

CAPE MAY COUNTY

Cancer Control and Prevention Capacity and Needs Assessment Report Summary

December 2004

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Notices

Medicine is an ever-changing science. As new research and data broaden our knowledge, conclusions may change. The authors and reviewers have endeavored to check the sources of information and to utilize sources believed to be the most reliable in an effort to provide information that is as complete as possible at the time of submission and generally in accord with appropriate standards. However, in view of the possibility of human error or changes in medical science, this work cannot be warranted as being complete and accurate in every respect. Readers are encouraged to confirm the information contained herein with other sources. Information concerning some of the sources of data, rationale for its utilization, acknowledgements of specific parties contributing to these efforts, as well as links to cancer-related information may be found at www.umdnj.edu/evalcweb/.

This county-level Report Summary summarizes the larger county report, which is a baseline evaluation of this county, performed as part of the Capacity and Needs Assessment initiative of the New Jersey Comprehensive Cancer Control Plan (www.state.nj.us/health/ccp/ccp_plan.htm), under the direction of the New Jersey Department of Health and Senior Services (NJDHSS) Office of Cancer Control and Prevention (OCCP) (www.state.nj.us/health/ccp/), the University of Medicine and Dentistry of New Jersey (UMDNJ) (www.umdnj.edu/evalcweb/), and the Evaluation Committee of the Governor's Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey (Task Force Chair: Arnold Baskies, MD; Evaluation Committee Chair: Stanley H. Weiss, MD).

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Cape May County Cancer Capacity and Needs Assessment Report Summary

Introduction

The Office of Cancer Control and Prevention (OCCP) of the New Jersey Department of Health and Senior Services (NJDHSS), in conjunction with the mandate from the Governor's Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey (Task Force), is developing comprehensive capacity and needs assessment reports concerning cancer, individualized for each county in the state. This Report Summary highlights key findings in the Cape May County report.

The Task Force released New Jersey's Comprehensive Cancer Control Plan (NJ-CCCP) in 2002.¹ Each county was commissioned to develop a comprehensive capacity and needs assessment report, as part of the initial implementation steps for the NJ-CCCP. The full Report and this Report Summary were developed under the direction of University of Medicine and Dentistry of New Jersey (UMDNJ) and the Evaluation Committee of the Task Force, in furtherance of the NJ-CCCP (which can be found at: http://www.state.nj.us/health/ccp/ccc_plan.htm). This particular assessment was funded by the OCCP through the following New Jersey Cancer Education and Early Detection (NJCEED) county agency in Cape May County: Cape May County Health Department.

The purpose of the capacity and needs assessment reports is to identify the major cancer issues affecting each county and the county's available resources, or lack thereof, for cancer prevention, screening, and treatment, and to propose recommendations for improvement. The Cape May County Cancer Capacity and Needs Assessment (C/NA) Report² analyzes the population demographics and the cancer incidence and mortality rates and distribution of stage at diagnosis for the seven priority cancers of the NJ-CCCP (breast, cervical, colorectal, lung, oral, melanoma, and prostate), as well as current resources available, in the county. These data guided the development of evidence-based recommendations and interventions to address cancer control priorities at local and state levels.

Section 1 – County Demographic Profile

Cape May County is located at the southern tip of New Jersey and has both shore and inland communities. It is comprised of 16 municipalities and is ranked 20th out of 21 counties in New Jersey for population. The winter population of the county was 102,326 residents, which increased to 667,400 people in the summer, according to 2000 data. The major increase in tourism creates a significant population boost in Cape May County during the summer months. This report focuses on the year-round (winter) population.^{3,4}

The residents of Cape May County represent a primarily aging population. In the year 2000, the county had:⁵

- A higher median age (42.3 years) compared to New Jersey (36.7 years)
- A larger percentage of the population aged 65 and over (20%) than New Jersey's (13%)^a
- A substantial increase since 1990 in the age groups of 40–44, 45–49, 50–54, and 85+
- A substantial decrease since 1990 in the age categories of under 5, 20–24, and 25–34
- Ten out of 16 municipalities with greater than 20% of their populations in the 65+ age group.

The racial and ethnic composition^b of Cape May County also differs from New Jersey:⁵

- A larger segment of the population was white (92%) and a smaller portion was black (5.1%), compared to New Jersey (73% white and 14% black).
- Hispanics comprised only 3.3% of Cape May County's population, compared to 13% for New Jersey.

Within Cape May County, there are high numbers of blacks and Hispanics in Middle Township, Wildwood City, and Woodbine Borough.

In 2000, 93% of the population in Cape May County spoke only English at home, and 6.6% spoke a language other than English compared to 75% and 25% across the state. Only 2.4% of the population spoke English less than “very well.” There were approximately 600 linguistically isolated households^c consisting of approximately 1,200 people.⁵

All of the income measures in Cape May County were lower than those for New Jersey in 1999.^{d,5} A few examples include:

- Median household income (\$41,591 in Cape May versus \$55,146 in New Jersey)
- Median family income (\$51,042 versus \$65,370)
- Per capita income (\$24,172 versus \$27,006)
- Male median earnings (\$39,340 versus \$46,368) and female median earnings (\$27,621 versus \$33,081).

Poverty status for Cape May County was consistent with New Jersey (8.6% versus 8.5%) in 1999. Specific municipalities had a higher number of people with incomes below the poverty level. Lower Township (1,742 persons, which represents 7.7% of this municipality), Middle Township (1,580 persons, 10%), Wildwood City (1,448 persons, 26%), and Ocean City (1,031 persons, 6.8%) had the highest number of persons. Wildwood City and Woodbine Borough (383 persons, 18%) had the highest percentages of people with incomes below the poverty level

^a In general, percentages in this report are rounded to two digits.

^b Hispanics and non-Hispanics may be of any race. Racial categories include both Hispanics and non-Hispanics.

^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.

^d All figures for poverty, income, and employment are from the 2000 Census, but refer to the year 1999.

within its municipality. Cape May County had an estimated 24,060 persons, representing 24% of the population, with incomes below 200% of federal poverty level.^{5,6}

Due to the large aged population in Cape May County, a greater percentage were receiving Social Security income compared to New Jersey (38% versus 27%) and retirement income (24% versus 17%). Supplemental Security income was consistent with the state (3.6% versus 3.5%) and public assistance income was slightly lower than the state (2.4% versus 2.8%).⁵

Cape May County had a lower educational attainment level and higher unemployment^e than New Jersey in 1999.⁵

- In Cape May County, 54% of the population had a high school diploma or less in terms of education compared to 47% in New Jersey, and a lower percentage that earned at least a bachelor's degree in the county (22% versus 30%).
- Unemployment was higher than in New Jersey (8.2% versus 5.8%).
- There was a smaller percentage of persons employed in management, professional, and related occupations in Cape May County (31% versus 38%).
- Due to the economic dependence on tourism in Cape May County, there was a greater percentage of persons employed in service occupations than in the state (21% versus 14%).

