

Dear Kentucky Cancer Consortium Partners:

KCC is pleased to provide you with a link to the [September 19, 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. News topics in this issue include:

- Colorectal Cancer
- General
- Grant reminders
- Health Disparities workshop
- Health Information Technology
- Lung Cancer Screening
- Palliative Care
- Cancer Patient Navigators' forum
- Prevention/Genetics/Causes
- Smoke-free
- Smoking Cessation
- Survivorship
- Survivorship Events
- Worksite Wellness

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

**September 19, 2012**

### **Colorectal Cancer**

- *(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. 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. **Deadline for submissions is this Monday, September 24, 2012.**

### **General**

- *(reminder)* **Save The Dates!** Please help us disseminate the information below concerning **Webinars coordinated through HealthCare Excel (HCE)**. If you would like more information

on webinars such as these or other free tools and resources, please contact the HCE Population Health team at [nsemrau@kygio.sdps.org](mailto:nsemrau@kygio.sdps.org) or (502) 454-5112 x2242. All webinar times are 12:30pm – 1pm ET. October 18<sup>th</sup>: Creating a Welcoming Environment (Breast & Cervical Cancer Screening) - Kris Paul, Kentucky Cancer Program; October 24<sup>th</sup> : Health Effects of Smoking - Bobbye Gray, KDPH Tobacco Prevention and Cessation Program; November 15<sup>th</sup> : Dangers of Secondhand Smoke - Bobbye Gray, ""

## Grants

- (reminder) The **National Cancer Institute (NCI)** is pleased to announce the release of a new funding opportunity, ***Examination of Survivorship Care Planning Efficacy and Impact*** [PA-12-275](#) (R01) and [PA-12-274](#) (R21). This funding initiative is intended to stimulate research evaluating the effects of care planning and organizational-level factors on physical and psychosocial health outcomes; self-management of late effects and adherence to screening and health behavior guidelines; utilization of follow-up care; and associated costs. The application deadlines are February 5 (R01) and February 16 (R21). Please distribute widely. Please contact Carly Parry ([carla.parry@nih.gov](mailto:carla.parry@nih.gov)) with inquiries on this funding opportunity and research on survivorship care planning in the [Division of Cancer Control and Population Sciences](#) at NCI.
- 
- (reminder) **Apply for a \$25,000 Rural Health Award.** Do you have an idea for improving health in rural communities? The Kate B. Reynolds Charitable Trust, based in North Carolina, recently announced the “Innovations in Rural Health Award” and is seeking ideas to address rural health care challenges. Three winners will receive a \$25,000 New Rural Award for their innovative and inspiring ideas. Any individual or organization from across the U.S. is welcome to apply. [Learn more about the Award and how to apply on the Trust’s website.](#) To learn more about the Kate B. Reynolds Charitable Trust, visit [www.kbr.org](http://www.kbr.org).

## Health Disparities

- [For US Hispanics, cancer top killer, not heart](#) (9/17/12, Lexington Herald Leader) Cancer is now the leading killer of Hispanics in the U.S. - the latest sign it's beginning to displace heart disease as the nation's top cause of death. The rest of the country may not be far behind, "probably in the next 10 years," said Rebecca Siegel of the American Cancer Society. She is the lead author of a study reporting the new findings. That may be a conservative estimate. Government health statisticians think cancer could overtake heart disease as the top U.S. killer as early as this year, or at least in the next two or three. The change is not exactly cause for alarm. Both cancer and heart disease death rates have been dropping for Hispanics and everyone else. It's just that heart disease deaths have fallen faster. For decades, heart disease has been the nation's leading cause of death. But cancer has been closing in on it. That's largely because of better heart disease treatments, including statin drugs that lower cholesterol. The reason cancer is already the biggest cause of death for Hispanics is likely because that population as a whole in the U.S. is younger than non-Hispanic whites and blacks. Many Hispanics are young immigrants, most of them from

