

CA CONNections

Member Newsletter of The Connecticut Cancer Partnership



Summer 2017

Disparities: Rural V. Urban Community Cancer Death Rates

(from the National Cancer Institute)

Two new studies are putting a spotlight on disparities that have received less attention than those affecting racial and ethnic minorities: those in rural communities across the country. The studies—one by NCI researchers and one led by researchers from the Centers for Disease Control and Prevention (CDC)—found that cancer death rates are higher in rural areas than in urban areas. The CDC study also showed that, although cancer death rates are decreasing in rural areas, they are doing so more slowly than they are in urban areas.

While rural areas have lower rates of new cases of cancer (incidence rates) than urban areas, they have higher cancer death rates. Incidence rates were higher in rural areas for several cancers, including those linked to tobacco use such as lung cancer, and those that can be prevented by screening such as colorectal and cervical cancers. This report is the first comprehensive description of cancer incidence and deaths in rural and urban areas.

To reduce these gaps, health care providers in rural areas can:

- Encourage patients to make healthy choices that lower cancer risk, such as quitting smoking, avoiding secondhand smoke, protecting skin from the sun when outdoors, staying physically active, and eating healthy foods.
- Recommend cancer screening tests and vaccinations that can prevent cancer.
- Participate in comprehensive cancer control coalitions.

Much research has revealed a situation in rural America that is not only worrisome but, unfortunately, getting worse. As researchers from the University of Washington reported recently, for example, geographic disparities in life expectancy among US counties are large and increasing.

There is work on rural health already underway by other federal agencies, including the Health Resources and Services Administration's Federal Office of Rural Health Policy, the Centers for Medicare and Medicaid Services' (CMS) Rural Health Council, and the CDC's recently launched rural health initiative.

The Connecticut Cancer Partnership unites the members of our state's diverse cancer community—academic and clinical institutions, state and local government health agencies, industry and insurers, advocacy and community groups, and cancer survivors. Together, the coalition has developed and is now implementing a comprehensive plan to reduce the suffering and death due to cancer, and improve the quality of life of cancer survivors throughout Connecticut.

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[Visit our website](#)

July 19th Oral Health Summit: "Across the Ages: New Trends and Partnerships"

Across the Ages: New Trends and Partnerships

Wednesday July 19, 2017
8:30am - 4:00pm

Registration begins at 8:00am Lunch provided
6 CEU credits

to register:

www.CT.TRAIN.org

If you need help registering on CT.Train, contact:

Telehealth is often cited as a tool that can help to solve some of these disparities. However, the evidence base on how best to scale-up and implement telehealth solutions is incomplete.

NCI-Designated Cancer Centers can play a larger role in rural cancer control, and some centers already are. NCI requires each NCI-Designated Cancer Center to define its catchment areas and describe how the center extends its reach within and beyond that area to bring its expertise to bear on more diverse, wider populations.

To incentivize cancer center engagement in population health and facilitate adherence to NCI's catchment area characterization requirements, supplemental funding is provided to 15 cancer centers to collect additional data concerning their catchment area population and align local measures with national ones, enabling more direct comparisons across centers and with national surveillance data.

[Read more here](#)—article by Robert Croyle

Prostate cancer screening decision-making

Given the discordant prostate cancer screening recommendations in the United States, **shared decision-making (SDM)** has become increasingly important. The objectives of this study were to determine who made the final decision to obtain prostate-specific antigen (PSA)-based screening and identify factors associated with the screening decision made by both patients and their health care providers.

The authors of the study used the 2013 Behavioral Risk Factor Surveillance System data from Delaware, Hawaii, and Massachusetts, and calculated weighted percentages of SDM. Associations between the SDM and sociodemographic, lifestyle, access to care, and PSA testing-related factors were assessed using multivariate logistic regression.

There were 2,248 men aged 40 years or older who ever had a PSA-based screening in these three states. Only 36% of them made their prostate cancer screening decision jointly with their health care provider. Multivariate analyses showed that men who were married/living together or had a college degree and above were more likely to report having SDM than men who were never married or had less than high school education. Moreover, men whose most recent PSA test occurred within the past year were more likely to report SDM than men who had the test done more than 2 years ago.

The majority of screening decisions were made by the patient or health care provider alone in these three states, not jointly, as recommended. Our study points to the need to promote SDM among patients and their health care providers before PSA testing.