Transportation issues in Cape May County represent a significant difference from the rest of the state.⁵

- In the county, 80% of workers 16 years and over drove alone to work in 2000, compared to 73% for New Jersey.
- Public transportation is lacking in Cape May County; limited bus service with few stops in the county and one free community para-transit system for county residents. Approximately 1.8% of Cape May County's population compared to 9.6% for New Jersey took public transportation to work.
- The lack of public transportation represents an important issue for a portion of the population in Cape May County. Approximately 3.8% or 1,612 people who own their own home and 6.0% or 2,533 people who rent their housing unit have no vehicle available.

Cape May County had a higher percentage of people without a mortgage than New Jersey (36% versus 29%). This may be the consequence of a larger population of retired persons, with longer periods of ownership. Of those with a mortgage, 23% spent 35% or more of their income on their home (similar to the 21% in the state as a whole). The same trend applies to the population that rents. Roughly 32% of the households paid 35% or more of their income on rent compared to 30% in New Jersey.⁵

^e Unemployment rate is based on the population 16 years or older in the civilian labor force.⁵

Cape May County had a lower birth rate and a higher age-adjusted death rate^f than New Jersey in 2000.⁷

- Birth rates were 10.2 per 1,000 in Cape May County versus 13.7 per 1,000 in New Jersey.
- Age-adjusted death rates (due to all causes) were 895.5 per 100,000 in the county versus 852.4 per 100,000 in the state.
- In 2000, the leading causes of death in New Jersey were heart disease, cancer, stroke, chronic respiratory disease, diabetes, and unintentional injuries. In Cape May County, the death rates per 100,000 were 271.8 for heart disease, 209.5 for cancer, 56.9 for stroke, 45.3 for chronic respiratory disease, 20.8 for diabetes, and 27.5 for unintentional injuries.^g The county rates were roughly similar to the state rates.^h

Section 2 – Overview of Overarching Issues

The majority of health services in Cape May County are in the town of Cape May Court House, centrally located in the county off the Garden State Parkway at Exit 10 South. It is a 20- to 30-minute drive from the outermost parts of the county. The only hospital in the county, Burdette Tomlin Memorial Hospital, and many physicians' offices are located there. Patients living in the upper portion of the county may seek medical care outside of the county in the Somers Point area (Atlantic County), which is closer and where a variety of physicians' offices and Shore Memorial Hospital are located.⁸

Patients are initially diagnosed through primary care physicians, specialists, and/or screening programs. Care for other patients may be initiated at Burdette Tomlin Memorial Hospital. Diagnostic tests and treatments are conducted at a variety of locations. Many facilities have a social worker/nurse or case manager to assist patients and facilitate referral to additional services. Detailed information regarding cancer screening, education, advocacy, treatment, palliation, and other activities has been collected on some resources currently available in Cape May County and was included in the statewide Cancer Resource Database of New Jersey (CRDNJ).⁹ In order to determine whether there are adequate cancer resources to meet the needs of the uninsured and underserved in the county, further assessment is required. Information about specific services in the county are detailed in the C/NA Report, Section 2 – Providers and Treatment.^{i,10} The American Cancer Society maintains a useful web site and national call center^j (1-800-ACS-2345 ext. 1) for patients and service providers.¹¹

^f The higher age-adjusted death rate means that Cape May County has a higher death rate, even taking into account its higher proportion of older people.

^g All death rates are age-adjusted, for both males and females of all races, based on the 2000 U.S. standard population. The listed causes of death are the top six causes for the entire state. These may not necessarily be the top six causes for the county. Categorization is based on ICD-10 codes: I00-I09, I11, I13, I20-I51; C00-C97; I60-I69; J40-J49; E10-E14; V01-X59, Y85-Y86.

^h The statewide death rates per 100,000 for 2000 were 269.4 for heart disease, 205.9 for cancer, 49.0 for stroke, 34.1 for chronic respiratory disease, 28.2 for diabetes, and 26.7 for unintentional injuries.

ⁱ Data collection for the CRDNJ was performed utilizing standardized forms, referred to as "TELEform surveys," which were generated from TELEform™ software.

^j The national call center takes 1.2 million calls per year. See

http://www.cancer.org/docroot/ESN/content/ESN_3_1X_ACS_National_Cancer_Information_Center.asp?sitearea=ESN (accessed 9/22/04).

Health Insurance

Detailed information documenting the number of people lacking health insurance is not available on the county level. Estimates of the number of uninsured people in Cape May County vary from 12,000 to 22,000:^{6,12,13}

- The Behavioral Risk Factor Surveillance System (BRFSS) reports that an estimated 13% of adults in New Jersey did not have health insurance in 2002.¹⁴ Applying this percentage to Cape May County would suggest that 13,600 adults in the county lack such insurance.
- The New Jersey Department of Health and Senior Services (NJDHSS) reports that in 2000, the estimate of uninsured individuals in New Jersey was 12%, which would equate to approximately 12,791 uninsured persons in Cape May County.
- Burdette Tomlin Memorial Hospital has estimated that 18,000–22,000 people in Cape May County do not have health insurance. State estimates may be low because income levels in Cape May County are lower than in New Jersey. Other possible influences include a lower educational attainment, higher unemployment rate, and higher amounts of seasonal work (based on the larger summer population and higher percent of occupations related to tourism).

Without health insurance, access to health care may be diminished, which may result in cancer diagnoses occurring at a later stage in the disease progression, leading to higher morbidity and mortality rates. Cape May County does have some options for uninsured patients needing health care. Some examples of these options include (please refer to the C/NA Report, Section 2 – Resources for further examples):¹⁵

- Volunteers in Medicine (VIM), a free primary care center for people living and working in Cape May County
- Love of Linda Cancer Fund, a charitable non-profit organization that provides limited funds to cancer patients to meet personal needs
- Faith-based organizations
- The local New Jersey Cancer Education and Early Detection (NJCEED) program, located at the Cape May County Health Department, which offers free breast, cervical, colorectal, and prostate cancer screenings for people aged 40 to 64 years who are uninsured or underinsured with incomes below 250% of the federal poverty level.

However, some resources appear to be lacking based upon interviews with key informants. These include the absence of adult dental clinics in the county, inadequate funding for cancer drugs, and an inadequate number of home health aides.

