

Dear Kentucky Cancer Consortium Partners:

Below is the **July 11, 2012** issue of "Wednesday's Word", a KCC communication which relays recent state and national cancer control articles, resources, events and tools to you on a weekly basis, in a brief, easy-to-read format. You may read archived editions on our [website](#). If your organization has a cancer-related item for Wednesday's Word, or you know of someone who may benefit from receiving this communication, feel free to contact Katie Bathje at [kbathje@kycancerc.org](mailto:kbathje@kycancerc.org).

Sincerely, Kentucky Cancer Consortium Staff

**July 11, 2012**

### **Healthcare Reform**

- [HHS Secretary Sebelius Kathleen Sebelius | The Affordable Care Act: What's at stake for Kentucky residents](#) (7/10/12, Louisville Courier-Journal) As the House of Representatives votes on repealing the Affordable Care Act, it's easy to dismiss the effort as political theater. But for millions of Americans who rely on the law's benefits and protections, the devastating effects of repeal would be all too real. Here's what repeal would mean in concrete terms for families in Kentucky and across the country. Thanks to the law, all Americans with insurance are now protected from some of the insurance industry's worst abuses, like having their coverage canceled when they get sick just because they made a mistake on an application, or facing a lifetime dollar cap on their benefits. Already, 1,414,000 Kentucky residents, including 528,000 women and 362,000 children, are free from worrying about lifetime limits on coverage. For people like Judy, a nurse I met who's battling stage four breast cancer, these protections can be the difference between life and death. Judy has good insurance but her expensive radiation and chemotherapy treatments mean that without the law she'd likely hit her lifetime cap in just a few years. For Judy and millions more Americans, repeal would mean a return to knowing they could lose their coverage at any time. For tens of millions of Americans with health insurance, repeal would also mean paying more for preventive care. Under the law, 54 million people with private health insurance including 732,000 in Kentucky, can now get free preventive care like vaccinations, checkups and cancer screenings. Repeal would mean that hundreds of dollars in savings a year could disappear.
- **Supreme Court Ruling: Implications For The Field of Health Promotion** webinar with Paul Terry, Ph.D. **TOMORROW** Thursday, July 12, 2012 12:00 PM - 1:00 PM. Webinar Registration <https://www2.gotomeeting.com/register/360526314> The U.S. Supreme Court has ruled on the new health care law. What will the decision mean for employers and health promotion professionals? Join StayWell Health Management CEO Paul Terry, Ph.D., for a conversation on what's at stake. Learning Objectives for the webinar: Understand the U.S. Supreme Court ruling, including what's changed, what hasn't, and what, if anything,

might employers and health promotion program planners do differently based on the decision.

- [Obama's 4 major ACA hurdles to go](#) (Former Sen. Tom Daschle's (D-S.D.) opinion article, 7/8/12, Politico) Four major hurdles must still be overcome to avoid undermining the Affordable Care Act's future viability.
  1. First is legislative. Congress is going to be under great pressure to reduce budgetary outlays. Health care reform is likely to be a target of choice for everyone on Capitol Hill — and everywhere else. Insurance subsidies, Medicare and Medicaid, funding for pilot projects and further implementation of the law will all be candidates for budgetary review. Loss of adequate funding at this crucial juncture could seriously undermine the ability to move forward with many of the law's cornerstone elements. Every one of the ACA's timetables and goals is on the line.
  2. The second hurdle is the administrative and regulatory creation that must be implemented. Perhaps no administration has faced such immense challenges in implementing such a transformational law under such adverse political and legislative circumstances. There are insurance, payment and delivery reform components, with intricate interrelationships.
  3. The third hurdle is really 50 hurdles. This is the challenge of working with each state to move forward on full implementation of the law's federal-state partnership requirements. Especially in creating the state insurance exchanges. In addition, with the Supreme Court's decision to eliminate the Medicaid stick — the threat of the loss of all funding if expansion of the program is not implemented — the only option left for the administration is the carrot. Which means guaranteeing full funding of the expansion through 2017, and nearly full funding thereafter. The administration is going to have to determine what leverage it has to encourage states to participate. It must also decide what to do should states fail to comply or fail to meet minimum standards.
  4. The final hurdle may be the biggest — the political aspect. The president must be reelected for the ACA to survive. Former Massachusetts Gov. Mitt Romney has pledged to repeal the law on his first day as president. If elected, while he cannot do this single-handedly, he can virtually stop its implementation with executive orders. In addition, should the Republicans win control of the House and Senate, it is likely that a legislative repeal effort would be successful. Given that the law was passed using reconciliation rules in the Senate, only 51 votes would be needed for repeal.
- [HHS: Health law gave millions free preventive care](#) (The Hill, 7/10/12) Federal health officials announced that more than 16 million Medicare beneficiaries received free preventive care in the first six months of this year, as the administration continued its efforts to tout the Affordable Care Act to voters. "Millions of Americans are getting cancer screenings, mammograms and other preventive services for free thanks to the healthcare law," said Health and Human Services (HHS) Secretary Kathleen Sebelius, praising the president's signature domestic achievement in a statement Tuesday. "These new benefits, made possible through the healthcare law, are helping people stay healthy by giving them the tools they need to prevent health problems before they