Mexico. Cancer tends to kill people at younger ages than heart disease. The report is being published in the September/October issue of a cancer society publication, *CA: A Cancer Journal for Clinicians*. Cancer society researchers looked at federal death data for 2009 and found 29,935 U.S. Hispanics died of cancer, slightly more than the 29,611 who died of heart disease. It was the first year in which cancer deaths surpassed heart disease in that ethnic group. Hispanics are the largest and fastest growing major ethnic group, and include a large number of recent immigrants healthy enough to start a new life in another country. Cancer is also the leading cause of death for Asian-Americans and Pacific Islanders. And it is now the leading killer in 18 states, according to 2009 numbers from the Centers for Disease Control and Prevention.

- *(reminder)* **Kentucky Cancer Consortium to Host SESRCD's Professional Development Training Resource (PDTR) Workshop on Wednesday, November 7, 2012** from 9am – 4pm at Berry Hill Mansion in Frankfort, KY. Administered through the American Psychological Association, Office on Socioeconomic Status (OSES), The Socioeconomic Status Related Cancer Disparities (SESRCD) Program is a national initiative to build the capacity of community cancer-serving organizations to address health disparities in cancer through the adaptation and utilization of evidence-based cancer prevention and control efforts for socioeconomically disadvantaged populations. SESRCD maintains that irrespective of race, ethnicity, gender, age, disability or sexual orientation, socioeconomically disadvantaged communities are disproportionately affected by cancer and have lower survival rates than their more socioeconomically affluent counterparts. SESRCD's Professional Development Training Resource (PDTR) Workshop Titled, [\*Reducing Cancer Disparities and Promoting Health Equity among Socioeconomically Disadvantaged Populations\*](#), the full-day free SESRCD workshop provides participants with the information, tools and strategies required to act on, and advocate for, the initiation and/or improvement of cancer prevention and control efforts targeting socioeconomically disadvantaged populations. If a large proportion of your cancer services are to the socioeconomically disadvantaged (urban OR rural), please consider sending a representative from your organization to this important training! **Attendance is limited.** Registration is free, and lunch will be provided. To register, visit <http://sesrcdky2012.eventbrite.com/>

### **Health Information technology**

- [Telemedicine dermatology consultations change diagnoses and improve outcomes](#) (9/17/12, AHRQ.gov) Telemedicine services continue to mature as a way to provide patient care from a distance, especially for rural areas. Dermatology lends itself well to telemedicine, since skin conditions can be visibly seen on a screen. Recently, researchers compared teledermatology consults at a large academic medical center with diagnoses and treatment made initially by the referring physician. In the majority of instances, the telemedicine consultations resulted in changes in diagnosis and disease management. The study included 1,490 patients who received a teledermatology consultation from a large academic dermatology clinic. Of these, 313 had 2 or more telemedicine visits. All were referred by primary care providers from 31 facilities across California. Research assistants reviewed each patient's medical record to see if the teledermatology consultation resulted in a change in diagnosis, disease management, and clinical outcome. **A teledermatology consultation resulted in a change in diagnosis in 69.9 percent of cases.** The top change was from a diagnosis of skin infection to diagnosis of a primary inflammatory process. Other leading changes involved an incorrect primary care diagnosis of either a benign or malignant lesion. These telemedicine consultations also led either to the start of or discontinuation of therapy in 67.5 percent of cases. More than a quarter of cases (26.4 percent) resulted in various surgical and other treatment interventions. Overall 97.7 percent of consultations resulted in changes in disease management. In the group of 313 patients with two or more consultations, 215 of them (68.7 percent) experienced an improvement in clinical status after their teledermatology encounter. Those patients with a change in diagnosis had nearly two times greater odds of clinical improvement compared to those with no change. After the first consultation, each additional followup telemedicine visit was associated with double the odds of improvement in clinical outcomes. See "Impact of live interactive teledermatology on diagnosis, disease management, and clinical outcomes," in the January 2012 *Archives of Dermatology* 148(1), pp. 61-65.