Education

Cape May County has 17 operating school districts and 32 schools. This number includes public, special services, and technical schools, but not private schools. Health education in the schools varies depending on the school and the grade. Mandated health topics are taught, but subjects that are not mandated may often be neglected. Most of the education focuses on the avoidance of smoking, alcohol, and drug use/abuse. Education about breast self-examination is a state requirement and begins in the seventh grade; however, there is no standard curriculum or

minimum amount of time required. According to the Cape May County Education Department, “all the school districts have written plans or procedures to ensure that they comply with state health requirements.” Cancer is only briefly mentioned as a separate topic or in relation to high-risk health behaviors (i.e., smoking, sunbathing, etc.).¹⁵

Palliative Care

Identifying appropriate palliative care services to meet individual needs is even more complex than locating resources for initial diagnosis and treatment. Based on the patient’s preference, hospice services can be provided by Atlantic City Medical Center Hospice, Compassionate Care, or Holy Redeemer Visiting Nurse Agency. All three of these agencies provide home hospice and bereavement services for Cape May County. Pain management is available through both hospices and hospitals. Due to the small size of the county, there are no freestanding hospice centers.¹⁵

Nutrition and Physical Activity

Some link has been established between nutrition, physical activity, and cancer, although the exact extent of the connection is still unknown. Approximately one-third of all cancers might be attributed to diet.¹⁶ While weight control and obesity are growing concerns across the nation, nutrition services in hospital and physicians’ offices are generally reactive rather than preventative. Reliable obesity statistics specific for Cape May County are not currently available. However, 2000 BRFSS data for New Jersey estimate that approximately 37% of adults (aged 18 and older) are overweight and 18% of adults are obese statewide.^{k,1,17} Based on these statewide percentages, there may be approximately 29,000 overweight and 14,000 obese adults in Cape May County.⁶ The Community Health Action Partnership (CHAP) Coalition identified obesity as the number one priority for the year (2004).¹⁸

Pediatric Cancers

Cape May County does not have resources to serve children with cancer. Several factors account for the lack of pediatric cancer services in the county:

- Pediatric oncology is a specialized cancer field.
- Pediatric cancer care is often believed by the public to be better suited to major cities, where facilities are specialized and a greater number of patients with cancer may be treated more regularly.
- Cape May County may lack a sufficient number of children with cancer to warrant a dedicated pediatric cancer facility. Children generally go to Philadelphia for treatment, about one and a half hours away by car.

^k Overweight is defined as a Body Mass Index (BMI) between 25.0 and 29.9, using current standards. Obesity is defined as a BMI of 30.0 or greater. BMI is calculated by multiplying the weight (in pounds) by 703, then dividing the result by the square of the height (in inches).

¹ 2003 BRFSS data for New Jersey estimate that approximately 37% of adults (aged 18 and older) are overweight and 20% of adults are obese. Source: O’Dowd K. Personal communication. 1/26/05.

Advocacy

Very little advocacy activity is conducted on the local level in Cape May County. Most advocacy initiatives focus on smoking ordinances. Efforts are needed to impact state legislation that will ultimately affect each county by providing resources or mandating levels of care for residents. Some examples of cancer advocacy efforts are the New Jersey Breast and Cervical Cancer Treatment Act (NJCEED Programs), requirements for private insurance coverage for prostate cancer screenings, mammograms and Papanicolaou (Pap) tests, and the “Conquer Cancer” license plates fundraising efforts.^{19,20}

Section 3 – Cancer Burden

All incidence²¹ and mortality²² rates cited herein are per 100,000 and age-adjusted to the 2000 U.S. population standard²³. All county and state rates are average annual rates during 1996–2000. For simplicity, the 1996–2000 average annual age-adjusted incidence or mortality rate hereinafter will be abbreviated and referred to as incidence or mortality rate, respectively. The reason the five-year average has been routinely used is that the small number of cases in a single year leads to statistical variations that are not generally meaningful. For U.S. incidence rates, 1999 or 2000 rates were used. Unless otherwise specified, all rates are for invasive cancer only.

Overall Cancer Burden

The cancer burden has a considerable impact in Cape May County. During the period from 1996 through 2000, the county had the highest age-adjusted incidence rate for all cancer sites combined for men in New Jersey; however, that rate (666.0 per 100,000) was only 6% higher than the corresponding state rate (628.7 per 100,000). For women, Cape May County’s age-adjusted incidence rate for all cancer sites combined (per 100,000) ranked 12th highest out of New Jersey’s 21 counties and was similar to the statewide rate (454.5 versus 453.7 for the county and state, respectively). On average, 418 men and 357 women in the county were diagnosed with cancer each year during the period 1996–2000. White men and white women accounted for the highest number of cancer diagnoses, due to their greater numbers in Cape May County.²¹

Overall, cancer is diagnosed more often in older adults and more often in men than women. In accordance with the NJ-CCCP, this report specifically discusses statistics concerning seven cancer sites: breast (female), cervical, colorectal, lung, melanoma, oral/oropharyngeal, and prostate cancer. Of these, breast (female), colorectal, lung, and prostate cancers were the most commonly diagnosed in Cape May County, mirroring the picture in the state and in the nation. Over the five-year period from 1996 through 2000, the total number of new cases of invasive^m breast cancer among women was 496.ⁿ During this same period, a total of 487 new cases of colorectal cancer (258 in men and 229 in women), 646 new cases of lung cancer (354 men and 292 women), and 646 new cases of prostate cancer were diagnosed in Cape May County.²¹

^m *In situ* cancers are not included in this or other totals.

ⁿ This is the total incidence of new cases over the five-year period. Thus, the average annual incidence during this period was 99 cases per year.

Cape May County’s age-adjusted mortality rates for all cancer sites combined were consistent with those of the state for men (262.1 versus 261.4 per 100,000 for the county and state, respectively) and for women (180.6 versus 181.7 for the county and state, respectively). Cape May County had the 13th highest mortality rate for all cancer sites combined for men and 10th highest for women. A total of 805 men and 795 women in the county died of cancer during the five-year period.²²

Minorities are often a population of focus in regard to healthcare because of higher incidence or mortality rates, as well as special issues related to culture, language, and access to care. Cape May County has a very small minority population; thus, precise numbers and rates may not be readily available and are not portrayed explicitly. It will be important for the county to monitor these numbers as the minority populations grow.

Summary of Selected^a Age-Adjusted^b Cape May County Cancer Statistics, 1996-2000^c

	Estimated Prevalence^d	Incidence per 100,000^e	Mortality per 100,000^e
All Cancers,^f Cape May County			
Male	2,325	666.0	262.1
Female	3,148	454.5	180.6
NJ-CCCP Priority Cancer by Gender			
Breast, female	1,134	133.6	35.9
Cervical, female	88	9.9	2.8
Colorectal, male	281	79.8	25.6
Colorectal, female	356	51.5	18.2
Lung, male	100	113.9	83.2
Lung, female	128	69.2	49.8
Melanoma, male	196	32.1	5.1
Melanoma, female	199	17.1	1.8
Oral/Oropharyngeal, male	84	21.3	4.2
Oral/Oropharyngeal, female	42	5.8	0.8
Prostate, male	946	194.6	32.8

^a Based upon the NJ-CCCP.