happen." One such benefit is the law's Annual Wellness Visit for Medicare beneficiaries with a doctor of their choice.

The exam reviews patients' health and introduces "education and counseling about preventive services and other care," according to Healthcare.gov. HHS stated that 1.35 million seniors have used their visit this year so far. Other free preventive services include shots for pneumonia, hepatitis B and the flu, HIV screenings and help quitting smoking. A total of 32.5 million people in Medicare received one free preventive benefit or more last year, according to HHS. These seniors would have paid for some of the value of the service before the healthcare law was enacted.

### **Cervical Cancer**

- [HPV Vaccine Reducing Infections, Even Among Unvaccinated: Study](#) (7/9/12, HealthDay News) Even among unvaccinated girls and young women, the human papillomavirus vaccine is reducing infections of certain strains of the virus known to cause genital warts and cervical cancer, new research finds. The study is among the first to show signs that the human papillomavirus (HPV) vaccine not only prevents infections, but it can also promote herd protection -- a decrease in infections among the unimmunized thanks to lower rates of infections among other people in their community who might otherwise be transmitting the disease. The study involved two groups of women aged 13 to 26 who had already had sexual contact and who were seen at two primary-care clinics in Cincinnati, one of which was a teen health center. One group was seen at the clinic in 2006 or 2007, before the HPV vaccine, which protects against four strains of HPV, was widely available. The second group was seen in 2009 or 2010, after the vaccines were widely available. About 60 percent of the latter group had received the vaccine. Participants filled out a questionnaire with demographic information and information about their sexual activity, and were tested for 37 strains of HPV. The vaccine protects against four common strains of HPV that are known to cause warts or cancer. From 2006 to 2010, the prevalence of these four strains decreased by about 60 percent, from about 32 percent to 13 percent. Among the vaccinated, rates of HPV infection fell from 32 percent to 10 percent -- a 70 percent drop. Perhaps even more dramatic, rates of infection among the unvaccinated fell from 30 percent to 15 percent -- a 50 percent drop. Although encouraging, researchers noted, the findings may not be applicable nationally. Most participants in the study were low-income black women, many with Medicaid insurance, and all were drawn from two primary-care centers in the same city. The study, funded by the U.S. National Institutes of Health, is published online July 9 in the journal *Pediatrics*.
- 
- (reminder) Attention cancer control and prevention specialists! "The [Rural Cancer Prevention Center](#) is developing a new tool to assist you in your cancer prevention efforts, and we need your help! This project will develop a web-based tool that allows users to select customized photos, taglines, and applicable statistics in order to design targeted posters for cervical and breast cancer prevention efforts. We need your suggestions for catchy taglines to include in the website database. Some examples are "Cervical Cancer

Stops with You" and "Protect Your Health! Get a Pap Test Today!" Please email your ideas and suggestions to Margaret McGladrey, RCPC Administrator, at [margaret.mcgladrey@uky.edu](mailto:margaret.mcgladrey@uky.edu) . Once the website has been developed, we will send out another message inviting you to pilot test the website, and all pilot testers will receive free copies of the posters they create using this web-based tool!"

