LUNG CANCER AWARENESS

COLORECTAL CANCER
TESTS SAVE LIVES

401(K) OPEN ENROLLMENT
LUNG CANCER AWARENESS

Lung Cancer, the Number One Cancer Killer
Each year, about 200,000 people in the United States are told they have lung cancer and more than 150,000 people die from this disease. Deaths from lung cancer represent about one out of every six deaths from cancer in the U.S.

Risk Factors
Research has found several causes and risk factors for lung cancer. A risk factor is anything that changes the chance of getting a disease. Lung cancer risk factors include—

- Smoking.
- Secondhand smoke from other people’s cigarettes.
- Radon gas in the home.
- Things around home or work, including asbestos, ionizing radiation, and other cancer-causing substances.
- Medical exposure to radiation to the chest.
- Chronic lung disease such as emphysema or chronic bronchitis.
- Increased age.

Prevention
You can reduce your risk of developing lung cancer in several ways.

- Don’t smoke. If you do smoke, quit now.
- Avoid secondhand smoke.
- Have your home tested for radon and take corrective actions if high levels are found.
- Be aware of your exposure to radiation from medical imaging. Ask your doctor about the need for medical tests that involve images of the chest.

- Follow health and safety guidelines in the workplace when working with toxic materials.
- Avoid diesel exhaust and other harmful air pollutants.

CDC helps support a national network of quit-lines that makes free “quit smoking” support available by telephone to smokers anywhere in the United States. The toll-free number is 1-800-QUITNOW (1-800-784-8669), or visit smokefree.gov.

Symptoms
Different people have different symptoms for lung cancer. Some people don’t have any symptoms at all when first diagnosed with lung cancer. Lung cancer symptoms can be due to the direct effect of growth of cancer cells in the lung, or due to the effect of cancer cells that have spread to other parts of the body. Lung cancer symptoms due to growth of cancer cells in the lung may include—

- Shortness of breath.
- Coughing that doesn’t go away.
- Wheezing.
- Coughing up blood.
- Chest pain.
- Repeated respiratory infections such as bronchitis or pneumonia.

These symptoms can happen with other illnesses, too. Talk to your doctor if you have symptoms that concern you.

Treatment
Lung cancer is treated in several ways, depending on the type of lung cancer and how far it has spread. Treatments include surgery, chemotherapy, and radiation. People with lung cancer often get more than one kind of treatment.

People with lung cancer may want to take part in a clinical trial. Clinical trials study new potential treatment options. Learn more about clinical trialsExternal Web Site Icon at the National Cancer Institute.

Survivors
People who have been treated for lung cancer may continue to have symptoms caused by the cancer or by cancer treatments (side effects). People who want information about symptoms and side effects should talk to their doctors. Doctors can help answer questions and make a plan to control symptoms.

For more information about symptoms and side effects, visit the National Cancer Institute’s Coping with Cancer.External Web Site Icon

For information about finding or providing support for people with lung cancer and their caregivers, visit CDC’s Cancer Survivorship.

More Information

- Lung Cancer (http://www.cdc.gov/cancer/lung)
- Smoking and Tobacco Use (http://www.cdc.gov/tobacco)
- Smokefree.gov
- Lung Cancer (National Cancer Institute) (http://www.cancer.gov/cancertopics/types/lung)
- Radon (Environmental Protection Agency) (http://www.epa.gov/radon)
- Cáncer de pulmón (http://www.cdc.gov/spanish/cancer/lung)

Source: http://www.cdc.gov/cancer/dcpc/resources/features/lungCancer/
Colorectal cancer (CrC) is the second leading cancer killer of men and women in the US, following lung cancer. The US Preventive Services Task Force (USpSTF) recommends three CrC screening tests that are effective at saving lives: colonoscopy, stool tests (guaiac fecal occult blood test—FOBt or fecal immunochemical test—FIT), and sigmoidoscopy (now seldom done).

Testing saves lives, but only if people get tested. Studies show that people who are able to pick the test they prefer are more likely to actually get the test done. Increasing the use of all recommended colorectal cancer tests can save more lives and is cost-effective.

