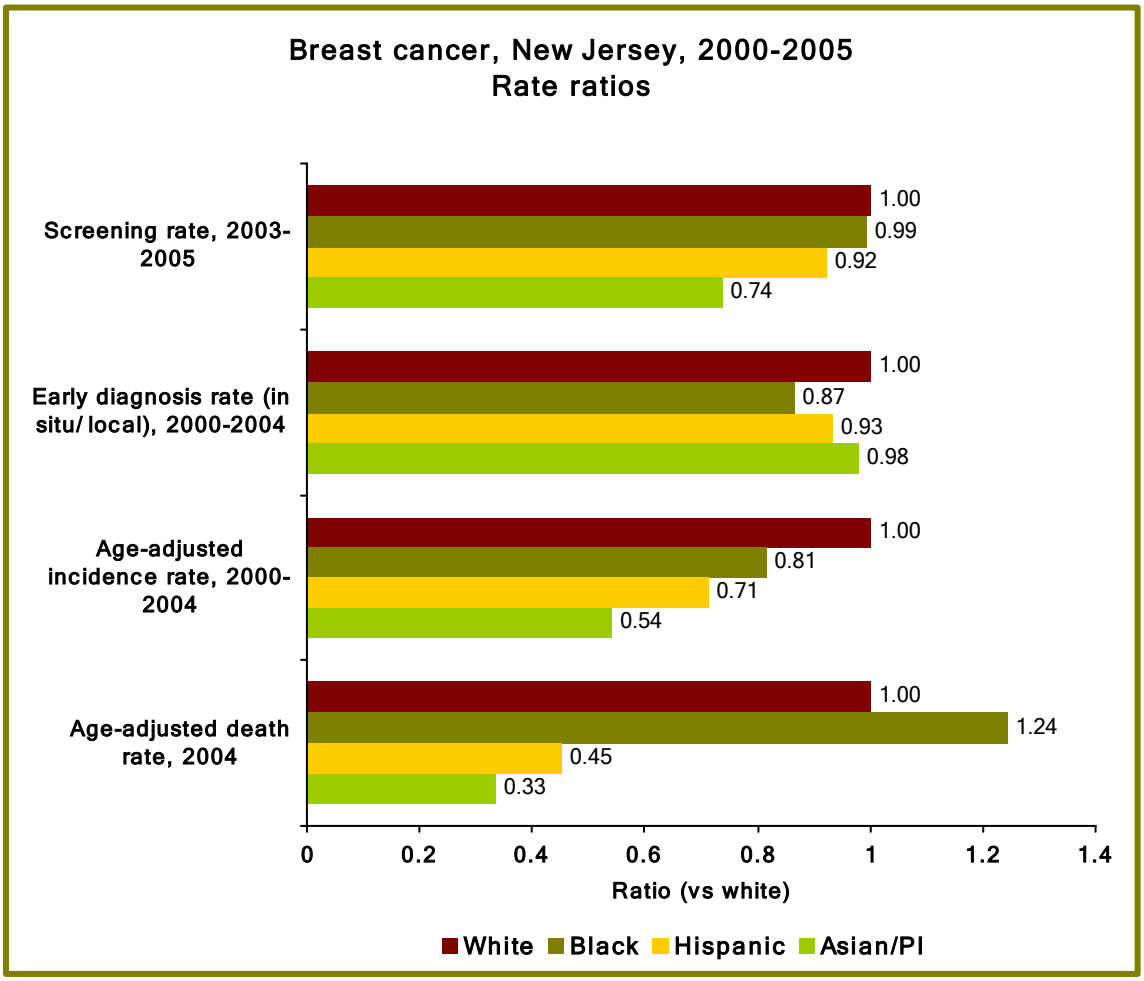
The NJBRFS asks women aged 40 years and over if they have received a clinical breast exam and a mammogram within the past two years. According to the survey, screening rates for white and black females are just below the Healthy New Jersey 2010 (HNJ 2010) target of 75 percent, while rates among Hispanic women lag behind slightly and rates among Asians and Pacific Islanders remain at about 50 percent.



Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

The age-adjusted breast cancer incidence rate among black and Hispanic women is 20 to 30 percent below that of white women and the rate among Asians and Pacific Islanders is about half the white rate. However, a higher percentage of breast cancers are diagnosed at an early (in situ/local) stage among whites and Asians/Pacific Islanders than among blacks and Hispanics.

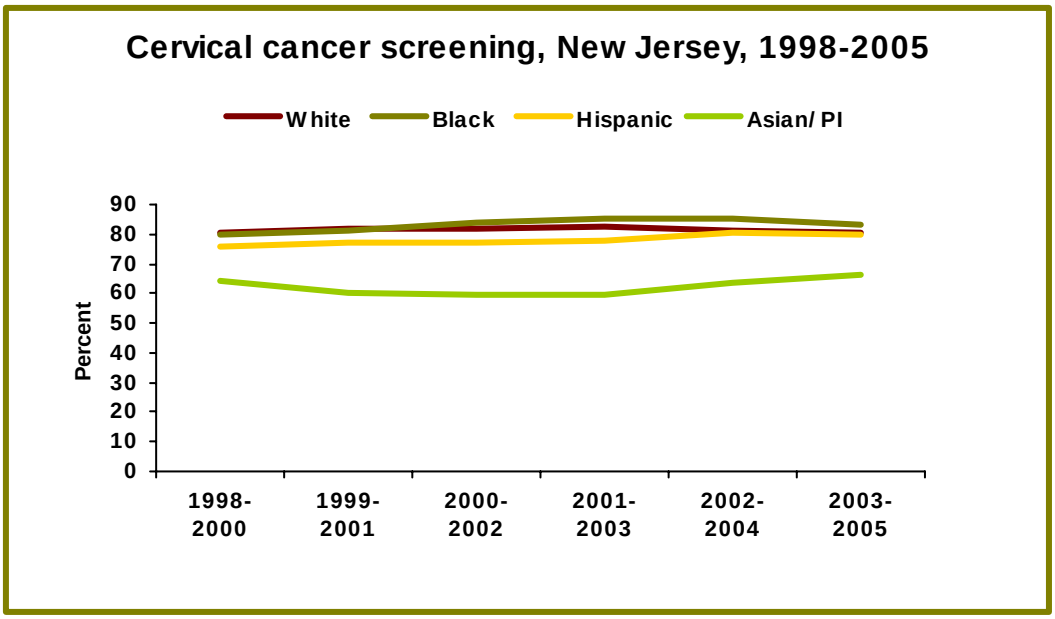
The age-adjusted death rate due to breast cancer among black women is 24 percent higher than the rate among white women. Rates for Hispanics and Asians/Pacific Islanders are one-half and one-third the white rate respectively, but some of the difference may be due to misreporting of race and ethnicity on death certificates, the healthy migrant effect, and other data artifacts.



Sources: New Jersey Department of Health and Senior Services
Center for Health Statistics and Cancer Epidemiology Services