### **Clinical Trials Education**

- **The Education Network to Advance Cancer Clinical Trials (ENACCT)** is a non-profit organization seeking to increase cancer clinical trial participation and access to quality care for all cancer patients— especially those who are from underserved communities. This month they are conducting a national survey to better understand the needs and interests of our core constituency. As an organization dedicated to quality cancer care, you/ your partners have an important perspective that ENACCT needs to help shape its future programs and services. **Survey Link:** <https://www.surveymonkey.com/s/PRPXL7L> The results of this 10-15 minute survey will help the organization more effectively achieve their mission to improve access to cancer clinical trials through education and collaboration with communities, health care providers, and researchers.

### **Colon**

- *(reminder)* **Kentucky Colon Cancer Screening Funding Opportunity Announcement (FY 13)** The [Kentucky Colon Cancer Screening Program \(KCCSP\)](#) is looking for Local Health Departments who are currently working with community partners and would be interested in accepting Colon Cancer Screening funds. Guidance and a brief application packet for these funds was sent to the health departments on July 2, 2012. This grant program is designed to invest in projects that provide [Colorectal Cancer Fecal Immunochemical Test \(CRC FIT\)](#) and colonoscopy screening to uninsured persons. It will be necessary for local health departments to partner with other organizations including but not limited to FQHC's, community health centers, Kentucky Cancer Program, etc. Contact your local health department if you would like to partner with them on this project or for more information, contact Janet Luttrell, KY Colon Cancer Screening Program Manager, at [Janet.luttrell@ky.gov](mailto:Janet.luttrell@ky.gov) or 502-564-7996 x-4064.
- *(reminder)* The [Colon Cancer Prevention Project](#) is having its 7<sup>th</sup> Annual Walk Away from Colon Cancer & 5K Run on Saturday, Aug. 25 at Iroquois Park in Louisville, Ky. Team and Individual registration is now available at [www.c2p2ky.org](http://www.c2p2ky.org). All proceeds go to the Project's mission of ending preventable colon cancer death and suffering by increasing screening rates. Registration is \$20 in advance; \$25 the day of. University of Louisville President James Ramsey, whose sister is battling colon cancer, is the 2012 Honorary Chair.
- *(reminder)* The [Colon Cancer Prevention Project](#) is also accepting nominations for its Board of Directors. Board members serve a two-year term and meet the first Monday of each month

at 6:30 p.m. at the Project's offices in Louisville. For more information or to nominate someone, contact Andrea Shepherd, [ashepherd@c2p2ky.org](mailto:ashepherd@c2p2ky.org) or 502-290-0288.

### **Evidenced Based Practices**

- (reminder) The [Guide to Community Preventive Services](#) recently **updated their recommendations regarding interventions effectiveness at increasing breast and colon cancer screening**. Group education to increase breast cancer screening is now recommended on the basis of sufficient evidence of effectiveness (previously, insufficient evidence to determine effectiveness had been found); one-on-one education to increase colorectal cancer screening is now recommended on the basis of sufficient evidence of effectiveness (previously, insufficient evidence to determine effectiveness had been found); and client reminders to increase colorectal cancer screening are now recommended on the basis of strong evidence of effectiveness (previously, this intervention was recommended on the basis of sufficient evidence of effectiveness). Read more about the data behind these new recommended interventions in the following journal articles:
  - Sabatino SA, Lawrence B, Elder R, et al. Effectiveness of interventions to increase screening for breast, cervical, and colorectal cancers: nine updated systematic reviews for The Guide to Community Preventive Services. *Am J Prev Med* 2012;43(1):765-86.
  - Community Preventive Services Task Force. Updated recommendations for client- and provider-oriented interventions to increase breast, cervical, and colorectal cancer screening. *Am J Prev Med* 2012;43(1):760-4.