### Lung Cancer

- **LECTURE: Garlove Lectureship on Wednesday, November 7, 2012, "Favorable Outcomes With CT-Based Lung Cancer Detection";** Discuss results of recent literature regarding benefits and risks of lung cancer screening. Identify challenges in implementing a multidisciplinary screening program for lung cancer. This free lecture will feature speaker James L. Mulshine, M.D.; Associate Provost for Research, Rush University Medicine Center; Acting Dean, Graduate College; Professor, Department of Internal Medicine; Rush University, Chicago, IL. 1.0 AMA PRA Category 1 Credit and 1.0 contact hour will be provided. The lecture will be held at The Olmsted, 3701 Frankfort Avenue, Louisville, KY 5:30p Information fair, registration and hors d'oeuvres; 6:30p Program. Registration required (502) 629-1234. option 2. See attached flyer for more information.

### Palliative Care

- **LECTURE: Palliative Care Related to Cancer Care (Nixon Lectureship), THIS Monday, September 24, 2012.** Location: The Olmsted, 3701 Frankfort Avenue, Louisville, KY. 5:30pm - Registration and hors d'oeuvres; 6:00pm – Program begins. Many people with cancer are treated for several years. Helping people with cancer live high-quality lives at every stage of their illness is the overall goal of palliative care. Palliative care is appropriate at any age and at any stage of cancer, and it can be provided along with treatments that are meant to cure. In this lecture, Dr. Bruera defines palliative care, describes the palliative care team and discusses end-of-life considerations. Target audience: physicians, nurse practitioners and nurses in the practice specialties of oncology, radiology, hematology, OB/GYN and primary care throughout the region. Interested patients and community members are always welcome. The speaker is Eduardo Bruera, M.D., FAAHPM; Dept. Chair, Dept. of Palliative Care and Rehabilitation Medicine; Division of Cancer Medicine; The Univ. of Texas, MD Anderson Cancer Center in Houston. Physician Education: 1.0 AMA PRA Category 1 Credit. Nurse Education: 1.0 contact hour. No cost. **Registration required (502) 629-1234. option 2.**
- **[Chronic Pain May Cost U.S. \\$635 Billion a Year](#)** (9/14/12, HealthDay News) -- Americans spend as much as \$635 billion each year on the direct and indirect costs associated with chronic pain, according to a new study. That's more than the annual costs associated with cancer, heart disease and diabetes, said study authors Darrell Gaskin and Patrick Richard, health economists at Johns Hopkins University. They based their estimate on health care costs and lost worker productivity associated with chronic pain. The researchers analyzed the 2008 Medical Expenditure Panel Survey to measure the incremental health care costs for people affected by chronic pain -- including pain that interferes with work, joint pain, arthritis and disabilities -- and compared them to costs for people without chronic pain. The study involved more than 20,200 U.S. adults. The costs of certain conditions were calculated for a variety of payers of health care services, the researchers noted. The study, published in the *Journal of Pain*, found average health care costs for adults were \$4,475. People suffering from moderate pain paid \$4,516 more in health care costs than those without pain, the researchers said. Patients with severe pain spent \$3,210 more than people with only moderate pain. Costs were also \$4,048 higher for those with joint pain, \$5,838 higher for people with arthritis and \$9,680 more for those with functional disabilities. When prevalence of pain conditions was assessed, moderate pain accounted for 10 percent, severe pain accounted for 11 percent and disability represented 12 percent. Estimates for joint pain and arthritis were higher. They accounted for 33 percent and 25 percent of prevalence estimates, respectively. The researchers noted that adults affected by chronic pain missed more workdays than people without pain. This affected their annual hours worked and hourly wages. The study concluded the total cost associated with pain in the United States was at least \$560 billion and possibly as high as \$635 billion, according to a release from the American Pain Society.

