Dear Kentucky Cancer Consortium Partners:

KCC is pleased to provide you with a link to the September 5, 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:

- Breast and Cervical Cancers
- Clinical Trials
- Colorectal Cancer
- General
- Grant reminders
- Health Disparities workshop
- Health Reform
- Palliative Care
- Cancer Patient Navigators' forum
- Prevention/Genetics/Causes
- Resources for your use
- Smoke-free
- Smoking Cessation
- Survivorship
- 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.

Sincerely, Kentucky Cancer Consortium Staff

September 5, 2012

Breast and Cervical Cancers

- Too Few Girls Get HPV Vaccine Against Cancer: CDC (8/30/12, HealthDay News) Parents and doctors can do more to protect girls from cancers caused by the human papillomavirus (HPV), say U.S. health officials who are concerned by lagging HPV vaccination rates among females. Last year, significantly more U.S. teens were vaccinated against meningitis and whooping cough (pertussis) than in 2010, while increases for the HPV vaccine were far less significant, according to researchers at the U.S. Centers for Disease Control and Prevention (CDC). Almost all cases of cervical and anal cancer are caused by the sexually transmitted human papillomavirus. The proportion of teenage girls protected by all three HPV shots ranges from about 57 percent in Rhode Island to less than 16 percent in Arkansas, according to the report, published in the Aug. 31 issue of the CDC's *Morbidity and Mortality Weekly*

Report. Coverage in the South is lower compared to the West and Northeast, the report noted. "Stronger health-care provider recommendations for HPV vaccination, implementation of reminder/recall systems, elimination of missed opportunities for vaccination, and education of parents of adolescents regarding the risk for HPV infection and the benefits of vaccination are needed to protect adolescents from HPV-related cancers," Dr. Christina Dorell and her CDC colleagues wrote. Using data from the National Immunization Survey-Teen to assess vaccination coverage among 13- to 17-year-olds, the researchers found that from 2010 to 2011, vaccination coverage for tetanus, diphtheria, acellular pertussis (Tdap) at age 10 or older jumped from about 69 percent to about 78 percent. The rate for meningitis coverage also rose during that time, from about 63 percent to 71 percent getting one or both recommended doses. But the proportion of teenage girls getting one or more dose of HPV vaccine rose only from about 49 percent to 53 percent, and the proportion getting all three doses grew from 32 percent to less than 35 percent.

-
- **Breast Cancer Drug May Harm the Heart More Than Thought** (8/30/12, HealthDay News) Women with breast cancer who are treated with the cancer drug Herceptin may have more long-term cardiac problems than experts have thought, new research suggests. It has been known that women treated with anti-cancer drugs known as anthracyclines and Herceptin (trastuzumab) are at higher risk for heart failure and cardiomyopathy, a weakening of the heart muscle. But, that information on risks has come primarily from clinical trials, which typically exclude women aged 70 and older and those with co-existing chronic diseases, so it doesn't necessarily give a real-world picture, the researchers noted. "The risk of heart failure associated with these drugs might be higher than what has been shown in clinical trials," explained study author Erin Aiello Bowles, an epidemiologist at Group Health Research Institute, in Seattle. Her report is published online Aug. 30 in the *Journal of the National Cancer Institute*. Bowles and her colleagues evaluated 12,500 women diagnosed with invasive breast cancer from 1999 through 2007 in eight different health systems. The patients' average age was 60. The follow-up time ranged from more than two years to nearly seven. The risk of heart failure was 1.4 times higher in those treated only with an anthracycline at the five-year mark. That was about the same increase as those treated with other types of cancer drugs. However, those on Herceptin alone had more than four times the risk of heart problems compared to those who did not take the medication, the study stated. And, the biggest increase in risk was seen in those on both anthracyclines and Herceptin. Those patients showed a sevenfold increased risk at the five-year mark, the researchers said. The increased risk reported in clinical trials has been 2 percent with anthracyclines and 4 percent with anthracyclines and Herceptin.