### **General**

- [No Dip in Cancer Screening for Rheumatoid Arthritis Patients](#) (7/10/12, HealthDay News) People with rheumatoid arthritis are routinely screened for breast, cervical and colon cancer, a new study found, contradicting previous reports that they receive fewer cancer screenings than people without the condition. The study, published July 10 in *Arthritis & Rheumatism*, showed that people with the rheumatoid arthritis, as well as those without the condition, were screened once every three years for cervical cancer. Both groups were also screened for breast cancer every two years. In conducting the study, the researchers used insurance claims to identify more than 13,000 patients with rheumatoid arthritis and more than 200,000 patients without the condition. They compared screening rates for breast, cervical and colon cancer between both groups. Among participants who were at least 50 years old, 12 percent of rheumatoid arthritis patients had at least one colonoscopy each year, compared with 10 percent of patients without arthritis. The researchers noted that women with rheumatoid arthritis were more likely to have an annual Pap smear, mammogram, fecal occult blood test and colonoscopy than women who did not have the disease. Men with the condition were also more likely to have a colonoscopy than other men. The researchers pointed out that preventive health care is critical for patients with chronic diseases, such as rheumatoid arthritis. They noted however, that the study was limited to patients with health insurance.

- (reminder) **Resource for Vietnamese Americans in Louisville** [Boat People SOS \(BPSOS\)](#) is a national community-based organization whose mission is to assist Vietnamese refugees and immigrants in their search for a life in liberty and dignity. Since 1980, one in 10 Vietnamese Americans has received assistance from BPSOS while still in Vietnam, on the high seas, in a refugee camp, or after arriving in the United States. BPSOS provides a web of services to support individuals, families, and communities. BPSOS maintains an office in Louisville, and is the only Vietnamese-American service agency in Kentucky. **BPSOS proudly serves some 7,000 community members in the Louisville area, and is eagerly looking for new community partners in their cancer control efforts surrounding lung, cervical, prostate and liver cancers.** BPSOS Louisville's Health Awareness and Prevention (HAPP) Program, looks to help new immigrants access health information and services by informing and empowering them to take health prevention into their own hands -- and for many, even become a health advocate among their peers in the community. For more information, contact Tranh Nguyen, MPH, National Health Awareness & Prevention Program Manager at [tranh.nguyen@bpsos.org](mailto:tranh.nguyen@bpsos.org).
- 
- (reminder) **No Wrong Door: Integrating Care for Better Health.** Please join the Foundation for a Healthy Kentucky on September 17th, 8am to 3pm EST at the Embassy Suites in Lexington, Kentucky for the Howard L. Bost Memorial Health Policy Forum. This year's Bost Forum will focus on integrating behavioral and medical care to achieve better health outcomes, improve quality of care, and lower health care costs. Civic leaders, medical health and behavioral health providers, public officials, public health professionals, business owners and executives, policymakers, faith-based leaders, researchers, and academics; individuals and community groups, coalitions, and advocates from across the Commonwealth. There is no charge to attend. Full online registration will be available in July at [www.healthy-ky.org](http://www.healthy-ky.org). To reserve a seat prior to the general registration, please contact Katie Ellis at [kellis@healthy-ky.org](mailto:kellis@healthy-ky.org) or toll-free 877-326-2583.

## Grants

- Exciting new funding opportunity for tobacco cessation: **The Smoking Cessation Leadership Center (SCLC)** at the University of California in San Francisco and the Pfizer Medical Education Group (MEG) are collaborating to offer a new grant opportunity focused on smoking cessation. Funding is available for healthcare quality improvement and education projects. The goal is to increase the number of people who stop smoking by improving the frequency and effectiveness of smoking cessation interventions (e.g., counseling and/or FDA-approved pharmacotherapy) provided by health professionals. **Grant support is available to individual hospitals or hospital networks** for education and quality improvement programs that include implementation of and goals around the achievement of updated Joint Commission smoking cessation performance measures. Collectively, up to \$2 million is available for award. The full text of the RFP can be found [HERE](#). **All applicants MUST submit a Letter of Intent by: 08/01/2012 at 5:00PM PDT.**
-