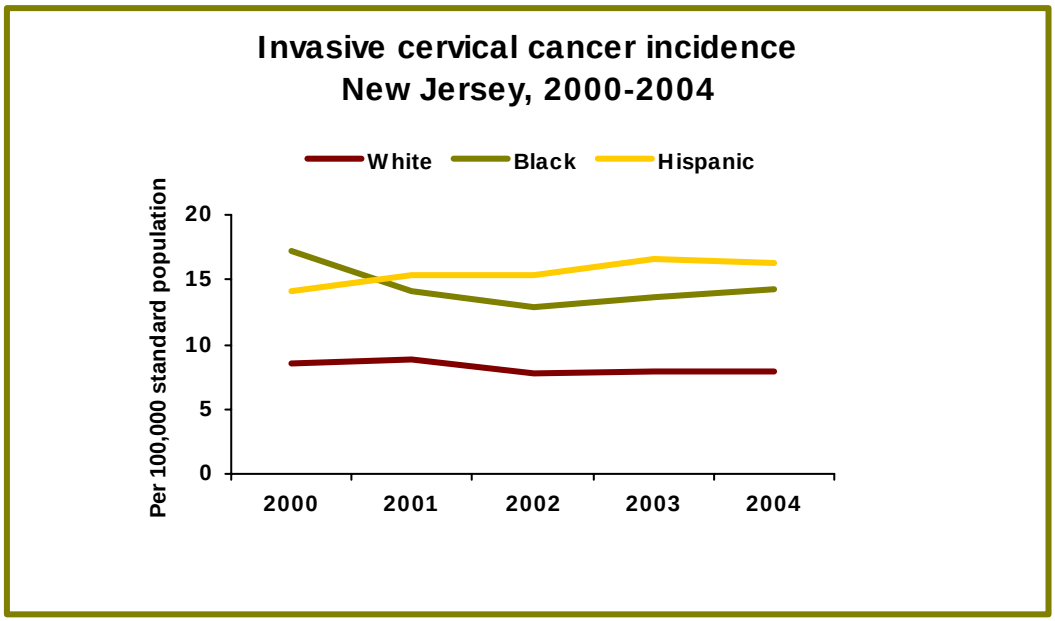
Cervical Cancer

Even though cervical cancer screening rates among whites, blacks, and Hispanics are similar, this is not reflected in incidence or mortality rates due to cervical cancer. The NJBRFS asks females aged 18 years and over with an intact cervix whether they have had a Pap test within the past two years. Survey results for whites, blacks, and Hispanics hover at or just below the HNJ 2010 target of 85 percent. The rate among Asians and Pacific Islanders remains below that of the other groups.



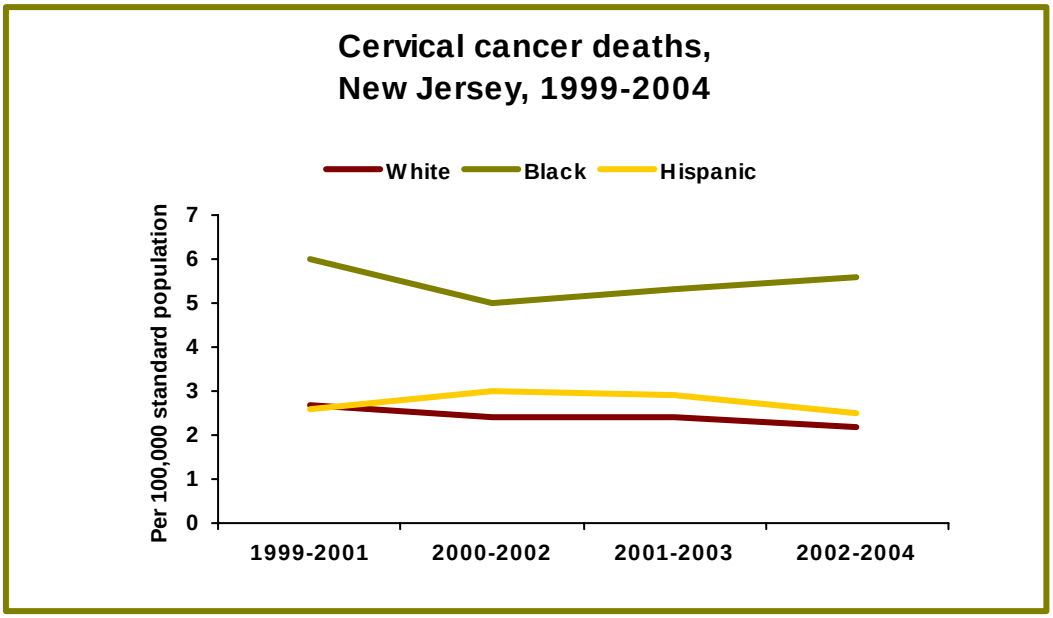
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

The age-adjusted incidence rate of invasive cervical cancer among blacks and Hispanics is about twice the rate among whites, even though blacks have a slightly higher screening rate and the screening rate among Hispanics is only slightly lower.