- *(reminder)* The Kentucky Breast Cancer Coalition and the Kentucky Women's Cancer Screening Program are joining to sponsor their annual Fall Conference "Build the Vision", highlighting breast and cervical cancer. The conference starts on **Tuesday, September 18,** with a Survivor's Reception at 5:30 pm at the Embassy Suites in Lexington. There will be food and live music (Downtown Country Band). Former Secretary of State Elaine Walker, breast cancer survivor, will be our guest. Five breast cancer survivors will be honored. On **Wednesday, September 19**, the conference begins at 9:00 am at the Embassy Suites in

Lexington with Building the Vision of screening and treatment for all women of Kentucky. Don't miss this informative conference! To register, visit: www.kybcc.org .

Clinical Trials

- **Enhancing Access to Cancer Clinical Trials (ENACCT): What will it take?** ENACCT's Policy Webinar Series aims to raise awareness and enhance understanding of significant policy issues impacting cancer clinical trial accrual. Through this series, ENACCT will continue its advocacy for system changes to facilitate: a) all cancer patients being screened for available cancer clinical trials; b) all-trial eligible patients being approached by the oncologist, and c) all trial- eligible patients interested in participation being successfully enrolled-regardless of language, literacy level or trial-related costs. The next webinars in the series are scheduled for: this **upcoming Monday, September 10, 2012; 3:00pm ET**; *How Institutional Billing Practices can Enhance or Hinder Clinical Trial Participation* and October 23, 2012; 1:00pm ET; *Using a Quality Improvement Framework to Increase Cancer Clinical Trial Accrual: Lessons Learned.* REGISTRATION IS REQUIRED! Register early as space is limited

Colorectal Cancer

- **Kentucky participating in CDC's Survey of Endoscopic Capacity** In 2011 and 2012, CDC is reassessing the national, state, tribal, and territorial colorectal screening and diagnostic follow-up capacity in a study (SECAP II). KENTUCKY will be one of 14 states/tribes/territories participating in this assessment. This is Part II of a study begun in 2005. Given the growth in the size of the U.S. population over 50 years of age and the increased use of colonoscopy as a CRC screening test, it is important to provide a more up-to-date capacity assessment. This new data may inform an anticipated increase in the proportion of the population receiving CRC screening as a result of the Affordable Care Act's no-cost sharing preventive services provision. NOTE: Facilities performing lower endoscopy in your area may be selected to complete a survey as either part of the randomly selected national sample or as part of a census in participating states/tribes/territories. The contracted survey agency, Battelle, will first telephone endoscopic facilities, and then send a survey packet via Fed Ex. Please encourage endoscopists in your area to complete the survey if they receive one! SECAP I response rates exceeded 80%, and CDC hopes to achieve a similar response rate with SECAP II.
-
- *(reminder)* **WEBINAR:** Bridging Research and Reality: Practice-based Evidence & Evidence-based Practice**; this upcoming** Tuesday, **September 11, 2012**, 1:00 p.m. – 2:00 p.m. ET. The National Cancer Institute's (NCI) Research to Reality (R2R) September cyber-seminar will explore the need for—and the advances in—practice-based evidence and discuss the opportunities and future directions for the field. Dr. Michael Potter will provide an overview of colorectal cancer screening programs, FLU-FOBT/FLU-FIT, which use approaches grounded in evidence but that are also applicable to real-world settings. **The FLU-FIT and FLU-FOBT programs allow health care providers to increase access to colorectal cancer screening by offering home tests to patients at the time of their annual flu shots.** Learn

how you might use these principles in your own research or community-based setting to address the health needs of your population. Register today at https://researchtoreality.cancer.gov/cyber-seminars.