- HHS announces the availability of approximately \$32 million to improve the health of Americans through two Racial and Ethnic Approaches to Community Health (**REACH**) initiatives. These funding opportunity announcements (FOAs) are designed to support comprehensive programs that address health disparities in racial and ethnic groups. Building on past accomplishments, the **REACH** FOA (approximately \$20 million) will fund approximately six to ten organizations to implement sustainable practice- and evidence-based strategies impacting health disparities. Applicants should be able to demonstrate national or multi-state reach through local partnerships or program activities. At least 75 percent of the funds awarded through this FOA will be disseminated to local partners. Awardees may choose to implement strategies that address disparities in cardiovascular disease, diabetes, **breast and cervical cancer**, infant mortality, asthma, or child and adult immunization. **Deadline for application is August 7, 2012.** The FOA, titled PPHF 2012: REACH: Racial and Ethnic Approaches to Community Health financed solely by 2012 Prevention and Public Health Funds, may be found at [www.Grants.gov](http://www.Grants.gov) by searching for funding opportunity number CDC-RFA-DP12-1209PPHF12 or by accessing (<http://www.grants.gov/search/search.do;jsessionid=Q2s4PjllJLpxY65TL0mG6P0nc0QGG82YnGScnHwBNYvLcdVVN3!477727685?oppld=178673&mode=VIEW>).

### Palliative Care

- [In the end, it may not be about medicine](#) (7/9/12, Reuters Health) For cancer patients, a good death may have more to do with simple human values than with the latest medical treatments, a new study suggests. People who got treatment at intensive care units (ICU) or died in the hospital, for example, were more nervous and burdened by their symptoms in the week before they died than were other patients. By contrast, those who prayed or meditated, were visited by a pastor or had a good rapport with their doctor had a higher quality of life, as judged by family members or another caregiver. "The good news is that these are modifiable factors and not hugely expensive," say researchers. The new work adds to a growing body of evidence suggesting that potent drugs and aggressive medical care may end up doing more harm than good for patients with only months left to live. And it's the first study to take a stab at what makes for a good death - or, as the researchers say, the highest quality of life at the end of life. Researchers used data from a government-funded study called Coping With Cancer, which followed nearly 400 terminally ill cancer patients from across the U.S. The patients were interviewed when they entered the study and they also completed a questionnaire about their relationship with their physician - including whether they trusted their doctors and felt they were being treated as a whole person. Their caregivers also were interviewed at the outset and again after the death of the patient - on average four months after enrolment in the study.

### Research

- (reminder) [ACS's Cancer Prevention Study](#) American Cancer Society's research study called Cancer Prevention Study-3 (CPS-3) will help researchers better understand the genetic, environmental and lifestyle factors that cause or prevent cancer, which will ultimately save lives. The study is open to anyone who is between 30 and 65 years old; Has never been diagnosed with cancer (not including basal or squamous cell skin cancer); and is willing to make a long-term commitment to the study, which involves completing periodic follow-up surveys at home. Enrollment is free and will take place at various locations throughout Lexington and Louisville from August 7-11, 2012. To schedule your appointment, [find the enrollment location](#) most convenient for you and click on the name of the location. Help us to spread the word about Cancer Prevention Study-3. Post a Facebook status update or tweet the following link on Twitter: *If you could do something to prevent cancer would you? Fight cancer by participating in the ACS Cancer Prevention Study-3.* <http://www.cps3kentucky.org> For more information, visit [cancer.org/cps3](http://cancer.org/cps3) or call toll free at 1-888-604-5888.
- 
- (reminder) [UK researchers seek working women with breast cancer for study](#) How do breast cancer patients survive issues outside of their illness? That is the premise behind a pilot study being conducted by Jennifer Swanberg, executive director of the Institute for Workplace Innovation, and Robin Vanderpool, assistant professor in the University of Kentucky College of Public Health. "We are trying to understand how women who have been diagnosed and who work lower-paying jobs, how they navigate," Swanberg said. "We are interested in learning how employment circumstances may facilitate or inhibit the treatment process." The researchers want to speak with 20 to 40 women, 18 to 65 years old, who were diagnosed with breast cancer for the first time in the past three years. The women must have hourly-wage jobs, working at least 30 hours a week and earning \$15 an hour or less. The women will be given a brief survey and then be interviewed by phone for about an hour. Participants will be compensated for their time. "We know women want to tell their stories, and we are here to listen," Vanderpool said.