To increase testing, doctors, nurses, and health systems can:
- Offer all recommended test options with advice about each.
- Match patients with the test they are most likely to complete.
- Work with public health professionals to:
  - Get more adults tested by hiring and training “patient navigators,” who are staff that help people learn about, get scheduled for, and get procedures done like colonoscopy.

PROBLEM

Not enough people are getting tested as needed.

About 23 million adults have never been tested.

- The people less likely to get tested are Hispanics, those aged 50-64, men, American Indian or Alaska natives, those who don’t live in a city, and people with lower education and income.
- People with lower education and income are less likely to get tested.
- About 2 of every 3 adults who have never been tested for CRC actually have a regular doctor and health insurance that could pay for the test. Providers and patients do not always know about or consider all of the available tests.

- The three main tests—colonoscopy, FOBt/FIT, and flexible sigmoidoscopy—are all effective at finding cancer early.
- Doctors often recommend colonoscopy more than other tests. Scientific studies have shown that many people would prefer FOBt/FIT if their health care provider gave them that option.

Currently, most health care providers and systems are not set up to help more people get tested.

- Many people do not know they need to be tested and are not notified when it is time for them to be tested.
- Most health care systems rely on doctors to remember to offer CRC tests to their patients. Nurses and other office staff should also talk with patients about getting tested and doctors can be reminded to offer CRC testing whenever patients are due, whether they come in for a routine check-up or when they are sick.
- Health systems can make testing easier by:

The best test is the test that gets done

About 90% of people live 5 or more years when their colorectal cancer is found early through testing.

About 1 in 3 adults (23 million) between 50 and 75 years old is not getting tested as recommended.

10% of adults who got tested for colorectal cancer used an effective at-home stool test.
Mailing out FOBT/FIT kits that can be completed by the person at home and mailed back, then making sure everyone with a test that is not normal promptly gets a colonoscopy.

Using a patient navigator to explain how to prepare for the test, how the test is done and to make sure people get to their appointments.

Many adults are not being tested

For more information, please see infographic on link below:

http://www.cdc.gov/vitalsigns/coloecrtalcancerscreening/infographic.html

**WHAT CAN BE DONE**

**Federal government is:**

- Expanding insurance coverage of USP- STF recommended CRC tests at no cost to the patient through the Affordable Care Act.
- Supporting the use of patient navigators who work directly with people to help them get the preventive tests they need.
- Helping the Veterans Administration system’s doctors and nurses increase and track CRC testing of its patients in its hospitals and clinics.
- Improving the delivery of preventive services by measuring CRC testing rates in health centers funded by the Health Resources and Services Administration (HRSA).
- Using existing CDC screening programs to improve cancer screening rates for everyone, whether insured or not.
- Identifying CRC screening as a Healthy People 2020 leading health indicator for clinical preventive services.

**State and local public health can:**

- Work with those doctors, health systems and public health professionals who have already greatly increased CRC testing rates.
- Develop record systems to keep track of and notify those who need to be tested.
- Promote recommended testing options with the public.
- Use public health workers and patient navigators to increase testing rates in communities with low testing rates.
- Work with state Medicaid programs, primary care associations, and Medicare quality improvement organizations to help people get tested and make sure they get additional tests or treatment if needed.

**Doctors, nurses, and health systems can:**

- Offer recommended test options, with advice about each.
- Match patients with the test they are most likely to complete.
- Use patient reminder systems to notify patients when it’s time to get a screening test done.
- Make sure patients get their results quickly. If the test is not normal make sure they get the follow-up care they need.
- Use patient navigators to help patients get checked.

**Everyone can:**

- Learn about testing options and get the test that is right for them.
- Know their own family history and any personal risks they may have for CRC.
- Encourage friends and family members to be tested for CRC.
- Contact their local health department to learn how they can get tested for CRC.