-
- *(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 or 502-564-7996 x-4064. Deadline for submissions is 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@kyqio.sdps.org or (502) 454-5112 x2242. All webinar times are 12:30pm – 1pm ET. October 18th: Creating a Welcoming Environment (Breast & Cervical Cancer Screening) - Kris Paul, Kentucky Cancer Program; October 24th : Health Effects of Smoking - Bobbye Gray, KDPH Tobacco Prevention and Cessation Program; November 15th : Dangers of Secondhand Smoke - Bobbye Gray, ""
-
- *(reminder)* **Bost Forum Addressing Integrated Care for Better Health** Please join the Foundation for a Healthy Kentucky for the 2012 Annual Howard L. Bost Memorial Health Policy Forum, No Wrong Door: Integrating Care for Better Health, to be held on **Monday, September 17, 2012 from 9:00 am - 3:00 pm EDT** at the Embassy Suites in Lexington. **Register for the Forum online here.** Join us for an exciting day of presentations and dialogue around a key health policy issue in Kentucky. Costs of the Forum are fully underwritten by the Foundation for a Healthy Kentucky - there is no charge to attend.

Grants

- 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) with inquiries on this funding opportunity and research on survivorship care planning in the Division of Cancer Control and Population Sciences at NCI.

-
- **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.
-
- *(reminder)* Health Impact Project Releases Call for Proposals Health Impact Project: Advancing Smarter Policies for Healthier Communities Program Grants Brief Proposal Deadline: September 14, 2012 3 p.m. PT. Demonstration Project Grants Proposal Deadline: September 28, 2012 3 p.m. PT. Health Impact Project: Advancing Smarter Policies for Healthier Communities, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, encourages the use of health impact assessments (HIA) to help decision-makers identify the potential health effects of proposed policies, projects, and programs, and make recommendations that enhance their health benefits and minimize their adverse effects and any associated costs. This call for proposals supports two types of initiatives: 1) HIA demonstration projects that inform a specific decision and help to build the case for the value of HIA; and 2) HIA program grants to enable organizations with previous HIA experience to conduct HIAs and develop sustainable, self-supporting HIA programs at the local, state, or tribal level. More details and how to apply.

Health Disparities

- *(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 reserve your seat, contact Katie Bathje at kbathje@kycancerc.org

Health Reform

- **Are Medicare's New Quality Incentives Large Enough To Change Hospital Behavior? (**9/4/12, Kaiser Health News) With Medicare poised next month to give bonuses and penalties to hospitals based on how they ranked in quality standards, a number of health policy experts are questioning whether the amounts of money at stake are large enough to make a difference. In October, Medicare will begin withholding 1 percent of hospitals' reimbursements under the new Value-Based Purchasing program created by the health care law. The money, $850 million in the first year, will instead be doled out to hospitals based on how well they score on patient experience surveys and whether they followed a number of basic clinical guidelines in providing care. Hospitals can earn back the amount they gave up and, if they performed better than most, get even more. The health law directed that the amount of money at stake rises incrementally to 2 percent of reimbursements by October 2016. Close to 3,000 hospitals will be part of the program. The program is part of a major shift for Medicare, which historically has paid hospitals and doctors based on the nature of services they provided to patients without taking into account how good a job they did. Medicare has already launched several trial programs that are intended to reward hospitals based on performance, but those are voluntary; the value-based purchasing program is the first one that will be applied to nearly all acute care hospitals regardless of whether they want to participate. It kicks in at the same time that 2,211 hospitals will also begin losing money because of high readmission rates, another program created in the health law. In an article published Tuesday in the policy journal Health Affairs, Rachel Werner, a professor at the U Penn, and R. Adams Dudley, a professor at the UC San Francisco, modeled the program as if it had been in place in 2009. They found that most hospitals would have come close to breaking even; only 71 hospitals, or 2.4 percent of the total, would have earned bonuses of more than half a percent above the break-even point. The average bonus would have been $55,381. They also estimated that only 90 hospitals, or 2.4 percent, would have lost more than half a percent below what they would have received prior to the program. The average loss for those hospitals would have been $125,000. Werner said in an interview that as the program increases the maximum size of the bonuses to penalties to 2 percent, "even that size of incentive for most hospitals doesn't translate into a very big change in base revenue."