^b Age-adjusted to 2000 U.S. 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 average annual rates during the time period 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 theoretical estimates, based on a number of assumptions, and computed by applying national prevalence-to-incidence ratios to Cape May County's average annual crude incidence counts for the five years 1996–2000, separately for each gender. Actual prevalence is likely to be of the same order of magnitude as the estimate.²⁴

^e Incidence and mortality are gender-specific, age-adjusted annual rates, not counts. A rate at least 10% higher than the corresponding state rate is shown in bold italics.

^f “All cancers” represents the sum of all invasive cancer during the time period, not just the seven cancers presented in detail below.

Cancer Burden by Site

Breast Cancer

During the period 1996–2000, the breast cancer incidence rate for all women was slightly lower in Cape May County than in New Jersey (133.6 versus 138.5 per 100,000 for the county and state, respectively). However, the breast cancer mortality rate for the same period was higher in Cape May County (35.9 per 100,000) than in New Jersey (31.3), which itself had a higher rate than the U.S. (27.7). The *Healthy New Jersey 2010*²⁵ target for female breast cancer mortality is 21.5 per 100,000, as recalculated using the 2000 U.S. population standard.²⁶ Other *Healthy New Jersey 2010* objectives related to breast cancer are to increase screening, particularly among those aged 40 and over, and to detect more cancers at an early stage.²⁵ The distribution of breast cancer by stage at diagnosis in the county was consistent with that of the state. The population of focus is women of all races aged 40 and over.

Evidence suggests that increasing the percentage of early-stage breast cancer diagnoses through regular use of mammography may reduce the mortality rate.^{o,27} This emphasizes the need to educate women and healthcare providers about the importance of early screening.

In New Jersey, among 3,923 women aged 50 and over who were interviewed from 2000 through 2002, 78% reported having had a mammogram within the past two years.^{14,28} The screening rate in Cape May County did not differ significantly from that in the state overall, but only 61 women in the county were interviewed.²⁸ As there are 21,939 women aged 50 and over in the county, the BRFSS data suggest at least 8,500 mammograms per year were conducted in this age group alone. Based on data collected for the CRDNJ, it is estimated that a total of approximately 300 mammograms per week (15,600 per year) are conducted at the following sources in the county:^{15,29}

- Atlantic Medical Imaging – approximately 100 mammograms per week
- Burdette Tomlin Memorial Hospital Imaging Center – approximately 84 mammograms per week
- Community Radiology – approximately 70 mammograms per week
- Women First, a gynecologic practice with several doctors – approximately 45 mammograms per week
- Cape May County NJCEED – provided 1,107 mammograms during the period from 1998 through 2003, an average of 4 per week. The NJCEED program in Cape May County screens eligible women free of charge (the specific income and uninsured/underinsured requirements described earlier apply).

There are limitations to these data.^p Thus, it is not possible to assess whether the total capacity available is adequate to meet the total need for breast cancer screening.

^o Early diagnosis of breast cancer, through regular use of mammography, appears to reduce mortality from the disease. “Randomized clinical trials have demonstrated a 30% reduction in breast cancer mortality in women aged 50 to 69 years who are screened annually or biennially with mammograms.”²⁷ The reduction is about 17% for women aged 40 to 50 years.¹

^p Limitations include the following: (1) insufficient numbers of BRFSS interviews in Cape May were conducted to determine the number of mammograms specifically for Cape May residents; (2) the 40–49 age group has not yet

The population of greatest concern for breast cancer is women of all races aged 40 and over, as incidence and mortality increase as women age. In Cape May County, 29,763 women or 29% of the total population in 2000 were aged 40 and over. Municipalities with a higher concentration (3000+) of women aged 40 and over are Lower Township, Ocean City, Middle Township, and Upper Township. Although breast cancer affects women of all socioeconomic groups, those with lower educational attainment and lower income may not be screened regularly. Of special concern are the estimated 16,325 women with a high school diploma or less (16% of the population) and the estimated 1,926 women aged 45 and over who live below the federal poverty level (1.9% of the population).⁶ Uninsured women are less likely to be screened regularly than are insured women.³⁰ Women with inadequate healthcare coverage may be diagnosed at a later stage of disease, with a negative impact on survival.³⁰ Women with specific unhealthy lifestyles (such as high-fat diets and lack of physical exercise), as well as women using oral contraceptives long term or starting at an early age, or using hormone replacement therapy long term, may be at increased risk for breast cancer, and consequently should be a focus of intervention.³¹

Cervical Cancer

The age-adjusted cervical cancer incidence rate was slightly lower in Cape May County than in New Jersey (9.9 versus 10.9 per 100,000 for the county and state, respectively). The age-adjusted cervical cancer mortality rate was also lower in the county than in the state (2.8 versus 3.1 per 100,000 for the county and state, respectively). The distribution of cervical cancer by stage at diagnosis in Cape May County was similar to that of the state. Because cervical cancer is a highly preventable and curable disease, the population of focus is women of all races aged 18 years and older.

In New Jersey, among 7,689 women with no history of hysterectomy who were interviewed from 2000 through 2002, 83% reported having had a Papanicolaou (Pap) test within the past three years.^{14,28} The screening rate in Cape May County did not differ significantly from that in the state overall, but only 74 women within the county were interviewed.²⁸ In addition, during the period 1992–2002, the screening rate increased significantly in Cape May County, as in the state overall.²⁸ Only limited information is available on the county level regarding details about thin-prep usage. The level of general public knowledge about the risk factors and signs of cervical cancer in the county is unknown. Screening information obtained as a part of the capacity analysis does not represent every facility in the county nor a known percentage of the women in the county. It may be useful to gather more complete information to understand the need to educate county residents about regular screening. Over the coming years, the increased number of people surveyed in each county for the New Jersey Behavioral Risk Factor Survey will provide better insight about the number of women in the county who report having received screening.²⁸

been surveyed for this issue; (3) the proportion of women who had mammograms more than once within a two-year period is not known; therefore, the utilization of 8,500 mammograms is conservative; (4) there are likely other facilities within the county, suggesting that the above total may underestimate the number of mammograms performed in the county; (5) facilities outside the county may screen Cape May County residents; (6) in a county where there are many summer transients, it is not known what proportion of the women screened within Cape May were county residents; and (7) unutilized potential capacity is presumably not captured.

Some of the available information on cervical cancer screening performed in the county included the following:^{15,29}

- Women First – conducts about 100 Pap tests each week, about 5,200 a year.
- The Cape May County Health Department (Family Planning) – performs approximately 10 Pap tests per week.
- The Cape May County NJCEED Program – performed 1,169 Pap tests during the period from 1998 through 2003, approximately 4 Pap tests per week.