### Patient Navigation

- (reminder) **Inaugural Cancer Patient Navigators Fall Forum: Thursday, November 8<sup>th</sup> from 8:15am – 4pm at the University of Kentucky's Boone Center** in Lexington. Cancer patient

navigators offer individualized assistance to cancer patients, their families, and caregivers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care. Cancer patient navigation works with a patient from pre-diagnosis through all phases of the cancer experience, and is provided by professionals or peers in a variety of settings, both within and outside of the healthcare system, yet always in close collaboration with providers and the community. Due to the multi-modal nature of cancer patient navigation, as well as the field's recent and rapid growth, there has yet to be established a unified network of professionals in Kentucky. The Kentucky Cancer Consortium is coordinating a **one-day cancer patient navigation forum to provide a neutral venue for cancer patient navigation professionals from a variety of settings to gather** to share best practices, highlight helpful resources, network with like-minded colleagues, and consider development of a network for future collaborations. The day will include sessions such as: "Facilitators and Barriers to Successful Patient Navigation In Kentucky" with Fran Feltner; a Panel (to include Norton Cancer Institute, KY Pink Connection, ) discussing the Multiple Roles of Cancer Patient Navigators; a large group discussion regarding "What's Working" for KY's cancer patient navigators facilitated by Dr. Jennifer Redmond; and more! See attached save-the-date flyer. There is no registration fee. **Attendance is limited.** To reserve your seat at the Forum, e-mail Katie Bathje at [katie@kycancerc.org](mailto:katie@kycancerc.org) .

### Prevention/Genetics/Causes

- [Obesity Hits Rural Areas Harder Than Cities](#) (9/14/12, HealthDay News) -- Rural areas of the United States are affected by the obesity epidemic even more than urban centers, a new study finds. Researchers at the University of Florida said that nearly 40 percent of rural adults were obese (having a body mass index of 30 or higher) compared to 33 percent of people living in urban areas. Living in the country did *not* mean people got more exercise, the study found. Instead, people living in cities and those living in rural areas got about same amount of physical activity. The researchers noted however, that rural residents consumed a much higher percentage of their daily calories from fat. The findings add to those from prior studies that have shown that heavy meals and limited access to healthy foods are common in rural areas, the researchers said. In conducting the study, his team examined data on more than 7,300 people living in cities and 1,490 rural residents, using information from the 2005-2008 National Health and Nutrition Examination Survey, conducted by the National Center for Health Statistics. All of the participants were between 20 and 75 years old. The study revealed that a diet with a higher percentage of calories from fat was the biggest predictor of obesity and a major reason why obesity rates are higher in rural America than in U.S. cities. The researchers said that people in rural areas were also more likely to be obese if they were married or black. Meanwhile, city residents were more likely to be obese if they were older, black, had less education, were sedentary and consumed a higher percentage of calories from fat. The higher rate of obesity in rural areas was even evident among younger study participants, ranging in age from 20 to 39 years old. The researchers suggested this may be partly due to technology that has mechanized many traditional rural jobs, such as farming and logging. Efforts to fight obesity

in the United States should specifically target rural areas, where residents face more barriers to health care and are more likely to be affected by chronic disease and premature death, the researchers said. The study was published in the fall issue of the *Journal of Rural Health*.