Palliative Care

- **California Pilot Program for Pediatric Palliative Care Shows Success** (8/31/12, CAPC.org) A ground-breaking research study initiated by CHPCC and funded by the California HealthCare

Foundation (CHCF) has found that Partners for Children (PFC), a Medi-Cal pediatric palliative care pilot program, is improving outcomes for children and their families, and is confirming to be highly cost effective. Data demonstrates savings of $1,677 per child per month - an 11% decrease in overall spending. More importantly, families report that the services are significantly improving quality of life. The authors found that the PFC program was successful in reducing the average number of days a child spent in the hospital by 32% through the provision of less-costly, supportive community and home-based services, such as in-home pain and symptom management, a 24/7 nurse line, family education, respite, expressive therapies and family counseling. A survey of 33 families participating in the program showed a decrease in the reported frequency of sleeping difficulties, feeling nervous or tense, and feeling worried. Families also reported an increase in the frequency of feeling confident in their ability to care for the child. Read the UCLA Policy Brief on the Program.

- **Palliative Care in Hospitals Continues Rapid growth Trend for 11th Straight Year, According to Latest Analysis** (9/5/12, CAPC.org) Palliative care in U.S. hospitals has increased for the 11th consecutive year, according to a new analysis released today by the Center to Advance Palliative Care (CAPC). The number of hospitals with a palliative care team increased from 658 (24.5%) to 1,635 (65.7%)—a steady 148.5% increase from 2000-2010. The steady growth of palliative care has been primarily in response to the increasing number and needs of Americans living with serious and chronic illness. Also contributing to the rise of palliative care are the overwhelming caregiving burdens faced by patients' families. Palliative care addresses these challenges through a strong partnership of patient, family and palliative care team. "Palliative care teams are transforming the care of serious illness in this country because they address a fragmented healthcare system and put control and choice back in the hands of the patient and family," said Diane E. Meier, MD, director of the non-profit Center to Advance Palliative Care. "Hospitals today recognize that palliative care is the key to delivering better quality and better coordinated care to our sickest and most vulnerable patients." Key Findings:
    - Large hospitals are more likely to have a team. (87.9% of hospitals with 300 or more beds have a team compared to 56.5% of hospitals with 50-299 beds.)
    - The Northeast and South show the greatest growth.
    - The Northeast has the greatest growth and the highest prevalence. (75.8% of hospitals in 2010 compared to 73% in 2009.)
    - The South shows some growth, but still has the lowest prevalence. (52.7% of hospitals in 2010 compared to 51% in 2009.)

Patient Navigation

- *(reminder)* **Inaugural Cancer Patient Navigators Fall Forum: Thursday, November 8th 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 kbathje@kycancerc.org .

Prevention/Genetics/Causes

- **Less chronic disease in store for fit 50-year-olds** (8/27/12, Reuters Health) Fit 50-year-olds are less likely to get chronic diseases as they age than are couch potatoes, according to a new U.S. study. It may seem like a no-brainer, but the study helps fine-tune our understanding of the link between fitness and healthy aging, researchers say. "It has been known for decades that if you are more fit, you live longer," Dr. Jarett Berry at the University of Texas Southwestern Medical Center, Dallas, told Reuters Health. "But it has not been clear that you have a higher quality of life, that you age better." It's possible that fit people just delay the onset of chronic illness, for instance, and end up being sick just as long as their weaker peers. But that doesn't appear to be the case, according to the new research, published in the Archives of Internal Medicine. "We see truly reduced chronic disease, rather than just delaying the inevitable," said Berry, who led the work. He and his colleagues studied more than 18,600 healthy men and women, who had done a treadmill test sometime around age 50 to measure their cardiorespiratory fitness. Using Medicare claims data spanning an average of 26 years, the researchers then linked the treadmill results to the rate of eight chronic conditions, including heart disease, diabetes, Alzheimer's disease and colon cancer. Among men in the lowest fifth of fitness scores, the rate of chronic disease was 28 percent per year. By contrast, the rate was only 16 percent per year among the top fifth. For women, the numbers were 20 percent per year versus 11 percent, respectively. The findings don't prove that exercising more cuts the risk of chronic disease, because it could be that people with a lot of physical activity also eat healthier foods - something the researchers didn't take into account (they did account for smoking, alcohol use, obesity, blood pressure and cholesterol levels).