A recent New Jersey study identified several factors affecting the decision not to obtain a Pap test, including lack of awareness of risk factors, cost, feelings of embarrassment, discomfort related to the Pap test, and beliefs that older women do not contract cervical cancer.³² A New Jersey Hospital Association report identifies the following barriers for women: hassles with the healthcare system, lack of personal priority placed on prevention, inconvenience or lack of services, language, transportation, childcare, and cultural sensitivity.³³ The NJ-CCCP Cervical Cancer Workgroup recommends increasing public awareness and education to all women through outreach programs and focusing on women at highest risk (discussed below), as well as school-age young women.³⁴ The Workgroup also recommended educating patients and healthcare professionals about cervical cancer, risk factors, screening guidelines, follow-up, and treatment options.³⁴

The population of greatest concern for cervical cancer is women of all races aged 18 and over. In New Jersey, the cervical cancer incidence rate rose from 8.3 per 100,000 for women aged 15 to 39 years to approximately 18 per 100,000 for women aged 40 years and over. The cervical cancer mortality rate increased from 1.2 per 100,000 for women under age 50 to 6.9 per 100,000 for women aged 50 and over. The relatively greater mortality rates among those aged 50 and over may reflect a misperception that there is a decreased risk of cervical cancer after menopause, leading to decreases in screening and delays in diagnosis. About 41% of the total population in Cape May County were women aged 18 years and over (42,101). Municipalities with a higher concentration (6000+) of women aged 18 years and over are Lower Township, Ocean City, and Middle Township. Although cervical cancer affects women of all socioeconomic levels, uninsured women are less likely to receive screening than insured women.³⁰ Women with inadequate healthcare coverage may be diagnosed at a later stage, with a negative impact on survival.³⁰ Other risk factors for cervical cancer include women who had an early onset of sexual intercourse, have a history of multiple partners, have a history of sexually transmitted disease, especially human papillomavirus (HPV) and human immunodeficiency virus (HIV), obesity, and smoking.³¹ HPV is the most significant risk factor for developing cervical cancer; recommendations for the incorporation of HPV testing^q as part of a pelvic examination have been developed by the American College of Obstetricians and Gynecologists.^{35,36}

Colorectal Cancer

The Cape May County colorectal cancer incidence rates were consistent with the corresponding statewide rates for men (79.8 versus 79.0 per 100,000 for county and state, respectively) and for women (51.5 versus 54.4 per 100,000 for county and state, respectively). The county colorectal

^q For example, the ViraPap™ will detect which strains of HPV DNA, if any, are present.

cancer mortality rates (per 100,000) were slightly lower than those of New Jersey for both men (25.6 versus 29.5 for county and state, respectively) and women (18.2 versus 20.1 for county and state, respectively). As in New Jersey as a whole, the populations of focus for colorectal cancer are men and women of all races aged 50 years and over.

In New Jersey, among 4,961 adults aged 50 and over who were interviewed from 2001 through 2002, 56% reported having had colorectal cancer screening (either a fecal occult blood test within the past year or a sigmoidoscopy or colonoscopy ever).^{14,28} The screening rate in Cape May County did not differ significantly from that in the state overall, but only 42 adults within the county were interviewed.²⁸ In addition, during the period 1992–2002, the screening rate increased significantly in Cape May County, as in the state overall.²⁸ The level of public knowledge about the risk factors and signs of colorectal cancer in the county is currently unknown. Screening information collected during the capacity analysis does not represent every facility in the county or a known percentage of the population in the county. It would be important to gather this information to assist the county in understanding the specific needs and to educate citizens who should be screened regularly. Some data include:^{15,29}

- Dr. Robert G. Beitman, a gastroenterology and internal medicine practice focused on colorectal cancer, conducted approximately 15 colonoscopies each week or about 780 each year.
- The NJCEED Program in Cape May County screened 72 men and women during the period from 2000 through 2003.

The NJ-CCCP has identified several possible reasons for the low colorectal cancer screening percentages (40%–50% range) in the New Jersey population aged 50 and over. Reasons for patients' failure to obtain screening may include lack of understanding about the tests and recommended screening schedule, discomfort with the subject of cancer and colorectal screening, concerns about pain, and lack of discussion with a physician. Reasons for healthcare providers' failure to screen include: inadequate training and experience regarding colorectal cancer screening, lack of time to discuss the subject with patients, and some concern about the efficacy of the screening tests. Inadequate reimbursement, high costs of the tests, and limited access to screening centers have also been cited as reasons these tests are not performed.³⁷

Colorectal cancer is highly curable, with a 90% five-year survival rate when detected in the early stages; however, only 37% of new colorectal cancer cases in New Jersey were diagnosed in the localized stage.^{38,39,40} The distribution of colorectal cancer by stage at diagnosis in Cape May County was similar to that of New Jersey. The NJ-CCCP Colorectal Cancer Workgroup identified education and public awareness as important goals in reducing mortality and improving survivorship for colorectal cancer.⁴¹

Incidence and mortality rates for colorectal cancer increase with age. The population of greatest concern for colorectal cancer is men and women of all races aged 50 and over. Although there were too few colorectal cancer cases among Cape May County's black population, New Jersey data demonstrate that black populations, especially black men, have a higher age-adjusted colorectal cancer mortality rate. As Cape May County's black population increases, black men may become a specific focus for intervention. In Cape May County, 39,470 people, or 39% of the total population, were aged 50 and over in 2000.⁵ Municipalities with a higher concentration

(5000+) of men and women aged 50 and over are Lower Township, Ocean City, and Middle Township. Although colorectal cancer affects men and women of all socioeconomic levels, uninsured adults are less likely than insured adults to receive screening.³⁰ Those with inadequate healthcare coverage are more likely to be diagnosed at a later stage, negatively affecting their chances of survival.³⁰ Men and women with specific unhealthy lifestyles (such as diets high in fat and animal sources, physical inactivity, smoking and high alcohol intake, as well as family history of colorectal cancer) are at increased risk.³¹

Lung Cancer

Cape May County's lung cancer incidence rates per 100,000 were higher than those of New Jersey for both men (113.9 and 92.5 for county and state, respectively) and women (69.2 and 55.4 for county and state, respectively). The county lung cancer mortality rates per 100,000 were also higher than those of New Jersey for both men (83.2 versus 74.8 for county and state, respectively) and women (49.8 versus 41.6 for county and state, respectively). Stage at diagnosis is not available for lung cancer because it can seldom be diagnosed in the early stages. The populations of focus are men and women who smoke, as well as children and young adults for antismoking educational efforts.