[Read the article here](#)

1999-2014 United States Cancer Statistics: Incidence and Mortality

The 1999-2014 United States Cancer Statistics: Incidence and Mortality Web-based Report contains the official federal government statistics for cancer incidence (new cases) and mortality (deaths) in the United States. USCS includes incidence data from CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance,

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Save the Date:

Dec. 5, 2017

Connecticut Cancer
Partnership 14th
Annual Meeting.
*Screening Guidelines
and Shared Decision-
Making*

Community Health Workers Bill Signed into Law

Senate Bill 126, An Act Concerning Community Health Workers, was signed by Governor Malloy on June 30 as Public Act 17-74. The Act:

- Establishes a definition for Community Health Workers (CHWs) in Connecticut;
- Requires study of the feasibility of creating a CHW Certification Program.

Recommendations of the CHW Advisory Committee will be reviewed and considered by the Healthcare Innovation Steering Committee for release for public comment, including those for CHW Certification that would promote and support development of this critical workforce.

Submissions

Epidemiology, and End Results program, and mortality data from CDC's National Center for Health Statistics, covering 100% of the U.S. population.

This report shows that in 2014, 1,596,486 Americans received a new diagnosis of invasive cancer, and 591,686 Americans died of this disease (these counts do not include in situ cancers or the more than 1 million cases of basal and squamous cell skin cancers diagnosed each year).

National, regional, and state-specific cancer incidence and death data are available for each year from 1999 through 2014, and for 2010-2014 combined, by sex, age, race, ethnicity, geographic region, and cancer site. See below.

Please submit articles and/or suggestions to:

[Lucinda Hogarty](#)

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New Data Visualizations Tool

The new Data Visualizations tool makes it easy for anyone to explore and use the latest official federal government cancer data from the USCS Web-based report.

[Use the tool here](#)

Cancer Stats: Careful consideration is needed in interpreting and comparing rankings of state cancer rates.

2010- 2014 Data, Connecticut ranked 8th in all incidence in all cancer sites and above the US rate. For specific sites:

- 3rd in female breast and above the US rate
- 23rd in prostate and above the US rate
- 25th in lung and bronchus and above the US rate
- 27th in colon and rectum and below the US rate
- 28th in melanoma and above the US rate

Connecticut's ranking in mortality rates:

- 45th and below the US rate in overall cancer sites
- 3rd in breast cancer mortality and above the US rate.

A natural reaction of some readers when looking at figures that rank their state's cancer rates is to seek explanations as to why their state has higher incidence or death rates for some cancers than other states or than the national average. For example, some may be alarmed that exposure to environmental carcinogens may be responsible when in fact there are several other more likely explanations. The following points should be kept in mind when interpreting or comparing these rankings.

Differences Among Racial and Ethnic Populations
Variations in Medical Care
Influence of Aging on Cancer Rates
Measuring Burden
Completeness of Cancer Incidence Data
Random Factors and Cancer Rates

[See the data](#)

Partner Spotlight: UConn Health's Breast Cancer Program

UConn Health's Breast Cancer Program has been working to provide supportive services for breast cancer survivors. Two programs were recently implemented to support this goal.

"Brand New You" Program

UConn Health was awarded a grant from the CT Breast Health Initiative to deliver the "Brand New You" program for breast cancer survivors. The program's goal is to support lifestyle changes in nutrition and exercise, which ultimately reduce the risk of cancer recurrence and improve long term survival. The program will assess adherence barriers to nutrition and physical activity recommendations for breast cancer survivors, increase awareness of existing community services such as exercise programs and farmers' markets, reduce barriers to utilizing community resources, and provide education and support to help breast cancer survivors increase fruit and vegetable consumption and physical activity. This program is coordinated by an oncology certified APRN and two Registered Dietitians who are Board Certified Specialists in Oncology Nutrition. The multidisciplinary team will conduct monthly education sessions in which breast cancer survivors will participate in cooking demonstrations, practice mindful eating, develop strategies for stress reduction, and discuss ways to improve physical activity.

Breast Cancer Support Group

UConn Health welcomes women under the age of 45 who have been diagnosed with non-metastatic breast cancer to join our support group. This group was formed for young women who are at any point in their cancer survivorship journey; whether in active treatment or years out of treatment. This support group allows women to connect with other women who have "been there" and understand the challenges that a breast cancer diagnosis brings into everyday life. Survivors share stories, concerns, victories, and more with other women who have also gone through it. The group meets on the 1st and 3rd Thursday of every month at UConn Health.

Please contact Amber Tillinghast, tillinghast@uchc.edu or call 860-679-7820 with any questions or to register.



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