-
- Kentucky ranks third among the states in child obesity, a problem that has a broad scope and deep roots *(first in a series)* (8/31/12, Kentucky Health News) At every Girl Scouts meeting, Christmas concert, soccer field and swimming pool in Kentucky lies a trend that is easy to spot. It doesn't have to do with the Toms on the children's feet or the feathers affixed to their hair. It's the fact that every third child in Kentucky is overweight, and many of them are obese. As they stand in front of the crowd or struggle to swim to the other side, the problem is plain. Its consequences are not so plan, but are far-reaching. Kentucky has the third-highest childhood obesity rate in the country and the seventh-highest rate in adult obesity, Trust for America's Health's "F as in Fat" report shows. Sixty percent of Kentucky women and 80 percent of men living the state are either overweight or obese. Read the entire article here.
-
- **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. We hope you can make it to the 2012 Step Up for Kids Conference: Invest in Kids, Grow our Future. 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.
-
- **Scientists Find Links Among Parkinson's, Cancer and Family History** (9/4/12, HealthDay News) People with Parkinson's disease and their relatives may be at increased risk for prostate cancer and melanoma, and people with those cancers may be at increased risk for Parkinson's, a new study suggests. University of Utah researchers estimated the risks for cancer among nearly 3,000 people in Utah who died of Parkinson's disease between 1904 and 2008, and in their relatives. They also analyzed data from the Utah Cancer Registry on more than 100,000 people diagnosed with cancer. The study was published online Sept. 3 in the *Archives of Neurology*. The researchers found that men with Parkinson's disease and their male relatives had a significantly increased risk for prostate cancer. They also found that prostate cancer patients and their male relatives had a significantly increased risk for Parkinson's, according to a journal news release. The study also found that Parkinson's patients and their relatives had a significantly increased risk of melanoma, and that melanoma patients and their relatives had a significantly increased risk of Parkinson's. The findings suggest that there is a shared genetic risk for Parkinson's and certain cancers, according to Dr. Seth Kareus and colleagues.

Resources

- Millions of Americans use some form of complementary medicine. Like any decision concerning health, decisions about whether to use complementary therapies are important. The National Center for Complementary and Alternative Medicine (NCCAM) has developed an 8-page booklet entitled "Are You Considering Complementary Medicine?" to assist patients and families in their decision making about complementary practices and products.

Smoke-free

- **Update on Bullitt County from the KY Center for Smoke-free Policy:** On August 29th, the Kentucky Court of Appeals heard the court case brought by the Bullitt County Fiscal Court and cities in Bullitt County against the Bullitt County Board of Health. The panel of three judges heard from both sides in the case and will render a decision in 30-60 days. As background, the Bullitt County Board of Health adopted a comprehensive smoke-free workplace regulation in March 2011, but the Bullitt Fiscal Court and eight cities in Bullitt County asked the court to declare the regulation void and unlawful, which the court did in September 2011. The main question in the case was whether Bullitt County Board of Health had "exceeded its legislatively granted power and authority in the adoption of Regulation 10-01." Please contact the Kentucky Center for Smoke-free Policy with any questions you may have about the court ruling.
-
- All Kentucky employees enrolled in the Kentucky Employees Health Plan are eligible to receive NRT to assist with quitting tobacco. They will pay a $5.00 co-pay for each 2 week supply for NRT. To qualify for the benefit the tobacco user must enroll either with Quit Now Kentucky at 1-800-Quit Now or with a Cooper Clayton Class in their community. For questions please call 1-888-581-8834 or 1-502-564-6534. For More Information: http://personnel.ky.gov/dei/wellness/smokecess.htm