## Resources

- The following **National Cancer Institute Fact Sheets have been recently updated:**
  - [Cell Phones and Cancer Risk](#) Outlines the available evidence regarding the use of cellular/mobile telephones and cancer risk. (Fact Sheet 3.72)
  - [Targeted Cancer Therapies](#) Describes targeted cancer therapies, which are drugs that block the growth and spread of cancer by interfering with specific molecules involved in carcinogenesis and tumor growth. (Fact Sheet 7.49)
  - [Cruciferous Vegetables and Cancer Prevention](#) A fact sheet that summarizes the results of studies about cruciferous vegetables and cancer. It includes a list of cruciferous vegetables and outlines dietary recommendations for vegetables. (Fact Sheet 4.31)
- 
- CDC's [Guide to Writing for Social Media](#) is a comprehensive 58- page guide developed for social media novices but intermediate social media professional may find it useful also. The Guide provides helpful information, examples and exercises to help you write more

effectively for Facebook, Twitter and mobile texting. This is a perfect complement to CDC's previous released [Health Communicator's Social Media Toolkit](#).

### **Smoking Cessation**

- [Smoking Linked to Memory Loss in Men](#) (alzinfo.org) Men who smoke are more likely to have faster declines in memory as they age than their nonsmoking peers, a new study reports. After 10 years of quitting, the men who had stopped smoking had no more rapid loss of memory than men who had never smoked. The study, from the *Archives of General Psychiatry*, adds to a growing body of research showing that smoking has detrimental effects not just on the lungs or heart but on the brain as well. For the study, British researchers studied the links between smoking history and cognitive decline among more than 5,000 men, and 2,000 women who were, on average, in their mid 50s when the study started. Over the next 10 years, they were given tests to measure memory and thinking skills. They also completed detailed questionnaires about their smoking habits during the previous 25 years. The researchers found that men who smoked tended to have faster cognitive decline than men who did not. Men who continued to smoke during the study period showed the fastest decline in memory and thinking skills. Men who had quit smoking at least 10 years earlier tended to score lower on cognitive tests than men who had never smoked. But they did not show faster rates of decline.
- [The economics of cigarette taxes](#) (7/10/12, The Washington Post Wonkblog) The Congressional Budget Office recently took a look at how cigarette taxes affect the federal budget. It found that a 50-cent cigarette tax hike would save the government money as Americans got healthier, but nearly all of that new revenue would get wiped out as people started living longer. If cigarette taxes went up there would—perhaps unsurprisingly—be fewer smokers. Demand for cigarettes tends to be relatively elastic and responsive to price, especially among younger smokers. The CBO estimates that 4.3 percent fewer 18- to 24-year-olds would smoke by 2021 if a 50-cent tax hike were added today. Health care costs would drop as government programs would see fewer tobacco-related diseases. Reduced health care spending would, in the short term, reduce the deficit. Gains in health care would soon be followed by gains in longevity. And when Americans live longer, the government pays out more benefits through programs like Medicare and Social Security. By 2025, the lower smoking rate ends up increasing government health care spending. That, however, is only part of the story: The cigarette tax also would be bringing in additional revenue, both from the tax itself, as well as taxes on workers' earnings. (If longevity increases, the thinking goes, so does the time that workers remain in the labor force). Factor those two pieces in, and the CBO projects that an increased tobacco tax would end lowering the deficit by a pretty tiny amount. The deficit, as illustrated above, would ultimately be expected to decrease by 0.015 percent of Gross Domestic Product in 2085—what the CBO describes as a “fairly small” change to government spending.