Source: New Jersey Department of Health and Senior Services, Cancer Epidemiology Services

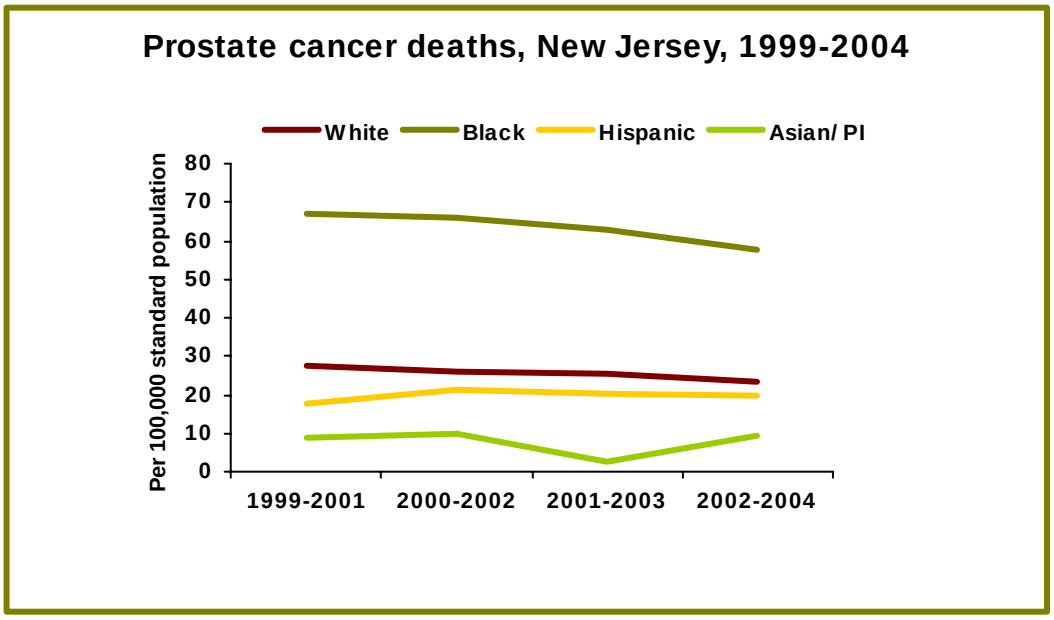
The mortality rate due to cervical cancer among blacks is more than twice the rate among whites while the rate among Hispanics is similar to the white rate. There are so few cases of and deaths due to cervical cancer among Asians and Pacific Islanders that reliable rates cannot be computed.



Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

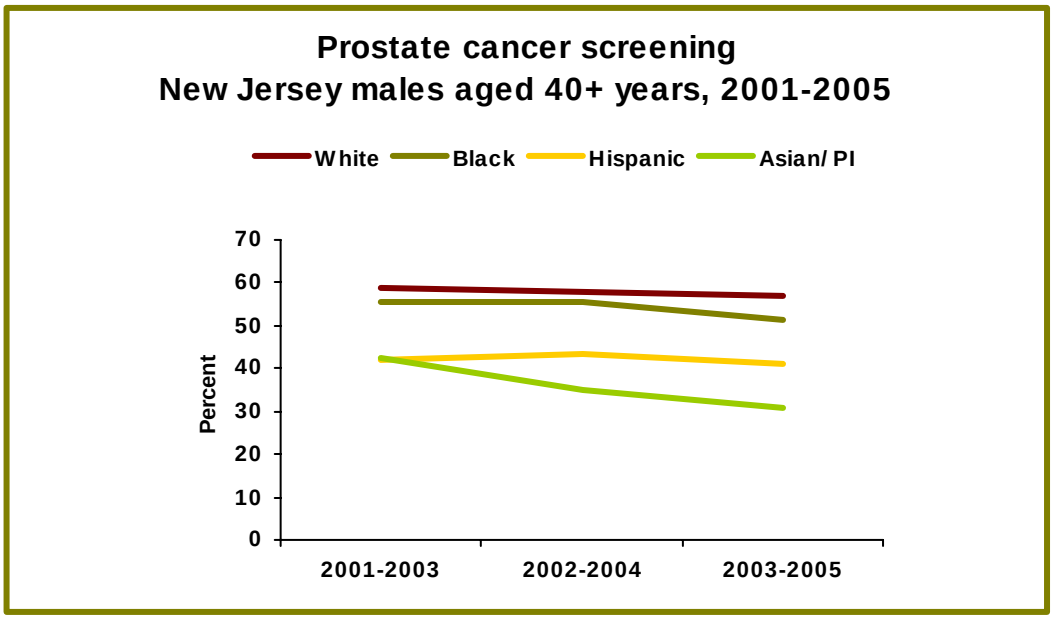
Prostate Cancer

While prostate cancer death rates overall are declining in New Jersey and within all racial and ethnic groups, blacks have significantly higher mortality rates than other groups. The prostate cancer mortality rate among blacks remains 2.5 times the rate among whites. The rates among Hispanics and Asians/Pacific Islanders are slightly below the rate among whites.