- **Editorial column from *The Atlantic*: Does Cigarette Marketing Count as Free Speech?** (8/29/12, The Atlantic) Historians of free expression will one day write that early 21st century America was a place where the Supreme Court held that schools could punish kids who make a dumb joke that some humorless prig might think advocated drug use, but that tobacco companies could not be stopped from marketing their products near schools, and where a federal court decided that the federal government could not require cigarette companies to give "inflammatory" warnings that cigarettes kill. In other words, free speech has taken on a strange shape in recent years. These reflections are sparked by the decision of the District of Columbia Circuit Court in *R.J. Reynolds Tobacco Co. v. Food and Drug Administration.* By a vote of 2-1, the Court invalidated an FDA regulation requiring color photographs and text warnings on each pack of cigarettes sold in the U.S. The regulations were issued at the direction of Congress, which, in the Family Smoking Prevention and Tobacco Control Act of 2009, directed the agency to "require color graphics depicting the negative health consequences of smoking" to accompany text warnings such as TOBACCO SMOKING CAN HARM YOUR CHILDREN and SMOKING IS ADDICTIVE. The FDA complied,

promulgating a series of images that companies must display prominently on each pack. The cigarette companies rushed to court, claiming a gross violation of their First Amendment rights. They concede that the government can require some kind of warning; but not these, because -- well -- they might be effective**……..**What is terrifying is not just the radical nature of the statement: that government can do *nothing* to combat the single greatest public health threat of our time. The hidden message of the opinion -- a message correctly deduced from much of the Roberts Court's First Amendment jurisprudence -- is that the Constitution requires us to live in a make-believe world, where, for example, gross imbalances of wealth have no effect on political campaigns, and "smoking isn't addictive" is as protected as "I pledge allegiance to the flag." I yield to no one in my devotion to free speech. But a legal system that can't differentiate between political opinion and the sale of cigarettes has forfeited any claim to relevance to the nation it supposedly serves. Read the entire editorial here.

-
- **What chemical in smokeless tobacco causes cancer?** (8/22/12, WebMd.com) Dip, chew, snuff, and other types of smokeless tobacco are known to increase risk for oral cancer. Now new research in rats is zeroing in on exactly how this may occur. The findings were presented at the American Chemical Society's annual meeting in Philadelphia. The newly identified cancer-causing culprit in these products is (*S*)-NNN. It is part of a larger family of chemicals called nitrosamines. Nitrosamines are also found in such foods as beer and bacon. They form naturally in the stomach when people eat foods containing high levels of nitrite. Nitrosamine levels in smokeless tobacco are far higher than in food, according to a prepared statement. Researchers fed rats a low dose of two forms of chemicals found in smokeless tobacco for 17 months. The doses were about equivalent to a person who used half a tin of smokeless tobacco every day for 30 years. (*S*)-NNN seemed to cause large numbers of oral and esophageal tumors in the rats, the study shows. "There is a very specific oral carcinogen in smokeless tobacco and it is potent," says researcher Silvia Balbo, PhD. She is a cancer researcher at the Masonic Cancer Center of the University of Minnesota in Minneapolis. This compound is found in all smokeless tobacco products, including those that look like breath mints, strips, or candy, and “snus,” which are pouches filled with tobacco that are placed between the upper lip and gum. E-cigarettes or vapors do not contain tobacco and do not fall into this category. We knew it was harmful, but we didn't know exactly how until now, says Richard B. Hayes, PhD. He leads the division of epidemiology at New York University Langone Medical Center in New York City.