**Science Behind this Issue**

- MMWR (http://www.cdc.gov/mmwr/)
- Science Clips (http://www.cdc.gov/phlic/sciiclipts/issues/)

Source:

http://www.cdc.gov/vitalsigns/coloecrtalcancerscreening/index.html
REPORTING ABUSE OR NEGLECT

There are occasions when it may be necessary to raise concerns about a caregiver’s ability to care for a client. Nurses are mandated reporters under the Child Abuse and Neglect Reporting Act and are responsible to report any acts of physical abuse, neglect, or sexual abuse to the proper state authorities.

Physical and sexual abuses are fairly clearly defined in the Act itself. Neglect, on the other hand, is less easy to determine, especially when a medically complex child is concerned.

Determining when to report neglect can be difficult; hence, it is recommended that there be consultation with others involved with the child including the physician, the home health agency supervisor, and the case manager before making a report. It is also necessary to document incidents of neglect including description of alleged neglectful behavior, dates and times. It is important to remember that, if the nurse is in the home to care for the child, it is difficult to make a case for the parent or other caregiver as neglectful since the nurse is responsible for the child during that time.

However, it can be considered neglect if, for example, the family caregiver taking over the care of the client is intoxicated, fails to appear without notice, fails to provide the necessary care, or where the environment is unsafe or potentially life threatening.

In reporting physical or sexual abuse or neglect, nurses are responsible for providing specific information, which is pertinent to the allegation. It should be understood that a report is only an allegation of abuse or neglect. The designated agency for protective services, not the nurse, is responsible for investigating the report. While as much information as possible is important, nurses do not have to prove abuse or neglect, only to report it when they suspect that it is occurring.

It is also a professional responsibility for the reporting nurse to remain with the client whom the nurse ascertains is at risk of harm, until the protective services worker or the police arrive after a report is made. The nurse cannot legally remove the client from the home without permission unless the client is in need of emergency medical treatment. Being at risk of abuse is not sufficient grounds for removing the client and the nurse doing so could be arrested for abduction or kidnapping. Only the police or designated protective service worker can legally take custody of a child at risk, and in a non-medical but protective emergency, the police should be called. The Abuse Hot Line # is 1-800-25ABUSE (252-2873).

Source: AHHC’s Employee Handbook page 6

401(K) OPEN ENROLLMENT

If you are planning to enroll, re-activate your deferral or change your current deferral amount, please contact Edward Lara at 630.236.3501.

Our retirement consultant is available to answer your questions. His name is Richard Cordova, and his contact number is (847) 463-7344. You could also e-mail him at rcordova@assuranceagency.com.

Basic enrollment information below.

<table>
<thead>
<tr>
<th>Date:</th>
<th>January 1, 2014</th>
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<tr>
<td>Eligibility Requirements:</td>
<td>Six months with AHHC and 500 hours worked.</td>
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Available Resources

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<th>John Hancock:</th>
<th><a href="http://www.jhpensions.com">www.jhpensions.com</a></th>
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<tbody>
<tr>
<td>Assurance:</td>
<td>Richard Cordova, Retirement Plan Consultant</td>
</tr>
<tr>
<td>Phone:</td>
<td>(847) 463-7344</td>
</tr>
<tr>
<td>E-Mail:</td>
<td><a href="mailto:rcordova@assuranceagency.com">rcordova@assuranceagency.com</a></td>
</tr>
<tr>
<td>AHHC:</td>
<td>Edward Lara, HR Director</td>
</tr>
<tr>
<td>Phone:</td>
<td>630.236.3501</td>
</tr>
<tr>
<td>E-Mail:</td>
<td><a href="mailto:HR@ahhc-1.com">HR@ahhc-1.com</a></td>
</tr>
</tbody>
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Note: The enrollment dates are January 1st and July 1st. If you waive participation, your next opportunity to enter the plan will be July 1st, 2014.
**CPR CLASS**

<table>
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<td>10:00 A.M.</td>
</tr>
<tr>
<td>Where:</td>
<td>1660 N. Farnsworth Ave., Suite 3 Aurora, IL 60505</td>
</tr>
<tr>
<td>Instructor:</td>
<td>Lesa Cantone</td>
</tr>
</tbody>
</table>

For reservations call 630.236.3501 or e-mail us @ HR@ahhc-1.com. Seats are limited, so reserve today.