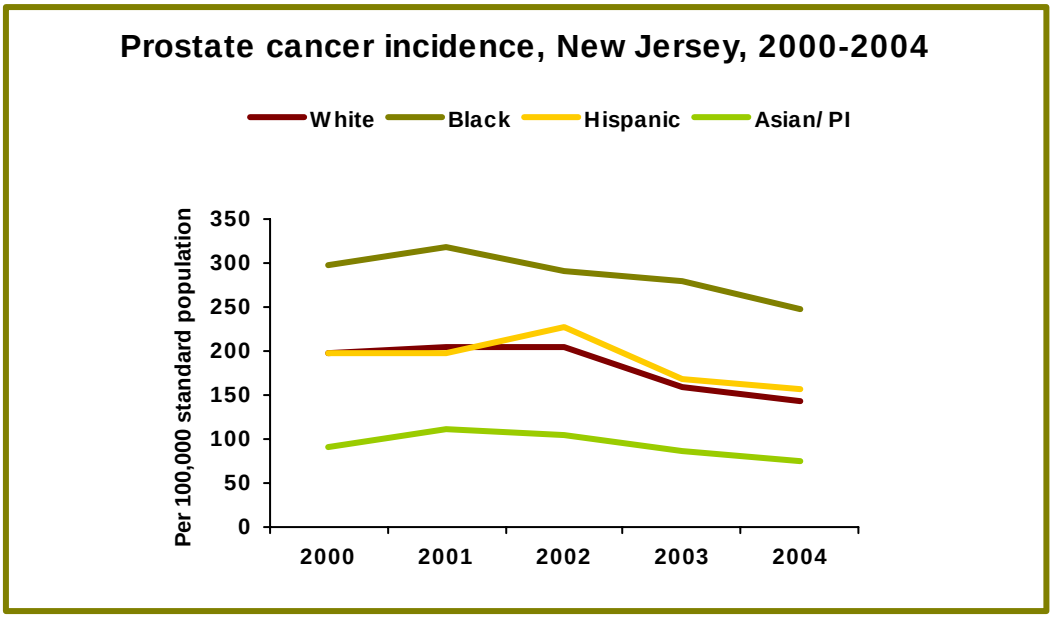
Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

The NJBRFS asks men aged 40 years and over whether they have had a prostate-specific antigen (PSA) blood test within the past two years. Survey results show that the prostate cancer screening rate among blacks only lags slightly behind that of whites. Rates among Hispanics and Asians/Pacific Islanders, however, are well below those of whites and blacks. For all races/ethnicities, screening rates are declining.



Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

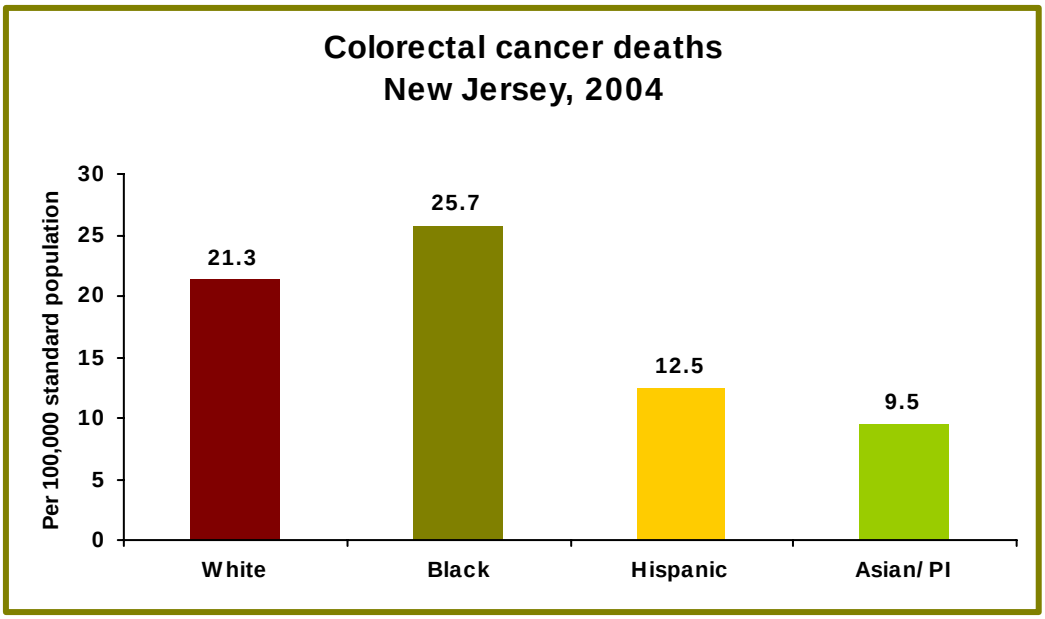
The incidence of invasive prostate cancer among blacks is 1.5 times the rate among whites and Hispanics, while the rate among Asians/Pacific Islanders is about half the white and Hispanic rates. Rates are decreasing among all racial/ethnic groups.