- *(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

- **Smoking After Stroke Triples Risk of Death Within Year: Study** (8/31/12, HealthDay) People who don't kick their smoking habit after having a stroke have a threefold increased risk of death within a year, a new study warns. The investigators also found that the sooner stroke survivors start smoking again, the greater their risk of death within one year. In the study, Italian researchers looked at 921 patients who were regular smokers before they suffered an ischemic stroke, which is caused by a lack of blood flow to the brain. All of the patients attended smoking-cessation counseling sessions while in the hospital and said they were motivated to remain smoke-free once they left the hospital. No nicotine replacement therapy or other smoking cessation help was provided to the patients after they were discharged from the hospital. The patients reported their smoking status at one, six and 12 months after leaving the hospital. By the end of the first year, 53 percent of them had resumed smoking. Older patients and women were most likely to begin smoking again, the study found. Within one year, 89 patients had died. That works out to a one-year probability of death of 9.6 percent. After adjusting for a number of other factors, the researchers concluded that patients who resumed smoking were three times more likely to die than those who didn't begin smoking again. The study was presented Tuesday at the European Society of Cardiology annual meeting in Munich.
-
- Partnership for Prevention and the American Lung Association Release: *2012 Save Lives and Money: Help People on Medicaid Quit Tobacco.* Partnership for Prevention and the American Lung Association are pleased to announce the release of ***2012 Save Lives and Money: Help People on Medicaid Quit Tobacco***. There is substantial evidence supporting both an increase in positive health outcomes and a high return on investment for comprehensive tobacco cessation treatment. Six leading states offering comprehensive tobacco cessation benefits to Medicaid recipients are spotlighted along with coverage information for all 50 states. This is a call for action - states and communities must increase their efforts in getting Medicaid recipients the help they need to quit tobacco - saving lives and money. Click here to view this report.

- **American Lung Association Report Aims to Reduce Tobacco Use in Rural Communities** (8/15/12, American Lung Association) The American Lung Association's latest health disparity report, "Cutting Tobacco's Rural Roots: Tobacco Use in Rural Communities," examines the prevalence of tobacco addiction and exposure to secondhand smoke in rural America, particularly among rural youth. Tobacco use is higher in rural communities than in suburban and urban communities, and smokeless tobacco use is shockingly twice as common. Rural youth are more likely to use tobacco and to start earlier than urban youth, perpetuating the cycle of tobacco addiction and death and disease. The American Lung Association is calling on government agencies, the research and funding community, health systems and insurers, community leaders, schools and families to take steps now to cut tobacco's rural roots. In addition to expanding the Lung Association's capability to provide its programs and services to the rural community, there are also several other action steps to reduce rural tobacco use. These steps are detailed in the full report, and include that state and federal tobacco control programs must make a concerted effort and dedicate funding to reach rural communities; the research community should focus attention and resources on identifying effective cessation treatments for smokeless tobacco use; and school, health and employment systems in rural areas must all implement effective tobacco control strategies including smokefree air policies and access to cessation services.

Survivorship

- **Exercise Can Help Cancer Patients, But Few Oncologists Suggest It** (8/31/12, Medical News Today) Numerous studies have shown the powerful effect that exercise can have on cancer care and recovery. For patients who have gone through breast or colon cancer treatment, regular exercise has been found to reduce recurrence of the disease by up to 50 percent. But many cancer patients are reluctant to exercise, and few discuss it with their oncologists, according to a Mayo Clinic study published in the Journal of Pain and Symptom Management. "As doctors, we often tell patients that exercise is important, but to this point, nobody had studied what patients know about exercise, how they feel about it and what tends to get in the way," says lead author Andrea Cheville, M.D., of Mayo Clinic's Department of Physical Medicine and Rehabilitation. Researchers found that patients who exercised regularly before their diagnosis were more likely to exercise than those who had not. Many patients considered daily activities, such as gardening, sufficient exercise. "There was a real sense of 'What I do every day, that's my exercise,'" says Dr. Cheville, noting that most patients didn't realize daily activities tend to require minimal effort. "Most were not aware that inactivity can contribute to weakening of the body and greater vulnerability to problems, including symptoms of cancer." In addition, researchers found that patients took exercise advice most seriously when it came directly from their oncologists, but none of those studied had discussed it with them.
-
- **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) to tell us about your current services for blood cancer patients and your professional education needs. Visit 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