The population of greatest concern for lung cancer is men and women who smoke. Almost nine of ten lung cancer cases result from tobacco smoking.^{1,31} Repeated exposure to carcinogens increases the chances of lung cancer. Both incidence and mortality rates increase as men and women age (especially for ages 50 and over). In Cape May County, 39,470 men and women, or 39% of the total population, were aged 50 years and older in the year 2000.⁵ Municipalities with a higher concentration (5000+) of men and women aged 50 and older are Lower Township, Ocean City, and Middle Township. BRFSS trend statistics for New Jersey indicate that in 2000, 21% of New Jersey adults smoked cigarettes; 21% of those in the 50- to 64-year age group and 11% of those 65+ years smoked.^{r,42} Comparable information is not available for Cape May County, but based on the statewide percentages for the two age groups, it can be estimated that there are approximately 6,000 Cape May County residents aged 50 years and over, which can be considered a minimum estimate for the number of smokers in Cape May County.⁵

Although lung cancer affects populations of all socioeconomic levels, men and women with lower educational attainment and lower income are more likely to smoke. BRFSS data for New Jersey indicate that in 2002, 27% of adults with household income less than \$15,000 per year smoked compared to 18% of adults with household incomes of \$50,000+ per year.¹⁴ Also, 27% of adults with less than a high school education smoked compared to 12% of college graduates.^{s,14}

It is clear that lung cancer is largely preventable, so the goal should be to prevent people from initiating smoking. Therefore, another important population relative to smoking is children and

^r In 2002, BRFSS trend statistics for New Jersey indicate that 19% of New Jersey adults smoked cigarettes; 21% of those in the 50- to 64-year age group and 9.5% of those 65+ years smoked.⁴²

^s BRFSS data for New Jersey indicate that in 2003, 22% of adults with household income less than \$15,000 per year smoked compared to 17% of adults with household incomes of \$50,000+ per year, and 24% of adults with less than a high school education smoked compared to 12% of college graduates.¹⁴

young adults, especially teenagers. It has been demonstrated that repeated exposure to smoke over time increases the risk for lung cancer. Current smokers and children are therefore populations of focus. Exposure to environmental tobacco (“second-hand”) smoke remains an additional important issue.⁴³

Melanoma

During the period 1996–2000, Cape May County’s melanoma incidence rates per 100,000 were higher than those of New Jersey for both men (32.1 and 20.1 for county and state, respectively) and women (17.1 and 11.9 for county and state, respectively). The melanoma mortality rate was slightly higher in the county than in the state for men (5.1 versus 4.4 for the county and state, respectively) and was similar in the county and in the state for women (1.8 versus 1.9 for the county and state, respectively). Stage at diagnosis was consistent with New Jersey, with more than 80% of cases diagnosed in the early stages. The populations of focus are white men and white women aged 50 and over, as well as younger age groups for emphasis on prevention.

Self-examination and follow-up with dermatologists/primary care physicians are recommended. However, minimal statistics are available concerning the number of age-appropriate cancer screenings for melanoma on the county or state level. In addition, little is known about what the general public understands regarding risk factors and signs of melanoma. Screening information gathered during the capacity analysis does not represent every facility in the county or a definitive percentage of the people in the county; therefore, it is difficult to estimate the screening capacity within the county. One dermatology practice for which data are available is Dr. Lawrence Paolini, whose dermatology offices screened approximately 300 people for skin cancer each week, or 15,600 per year. This practice also performs approximately 50 skin biopsies a week, or 2,600 a year.¹⁵ It would be important to gather additional information to guide the county and state in understanding the need for melanoma education and to initiate a more robust screening program.

The NJ-CCCP Melanoma Workgroup identified the need for early detection and screening to decrease both the incidence and the mortality rates for melanoma. Berwick et al. demonstrated that self-examination could decrease the incidence of invasive melanomas.⁴⁴ Consequently, the Workgroup has recommended the dissemination of information and education about prevention at public schools, worksites, recreation facilities, and healthcare facilities.⁴⁴

Despite the ease of preventing skin cancer, only a small percentage of people make the effort to protect themselves appropriately. According to the 1998 National Health Interview Survey, 27% of adults sought shade, 23% wore protective clothing, and 30% routinely used sunscreen.⁴⁵ The 1999 BRFSS estimated that 31% of New Jersey men and 22% of New Jersey women had a sunburn in the previous 12 months.⁴⁶ In terms of age, responses showed that 40% of those aged 18 to 34 years had a sunburn in the past year, a higher percentage than in any other age group.^{†,46} Due to the long period of time between sun exposure and the development of skin cancer, special focus should be directed toward this age group (18 to 34 years), as well as children.

[†] The 2003 BRFSS estimated that 33% of New Jersey men and 26% of New Jersey women had a sunburn in the previous 12 months. The highest percentages occurred among those aged 18 to 34 years (45% of those aged 18 to 24 years and 40% of those aged 25 to 34 years. Source: O’Dowd K. Personal communication. 1/26/05.

The population of greatest concern for melanoma is the white population, especially men. Melanoma incidence rates steadily increase as this population ages, especially at age 50 and over. Fair skin has the highest risk of sun damage due to the lack of protective pigmentation.³¹ This is especially an issue for Cape May County, as a beach community where sunbathing is a favorite pastime.

Oral/Oropharyngeal Cancer

Cape May County's age-adjusted oral/oropharyngeal cancer incidence rates per 100,000 were higher for men (21.3) and slightly lower for women (5.8) than the corresponding New Jersey rates for men (15.7) and for women (6.4). Incidence of oral/oropharyngeal cancer increases with age, and men consistently have much higher incidence rates than women. The mortality rate for oral/oropharyngeal cancer was the same in the county and in the state for men (both 4.2 per 100,000) and was lower in the county than in the state for women (0.8 versus 1.6 per 100,000 for the county and state, respectively).

Stage at diagnosis is the most important factor in predicting survival. Oral/oropharyngeal cancer cases diagnosed at early stages have a 75% or greater five-year survival rate, while those diagnosed at late stages have a survival rate of 25% or less.^{47,48} Although doctors recommend oral screenings, and it seems entirely reasonable that such screenings are helpful, it is not known if screening reduces mortality rates. The distribution of stage at diagnosis for oral/oropharyngeal cancer in the county was consistent with New Jersey for men and women.

A dentist or doctor can screen for oral/oropharyngeal cancer during a physical examination. Approximately 81% of dentists indicated in a recent study that they perform oral cancer examinations for all patients aged 40 years and older, and 78% of dentists indicated that they performed oral cancer examinations at recall appointments.⁴⁹ It is not clear whether dentists are screening properly.⁵⁰ A detailed survey on procedures in the county and state would be necessary to document this issue.