- 
- [Shingles Not Linked to Increased Cancer Risk, Study States](#) (9/17/12, HealthDay News) People with herpes zoster, commonly known as shingles, are not at greater risk for cancer, according to a new Taiwanese study. In background information in the report, the researchers said the question of whether there was an increased risk of cancer after shingles diagnosis was "controversial." In their study, published in the Sept. 17 issue of the *Canadian Medical Association Journal*, the authors concluded that extensive cancer screening is unnecessary once people are diagnosed with shingles. "We found no overall increased risk of cancer among patients with herpes zoster compared with the general population, regardless of sex, age or years of follow-up," said study author Dr. Yi-Tsung Lin and colleagues in the infectious diseases division at Taipei Veterans General Hospital. The study involved nearly 36,000 people in Taiwan who recently had been diagnosed with shingles. After taking their other illnesses, such as diabetes and heart disease, into account, no increased risk of cancer was found in these patients, the study authors noted in a journal news release.
- 
- [Newer Rheumatoid Arthritis Drugs Don't Raise Cancer Risk: Study](#) (9/6/12, HealthDay News) A new review finds that rheumatoid arthritis medications known as biologics don't raise the risk of cancer, contrary to what some previous research has suggested. Rheumatoid arthritis affects an estimated 1 percent of the general population, with women three times more likely to have it. Different from age-related osteoarthritis, rheumatoid arthritis is debilitating autoimmune disorder that causes inflammation of the lining of the joints. Biologics work by targeting specific parts of the immune system involved in the inflammation process. Previous studies have raised questions about whether the drugs might boost the risk of cancer. The new study appears in the Sept. 5 issue of the *Journal of the American Medical Association*. The researchers, led by a researcher at the University of Texas M.D. Anderson Cancer Center, looked at 63 randomized controlled trials of the drugs that featured follow-up periods of at least 24 weeks. In total, the studies analyzed nearly 29,500 patients. The biologic medications are abatacept (Orencia), adalimumab (Humira), anakinra (Kineret), certolizumab (Cimzia), etanercept (Enbrel), golimumab (Simponi), infliximab (Remicade), rituximab (Rituxan), and tocilizumab (Actemra). The analysis didn't find any extra risk of cancer compared to other drugs for rheumatic arthritis or a placebo.
- 
- **Webinar on Social Determinants by Healthy People 2020! Education: A Key Social Determinant of Health, TOMORROW, September 20, 2012, 12–12:45 PM ET.** From infancy through old age, the conditions in the social and physical environments in which people are born, live, work, and age can have a significant influence on health outcomes. Addressing the social determinants of health is key to improving population health, eliminating health disparities, and meeting the overarching goals of Healthy People 2020. Join us on Thursday,

September 20 at 12 PM ET to find out how one program improved high school graduation rates using school-wide education strategies. This Webinar will be led by the HHS Deputy Assistant Secretary for Health, Dr. Don Wright, and will include a roundtable discussion on the importance of education as a tool for addressing the social determinants of health and improving the health of our Nation's young people. [Register today!](#)

- 
- *(reminder)* **Kentucky Youth Advocates is hosting the “Step Up for Kids” Conference at the Muhammad Ali Center in Louisville on Monday, October 8th.** During the day, we will explore ways you can help children in Kentucky grow up safe, healthy, and ready to succeed and highlight several Blueprint for Kentucky’s Children priorities. We will be welcoming national speakers from Georgetown’s Center for Children and Families and the Children’s Advocacy Institute at the University of San Diego. Michael Petit, from Every Child Matters, will also be joining us to discuss the importance of investing in kids. If you plan on attending, please let us know by signing up online at <http://2012stepupforkidsconf.eventbrite.com/>. Please encourage your colleagues and send this out to your networks to sign up as well. If you would like more information, check out our website <http://www.kyyouth.org/2012stepupforkidsconf.html> If you’d like to be a conference sponsor, you can find the form [here](#). You can also contact Andrea Bennett with any questions, at 502-895-8167 x127.

### **Smoke-free**

- [Secondhand Smoke Linked to Memory Problems](#) (9/14/12, HealthDay News) -- Regular exposure to secondhand smoke has a negative effect on brain function, according to a new British study that found people who live with or spend a significant amount of time with a smoker are damaging their memories. "Our findings suggest that the deficits associated with secondhand smoke exposure extend to everyday cognitive function." The researchers compared a group of smokers with two groups of nonsmokers. Participants in one nonsmoking group were exposed to secondhand smoke either at home or in a "smoking area" for an average of 25 hours a week for an average 4.5 years. Those in the other nonsmoking group were not routinely exposed to secondhand smoke. Study participants from all three groups took a time-based memory test, which required them to perform a task after a set period of time. They also had to recall planned activities in an event-based memory test, which focuses on memory for future intentions. Nonsmokers who were exposed to secondhand smoke forgot almost 20 percent more in the memory tests than the other nonsmoking group did, the study revealed. Smokers performed the worst of all on the memory tests. They forgot 30 percent more than those who were not exposed to secondhand smoke. The study was recently published online in the journal *Addiction*.
- 
- *(reminder)* [Smoke-Free Kentucky](#) is a coalition of organizations and individuals who support making all public and work places 100% smoke-free in order to protect citizens and workers from the proven dangers of secondhand smoke. Periodically Smoke-free Kentucky hosts teleconference calls to update coalition partners (individuals, businesses, community organizations) about what is happening with the Smoke-free Kentucky Campaign. **Upcoming**