-
- *(reminder)* In 2006 and 2010, the **Lance Armstrong Foundation** launched surveys to assess the post-treatment needs of cancer survivors. From previous surveys, LAF developed programs like LIVESTRONG at the YMCA, LIVESTRONG at School, and cancer navigation services. The **2012 Cancer Survivor Survey** targets the practical needs of cancer patients and survivors facing everyday challenges like employment, debt, insurance, and school. To develop this survey, the Foundation coordinated with NCI, the Office of Behavioral and Social Sciences Research (OBSSR) at NIH, CDC, ACS, and AHRQ to include elements of the Experiences with Cancer Survivorship supplement of the Medical Expenditures Panel Survey (MEPS). This survey will help LAF identify and prioritize needed actions to better address patient and survivor needs. In addition, LAF intends to share the findings from the current survey to inform and shape national cancer priorities. The more people who take it, the better we can build and refine programs offering tangible support to address the needs of survivors every single day. See attached flyer for templates to spread the word, including: email invitation template, twitter and facebook post template, and newsletter template.
-
- A meditation group starts at Gilda's Club Louisville **tomorrow, Thursday, September 6** from 6-7pm - combining the gentle techniques of mindfulness-based stress reduction with guided imagery. These programs offer a time of peace for anyone seeking a regular practice of health for mind, body and spirit. The group will meet on the first and third Thursdays of each month, from 6-7pm. Gilda's Club is located at 633 Baxter Ave., Louisville, KY 40204
-
- Gilda's Club Louisville presents Rhythm on the River **this Saturday, Sept. 8** at the Big Four Lawn on the Louisville Waterfront from 11 a.m. to 3 p.m. This family-friendly event celebrates the local cancer-care community - whether you're someone who has or had a cancer diagnosis, a caregiver or friend, or a professional who works with people on a cancer journey. There will art activities, food and games. There will be yoga from 11am to noon and Tai Chi from noon to 1pm. The drum circle -- featuring the Kyene Drum Ensemble and the St. Xavier High School Drummers - begins at 1p.m. Professionals, wear your company or agency logo-wear or you work nametag . . . this is FUN networking!
-
- *(reminder)* Gilda's Club Louisville offers a networking/support group for anyone with a diagnosis of pancreatic cancer. The group meets at Gilda's Club, 633 Baxter Ave. every other Tuesday, from 1 to 2:30pm. The next meeting is **this Tuesday, September 11th.** Everyone is welcome. You do not have to be a Gilda's Club member to participate. Need more information? Call the clubhouse at 583-0075.
-

- 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 Streeet. 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!
-
- Gilda's Club Louisville is looking for THE WRITE STUFF (because every story deserves to be heard). This in 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

- The newly released **CDC Worksite Health ScoreCard (HSC)** is a tool designed to help employers assess the extent to which they have implemented evidence-based health promotion interventions in their worksites. Using a validation study by the Emory University Institute for Health and Productivity, the HSC has been determined to be a valid and reliable tool for employers to use in assessing health promotion programs aimed at preventing heart disease, stroke and related conditions among employees. The Health ScoreCard assists employers in identifying gaps in their health promotion programs, and helps them to prioritize high-impact strategies for health promotion at their worksites across the following health topics: organizational supports, tobacco control, nutrition, physical activity, weight management, stress management, depression, high blood pressure, high cholesterol, diabetes, signs and symptoms of heart attack and stroke, and emergency response to heart attack and stroke. Employers, human resource managers, health benefit managers, health education staff, occupational nurses, medical directors, wellness directors, and others responsible for worksite health promotion in an organization can use the HSC to establish benchmarks and track improvements over time. State health departments may assist employers and business coalitions in using the tool and help identify ways of establishing healthier workplaces. State health departments also can use the tool for monitoring worksite practices, establishing best practice benchmarks, and tracking improvements in worksite health promotion programs to more effectively direct resources to support employers. If you have any questions concerning The CDC Worksite Health ScoreCard, contact: cdcinfo@cdc.gov