Tobacco and heavy alcohol use are risk factors for several cancers, including oral/oropharyngeal cancer. Approximately 90% of people with oral or oropharyngeal cancer used tobacco (smoked or chewed) and 75%–80% of all patients with oral cancer “drink a lot of alcohol.”³¹ As tobacco and heavy alcohol users are at highest risk for oral/oropharyngeal cancer, it is important to focus on these populations, as well as on young persons for prevention. Although oral cancer affects populations of all socioeconomic levels, men and women with lower educational attainment and lower income are more likely to smoke, as indicated in the previous section on lung cancer.^{5,14}

Prostate Cancer

Cape May County's age-adjusted prostate cancer incidence rate was consistent with that of New Jersey (194.6 versus 194.3 per 100,000 for the county and state, respectively). The county age-adjusted prostate cancer mortality rate was also consistent with that of New Jersey (32.8 versus 32.9 per 100,000 for the county and state, respectively). The distribution of stage at diagnosis for prostate cancer in Cape May County was consistent with New Jersey. The population of focus is

men of all races aged 50 and over, but especially black men, who have a much higher prostate cancer incidence and mortality rate than white men in the state and in the nation.

Scientific consensus has not been reached on the effectiveness of prostate cancer screening because it is unclear whether screening reduces the mortality rate.⁵¹ Many physicians recommend prostate cancer screening to their patients and approach the decision to screen on a case-by-case basis. Some of the prostate cancer screening activities in the county are as follows:^{15,29}

- While general practitioners or physicians within a hospital may also conduct screening, the only urology practice in the county is Pagnani-Braga-Kimmel Urology Associates, which estimates that 25 prostate specific antigen (PSA) tests and 50 prostate examinations per week, approximately 1,300 PSA tests and 2,600 exams per year, are performed.
- The Cape May County NJCEED Program screened 48 men for prostate cancer during the period from 2000 through 2003.

The population of greatest concern for prostate cancer is men of all races aged 50 and over, but especially black men. Prostate cancer incidence and mortality rates increased for men aged 50 and over, but increased four-fold from the 50–64 age group to the 65–74 age group in the county. In Cape May County, 17,531 men or 17% of the total population were aged 50 and over in 2000.⁵ Of this group, 8,931 men were 50–64 years of age (8.7% of the total population) and 8,600 men were aged 65 years and over (8.4%). Municipalities that have a higher concentration (1000+) of men aged 50 years and over are Lower Township, Ocean City, and Middle Township. Although prostate cancer affects men of all socioeconomic levels, uninsured men are less likely to receive screening than insured men. Men with inadequate healthcare coverage are more likely to be diagnosed at a later stage, with a negative impact on survival.³⁰ In 2000, 14% of the male population in Cape May County aged 45 and over (11,202 men) had a high school diploma or less.⁵ In regard to income, 0.9% of men aged 45 and over had income below the poverty level.

Other Cancer Sites/Issues

HIV/AIDS. Human immunodeficiency virus (HIV) is the etiologic agent of the acquired immunodeficiency syndrome (AIDS) and is associated with the development of several specific cancers (such as Kaposi's sarcoma and non-Hodgkin lymphoma, as discussed further in the NJ-CCCP).¹ As of December 31, 2003, Cape May County had the 12th highest prevalence rate of known HIV infection^u in New Jersey (close to the median).⁵² Both healthcare providers and patients need to understand the risks.

Bladder cancer. New Jersey's bladder cancer incidence rates were higher than the nation for all race and ethnic categories.⁵³ Mortality due to bladder cancer was higher in New Jersey men than in the nation overall. For 2003, bladder cancer was estimated to be the 6th most common cause of cancer mortality in the U.S. and the 5th most common cause of cancer in New Jersey.⁵⁴ For Cape May County, bladder cancer incidence and mortality tended to resemble the statewide picture.

^u Includes persons living with AIDS who may not have been tested for HIV. As this does not include persons living with HIV who have not been tested, only an unknown portion of total infections is included.

Section 4 – Discussion, Analysis and Recommendations

Recommendations are divided into local and statewide priorities, many of which are linked or are similar. Many recommendations follow the NJ-CCCP goals and objectives and are focused on cancer awareness, screening, early detection, and prevention/education. In addition, recommendations specific to the NJ-CCCP priority cancers are included.

Recommendations for County and Local Priorities

Based on concerns relevant to the county's demographics, available resources, and cancer burden, the following healthcare recommendations have been identified as significant for Cape May County:

- ✓ Establish a Cancer Coalition within the county to address pressing cancer control and treatment issues.
- ✓ Develop additional information on the public's knowledge of risk factors, prevention, screening, and early detection.
- ✓ Develop an educational campaign for the county on risk factors, early detection and screening, signs and symptoms, and prevention through media outlets, the Burdette Tomlin Memorial Parish Nurse Program, and the proposed Cancer Coalition.
- ✓ Educate students in school health classes about chronic diseases, specifically cancer, to facilitate a clear understanding of the importance of prevention, screening, and health insurance coverage, as well as nutrition and physical activity issues.
- ✓ Teach healthcare providers about the importance of screening the public for cancer. Physician recommendations have been identified as the major motivator in encouraging individuals to seek cancer screening.
- ✓ Promote tobacco use reduction to prevent lung and oral cancers, as well as other cancers. Smoking cessation programs should be advertised and continued with financial assistance for those in need. The Communities Against Tobacco (CAT) Coalition should be supported and strengthened to increase the number of public areas that are smoke free.
- ✓ Conduct a Primary Care Provider study project to identify physician screening practices and patient services. A short telephone survey could reveal crucial information about cancer care in physician offices. Primary care physicians and dentists can influence patient behavior, and educational materials could be developed for physicians based on the information revealed in the survey.

Recommendations for Specific Cancer Sites

Recommendations for each cancer are listed below [references in parentheses are to relevant goals (e.g., BR-1), objectives (e.g., BR-1.1), or strategies (e.g., BR-1.1.1) outlined in the NJ-CCCP]:

- ✓ **Breast cancer.** Develop an educational promotion through the Cape May County Cancer Coalition and lead agencies to create educational materials and generate enthusiasm

within the community. Conduct events, such as breast health clinics and screenings in October and May, during which health or treatment recommendations would be provided, when appropriate, especially to low-income, underserved, and uninsured women. Also develop educational interventions for healthcare professionals to stress the need for continued communication with patients to ensure they are not lost to follow-up and treatment. (BR-1 through BR-5)