**Smoke-free Kentucky Coalition call date:** Thursday, November 08, 2012 12:00 PM-1:00 PM.  
The call-in number is 877-366-0711 and participant passcode is 56658420.

### **Smoking Cessation**

- [\*\*Tax hike cuts tobacco consumption: Analysis finds 3 million fewer people smoked last year than in 2009\*\*](#) (9/14/12, USA TODAY) President Obama signed the tax hike — the biggest to take effect in his first term — on his 16th day in office, reversing two vetoes by President Bush. The federal cigarette tax jumped from 39 cents to \$1.01 per pack on April 1, 2009, to finance expanded health care for children. Since then, the change has brought in more than \$30 billion in new revenue, tax records show. Yet the tax hike and its repercussions remain mostly unknown to the non-smoking public. The tax increase's size and national reach lifted prices 22% overnight, more than all state and local tax hikes combined over the past decade when adjusted for inflation. Result: The tax hike has helped restart a long-term decline in smoking that had stalled in recent years. About 3 million fewer people smoked last year than in 2009, despite a larger population, according to surveys by the Centers for Disease Control and Prevention. The tax hits hardest on families who make less than \$50,000 a year and account for two-thirds of smokers. "The federal tax increase was the win-win that we thought it would be and the evidence shows that," says Danny McGoldrick, research vice president at the Campaign for Tobacco-Free Kids. Teen smoking immediately fell 10% to 13% when the tax hike took effect, says researcher Jidong Huang of the University of Illinois at Chicago. "High prices deter kids from picking up cigarettes," he says. Higher taxes aren't the only reason smoking has fallen dramatically among adults since the early 1980s and among teens since the mid-1990s. Health concerns, smoke-free buildings and marketing restrictions have played a role. Tobacco companies have raised their prices, too, making money off fewer customers. Taxes are the sledge hammer of anti-smoking efforts. The federal tax hike helped push tobacco use down to 18.9% in 2011, the lowest level on record, according to the CDC surveys. Even smokers who don't quit light up less. In the 1990s, one of every 20 high school students smoked 10 or more cigarettes a day. Today, one out of 71 students smoke that much.

### **Survivorship**

- [\*\*Quality-of-life program may help cancer patients\*\*](#) (9/14/12, Reuters Health) A therapy program focused on improving quality of life can help people being treated for advanced cancer, researchers from the Mayo Clinic in Rochester, Minnesota, have found. Patients who attended the sessions - a combination of physical and talk therapy, along with relaxation techniques and spiritual discussions - reported a stable quality of life during treatment, while cancer patients who didn't get the extra help declined on those measures. Researchers said that although such comprehensive programs might not be available at smaller cancer centers, doctors can still help patients seek out spiritual or emotional help, or encourage them to be more physically active. The researchers study involved 131 patients with advanced colon, brain and lung cancers, all of whom were diagnosed within the last year and being treated with radiation therapy. Patients were randomly assigned to

undergo six 90-minute sessions aimed at improving their physical, mental and spiritual quality of life or to be treated with standard medical care. Patients attended most of the sessions along with their primary caregiver. When researchers surveyed patients about their quality of life four weeks later, people who had gone through the program scored a 75 on a 0-to-100 scale, on average, compared to a 69 for the standard-care group. However, six months later - after a series of follow-up phone calls for the therapy group - cancer patients reported their quality of life at around 77 or 78, regardless of whether they'd gotten the extra support. The Mayo Clinic program didn't have any impact on how caregivers reported their own quality of life, the researchers wrote in the journal *Cancer*. At the end of the study, caregivers said they would have preferred a caregivers-only therapy group, as well as specific strategies on how they could improve their own quality of life.