Source: New Jersey Department of Health and Senior Services, Cancer Epidemiology Services

Colorectal Cancer

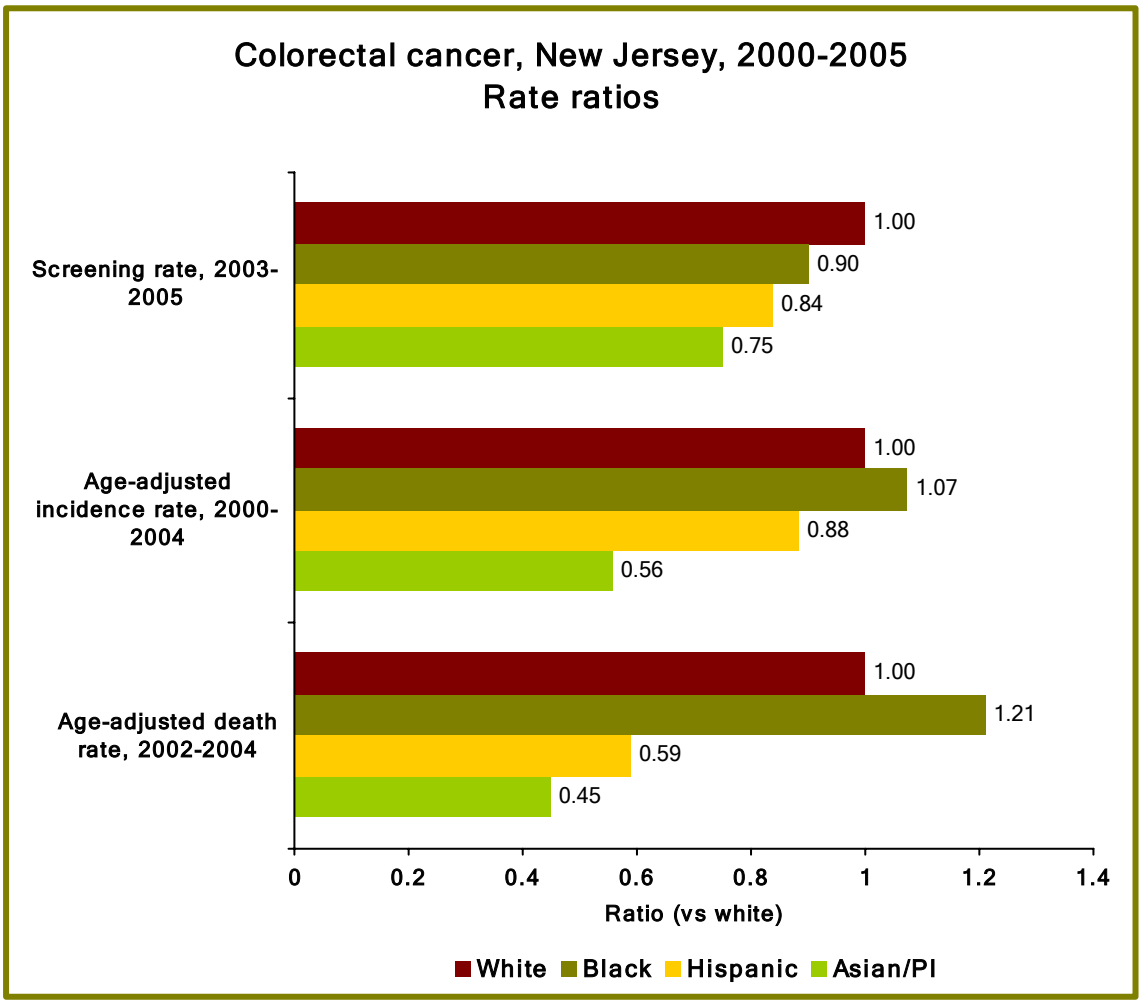
Colorectal cancer screening rates increased over the first part of the decade among all race/ethnicity groups. It appears likely that the rates will surpass the HNJ 2010 preferred endpoint of 75 percent of persons aged 50 and over receiving an annual fecal occult blood test and/or ever undergoing a sigmoidoscopy. Meanwhile, death rates are slowly decreasing among all groups except Asians and Pacific Islanders for whom rates are increasing. The incidence rate has also slowly decreased among whites but has not made much progress among blacks, Hispanics, and Asians and Pacific Islanders.



Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

Colorectal cancer screening rates among blacks, Hispanics, and Asians/Pacific Islanders are 10, 16, and 25 percent below that of whites, respectively. However, if current screening trends persist, the gap will continue to narrow and rates for blacks and Hispanics could meet or even surpass those for whites. The age-adjusted colorectal cancer incidence rate among blacks has been slightly above that of whites while the Hispanic rate has been slightly below, however most recent figures show the rates converging. The preliminary rate among Asians/Pacific Islanders was between 45 and 73 percent of the white rate between 2000 and 2004. The age-adjusted death rate due to

colorectal cancer among blacks is 21 percent higher than the white rate. Rates for Hispanics and Asians/Pacific Islanders are roughly half the white rate, but misreporting of race and ethnicity on death certificates, the healthy migrant effect, and other data artifacts may contribute to the low rates among those two groups.



Sources: New Jersey Department of Health and Senior Services
Center for Health Statistics and Cancer Epidemiology Services

Building on Success

The New Jersey Cancer Education and Early Detection (NJCEED) Program specifically seeks to screen underserved minority populations for breast, cervical, colorectal and prostate cancers.

- Local Lead Agencies (contractors that are funded to provide screening, education and case management services) employ ethnically diverse staff members and contract with minority community-based organizations to provide outreach and screening services to these minority populations.
- Since the goal of the NJCEED Program is to provide cancer awareness, education and screening services to underserved minority populations, including racial/ethnic minority populations, the Program has developed numerous awareness initiatives targeted to the black and Latino populations with regard to breast, cervical and prostate cancers.
- 13 counties in New Jersey have been targeted in a project entitled "2-1-1 Reach for Life," for education and awareness messages for black women. Additionally, local Lead Agencies have created educational materials to target Asian (Chinese, Korean and Indian) audiences within their surrounding areas.

Goal: Increase awareness of cancer initiatives and promote screenings within the New Jersey minority population.

Action Plan

Steps and Timeline:

FY 2007-2010

- Continue the work of NJCEED Lead Agencies together with cancer county coalitions' outreach initiatives and expand screening capacity for cervical and prostate cancer at the agencies to prevent instituting waiting lists.
- Continue to partner with numerous minority community-based organizations and existing social networks to raise awareness of the NJCEED Program and to provide education to the community at large regarding the importance of screening and early detection.
- Identify and address barriers to screening and follow-up care.
- Evaluate the data on the impact of screening programs on minority populations.

Outcome Measures

- An increase of 15 percent in the number of NJCEED eligible women aged 18-64 years (with intact cervix uteri) who have had a Pap test within the past two years.
- Increase in cancer-screening rates for all eligible women who have "never or rarely ever" been screened for cervical cancer.
- Based on prior year's cervical and prostate cancer screening numbers for minority populations, demonstrate a 15 percent increase in the number of services to minority populations.
- Increase in the number of diagnosed early stage cancer cases by 15 percent for all cancers identified by the NJCEED.