- ✓ **Cervical cancer.** Increase Pap test usage, especially in high-risk women, as cervical cancer is highly preventable and curable with early detection. Although cervical cancer numbers are low, cervical cancer education can be done in conjunction with breast education to maximize resources and dollars spent. Focus is recommended on younger women (e.g., high school age), as well as on family practices, ob/gyn physicians, emergency rooms, and family planning facilities. (CE-2)
- ✓ **Colorectal cancer.** Develop an educational promotion through the Cape May County Cancer Coalition and lead agencies to create educational materials and generate enthusiasm within the community. Conduct events, such as colorectal health clinics and screenings, during which health or treatment recommendations would be provided, when appropriate, especially to low-income, underserved, and uninsured men and women. Also develop education for healthcare professionals to stress the need for and benefits of colorectal screening along with continued communication with patients to ensure they are not lost to follow-up and treatment. (CO-2)
- ✓ **Lung cancer.** Joint efforts between Cape Assist/CAT Coalition, the Cape May County Cancer Coalition and lead agencies to encourage smoking cessation, as well as participation in clinical trials. CAT Coalition activities should continue and be expanded due to the high rates of lung cancer in Cape May County. Education efforts should be focused on physicians in private practice, clinics, and emergency rooms to emphasize the importance of a physician's motivational role in encouraging patients to quit. (LU-1, LU-2, LU-5)
- ✓ **Melanoma.** A campaign to remind people of the sun's dangers and methods for effective prevention and screening should be initiated by the Cape May County Cancer Coalition and lead agencies prior to the summer season. "Whatever Skin You're In, Choose Your Cover" was launched by the NJDHSS and kicked off in Ocean City, New Jersey, in May 2003. This campaign was designed to remind the public about sun safety with posters and pamphlets distributed in high-impact areas, such as parks, camps and beaches, as well as schools throughout New Jersey. Billboards were also placed in every county in the state.⁵⁵ The Cape May County program should build upon this campaign by placing literature and information at additional locations, such as offices or stands where citizens purchase beach tags, stores where sunscreen is sold, physicians' offices and hospitals, workplaces, stores, and recreational areas. Information should also be placed in the local newspapers and broadcast on local radio stations. Lastly, the campaign could culminate each season with a screening clinic to teach people how to identify skin cancers. It is important to note that the county's population increases by over six-fold during the summer. Therefore, outreach and education efforts within the county would reach not only Cape May County residents, but also many residents of other New Jersey counties, as well as visitors from other states, allowing state resources for such programs to have a public health impact beyond the county. (ME-1, ME-4, ME-5, ME-6)

- ✓ **Oral cancer.** One way to increase awareness is to add oral cancer information to existing literature and outreach efforts in the county. Oral cancer should be identified as an additional risk associated with tobacco use, and information about oral cancer should be added to existing smoking literature, along with information on lung cancer, emphysema, and heart disease. A second approach is to motivate physicians and dentists to raise awareness of oral cancer among their patients. Lack of dental care has been a concern in the county, especially for the uninsured or underinsured. Any efforts for on a dental health initiative should include oral cancer education and screenings for this population. (OR-1, OR-3, OR-4)
- ✓ **Prostate cancer.** Develop an educational promotion through the Cape May County Cancer Coalition and lead agencies to create educational materials and generate enthusiasm within the community. Engage specific community leaders especially in the black community to encourage men to participate in events such as June prostate/men's health clinics. At these events providers can make recommendations when appropriate, especially to low-income, underserved, and uninsured men. Also develop educational interventions for healthcare professionals to stress the need for continued communication with patients to ensure they are not lost to follow-up and treatment. (PR-1, PR-2, PR-4)
- ✓ **HIV/AIDS.** Although the number of known HIV positive cases in Cape May County is not high, it is important for both healthcare providers and patients to understand the increased cancer risk faced by HIV/AIDS patients. Cancer information should be added to HIV/AIDS literature to educate the community at large and to distribute through the school systems. The best way to control HIV-related cancer is to prevent HIV infection. Educational information should be available for all citizens, with special attention paid to the highest risk groups.
- ✓ **Bladder cancer.** Although bladder cancer numbers are low, bladder cancer strategies can be easily incorporated into other activities undertaken by the Cape May Cancer Coalition. Materials that are being developed or are already in the community can add bladder cancer as a risk; materials on the signs and symptoms should be available at men's health clinics.

Recommendations for Statewide Priorities

Local and state recommendations are closely connected. Although some issues may be county specific, most are consistent with statewide concerns. The following issues are a priority:

- ✓ Although the New Jersey Cancer Education and Early Detection (NJCEED) program represents a great beginning for the uninsured and underinsured, programmatic limitations remain that could be addressed by increased funding. Colorectal and prostate cancer screening is currently provided, although no funds are available for treating patients if cancer is found. The County NJCEED Project Coordinator must work to find facilities to provide free services for these affected individuals. If breast or cervical cancer is detected, the patient may qualify for Medicaid, which should apply for the NJCEED colorectal and prostate cancer patients as well. No programs, other than charity care, currently support the uninsured or underinsured for lung cancer, oral cancer, or melanoma.

- ✓ The NJCEED program is still not widely known despite its presence since 1997. Education and outreach are needed for both citizens and healthcare professionals about NJCEED services and programs. A statewide media campaign could increase this awareness. Advertising the local NJCEED programs together through a statewide campaign would maximize resources and jumpstart the local campaigns.
- ✓ The uninsured and underinsured populations must be provided with options to obtain affordable health insurance. The state might partially fund a system to provide insurance at a reduced rate for low-income people. Such a program might be in concert with private health insurance companies. Another option might be a program to cover only serious illness, leaving clinics to provide primary care. Additional facilities/clinics that specifically serve people who do not have health insurance would be helpful. These are only a few of the options that would provide coverage for the working poor and reduce the reliance on costly charity care, especially for advanced cancers.
- ✓ Much of this report has focused on the uninsured, underinsured, and low-income populations. However, it is clear that many affluent people are also unaware of the importance of cancer screening. This may result from lack of information, lack of understanding, cultural issues, or simply lack of time. Schools can be used to reinforce cancer screening messages and to establish positive behaviors early in life. It is recommended that teaching about cancer be specifically mandated, probably in high school health. All students should exit high school with a clear understanding of the importance of cancer screening, risks associated with certain health behaviors, and signs and symptoms of a variety of cancers.
- ✓ Cancer outreach and educational information are also important for the adult population. Most outreach projects are local, but state assistance would be helpful. Statewide marketing plans that counties could adopt would reduce redundancy of effort. Designated funds for outreach are necessary. A state focus on media packages airing on television and radio across the state would be more cost efficient than individual campaigns developed locally.
- ✓ The New Jersey Behavioral Risk Factor Survey should be expanded to increase the number of people per county surveyed, providing improved county-level data. Additional questions about cancer screening and public knowledge should be included annually in the survey.

Closing Remarks

The Cancer Capacity and Needs Assessment provides a detailed baseline assessment for Cape May County. The data, interpretations, and recommendations in this report were developed to provide a wide array of public health and medical personnel with standardized information and detailed analyses that can help guide and focus their efforts at the county level, including such local health initiatives as the forthcoming Community Health Improvement Plans. The reports from all of the counties will collectively inform the continuing comprehensive cancer control efforts of the Office of Cancer Control and Prevention of the New Jersey Department of Health and Senior Services; the Governor's Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey; and the University of Medicine and Dentistry of New Jersey.

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