- *(reminder)* **LLS is doing a needs assessment survey** to determine which of our services are most needed and which are not, as well as any new suggestions of needs that we can help with. Would you please forward to your peers? It will only take a few minutes and we want as many healthcare providers and constituents responses as possible. Please complete a brief online survey for [The Leukemia & Lymphoma Society \(LLS\)](http://www.RMEI.com/LLSsurvey) to tell us about your current services for blood cancer patients and your professional education needs. Visit [www.RMEI.com/LLSsurvey](http://www.RMEI.com/LLSsurvey) to complete the survey. All survey participants will be entered into a drawing to win a Kindle Fire! Questions? Please contact: Debby Phillips, Patient Services Manager, LLS Kentucky & Southern Indiana Chapter at [Deborah.Phillips@lls.org](mailto:Deborah.Phillips@lls.org)

### **Survivorship events**

- *(reminder)* The Gilda Street Dance, "Takin' It to the Street," is **Saturday, Sept. 29 from 5:30-8 p.m.** There will be a live string band and a caller for the country dancing on Rogers Street between Baxter Avenue and Bishop Street. The hip-and-happenin' food trucks will be there and the community is invited! No worries if you've never done "contra" dancing. . . The "regulars" will provide on-the-spot instructions to anyone who wants them. Bring your family, friends and neighbors!
- *(reminder)* Gilda's Club Louisville is looking for THE WRITE STUFF (because every story deserves to be heard). This is an essay contest for students in grades 6-12 who have a cancer connection. Essays will be judged in two categories: students who are cancer survivors and students who have a family member or friend who has or had cancer. Cash prizes up to \$500 will be given for winning entries, which must be **postmarked by October 1, 2012**. This year's theme, in keeping with the Gilda philosophy: "It's always something. This time it's cancer." Students must be a resident of Kentucky or of Clark, Floyd or Harrison counties in Indiana. For more information, contact Jennifer Beasley at [Jennifer@gildasclublouisville.org](mailto:Jennifer@gildasclublouisville.org) or at 502-583-0075.

### **Worksite Wellness**

- [Employers Use Carrots and Sticks to Promote Worker Health](#) (9/12/12, NY Times blog)  
Employers are using financial carrots and sticks to get workers to adopt healthy lifestyles, in an effort to improve well-being and lower health costs, a new report on employer health benefits finds. Nearly two-thirds (63 percent) of firms offering health benefits offer at least one wellness program to employees, like nutrition classes or programs that help people lose weight or stop smoking, according to the [2012 Employer Health Benefits](#) report from the Kaiser Family Foundation and the Health Research & Educational Trust. About a tenth offer some sort of financial incentive for participation, like smaller premium contributions, smaller deductibles, higher health-savings account contributions, gift cards, merchandise or even cash. More than a third of large firms (those with more than 200 employees) reported asking employees to complete risk health assessments. Those assessments include questions about the worker's medical history, health status and lifestyle. And of those firms, nearly two-thirds dangle financial incentives for them to do so, the study found. Eleven percent of firms that use health assessments said that workers with identified risk factors must complete a wellness program or face financial penalties, like higher insurance premiums, and 9 percent reward or penalize employees based on whether they meet "biometric" measures, like certain cholesterol levels or a target body-mass index. The findings were reported as part of an annual review of employer health benefits, which found that overall family health insurance premiums rose 4 percent in 2012, a relatively modest increase. The report is based on a survey of more than 2,000 human resources professionals at randomly selected firms, and was conducted for the foundation and the Health Research & Educational Trust in January through May of 2012.