

WELLNESS WATCH

Across the Lifespan, Across Indiana



NOVEMBER

[American Diabetes Month](#)

[Diabetic Eye Disease Month](#)

[COPD Awareness Month](#)

[Lung Cancer Awareness Month](#)

[Alzheimer's Disease Awareness Month](#)

[Family Caregivers Month](#)

[Healthy Skin Month](#)

[Hospice Palliative Care Month](#)

[Stomach Cancer Awareness Month](#)

[Gastroesophageal Reflux Disease Awareness Week](#)
11/23 – 11/29

[Great American Smokeout](#)
11/19

[International Survivors of Suicide Day](#)
11/22

November spotlight - The impact of lung cancer

November is Lung Cancer Awareness month. Lung cancer is not a single disease; rather, it is a group of cancers that originate in the lungs and associated tissues. Lung cancers are typically divided into two major types: small-cell lung cancer and non-small-cell lung cancer. Lung cancer accounts for more deaths than any other cancer in both men and women.¹ In Indiana, during 2013, 2,444 women were diagnosed with lung cancer, and 1,724 died as a result of the disease.²

There are some signs and symptoms of lung cancer; however, often they do not occur until the cancer is advanced. Signs and symptoms include persistent cough, sputum streaked with blood, chest pain, voice changes and recurrent pneumonia or bronchitis. According to the American Cancer Society, advancements in early detection screenings have been shown to reduce lung cancer deaths by 16 -20 percent. The United States Preventive Services Task Force recommends annual screening for lung cancer with low-dose computed tomography in adults aged 55 to 80 years who have a 30-pack per year smoking history and currently smoke, or have quit within the past 15 years.



Smoking accounts for 87 percent of lung cancer deaths and at least 30 percent of all cancer deaths.³ If all tobacco smoking were stopped, the occurrence of lung cancer would decrease by an estimated 90 percent; however, in Indiana, 21.9 percent of adults continue to smoke tobacco, placing them at greater risk for developing lung and other types of cancer.³ According to the Surgeon General's Report, *The Health Consequences of Smoking—50 Years of Progress*, rates for lung cancer deaths are 13 times higher for adults who currently smoke when compared to adults who have never smoked.

Behaviors can have a direct impact on preventing

lung cancer. Individuals can:

- Be smoke free. Quitting tobacco smoking substantially decreases your risk of developing cancer and other chronic diseases. Smokers who quit smoking, regardless of age, live longer than people who continue to smoke.
- Avoid all secondhand smoke exposure. Visit Indiana's Tobacco Quitline at www.in.gov/quitline/, or call 1-800-QUIT-NOW (1-800-784-8669), for free, evidence-based assistance to help quit smoking.

Communities can also help prevent lung cancer by:

- Learning about effective strategies to promote tobacco use prevention and control. The Centers for Disease Control and Prevention provides a great overview in [The Guide to Community Preventive Services: What Works to Promote Health](#).
- Supporting community-based and minority-based partnerships for tobacco prevention in Indiana. Visit the [ISDH Tobacco Prevention & Cessation](#) webpage to learn about tobacco-related data, policies and tobacco control coalitions in each county.
- Support for the continued adoption of smoke-free workplaces. The United States Surgeon General has concluded that smoke-free workplace policies are the only effective way to eliminate exposure to secondhand smoke in the workplace and lead to less smoking among workers.
- Support health care provider outreach efforts that help decrease tobacco consumption and increase quit attempts.

For more information on lung cancer, visit the Indiana Cancer Facts and Figures 2015 report on the Indiana Cancer Consortium website at www.IndianaCancer.org.

Rural health is Hoosier health

The third Thursday in November has been designated to highlight rural communities as wonderful places to live and work, increase awareness of rural health-related issues and promote the efforts of State Offices of Rural Health across the country in addressing these issues.

In Indiana, 27.6 percent of the population (1,786,702 people) lives in a rural area.⁴ In general, rural communities have significant health disparities, including higher incidence of disease and disability, increased mortality rates and lower life expectancies, than urban communities. Rural residents tend to be older and poorer than urban residents. Eighteen percent of rural residents are over 65 compared to 15 percent of urban residents. More rural residents live below the poverty level compared to urban residents.⁵ Developing solutions to address the unique healthcare needs of rural Hoosiers is a constantly evolving challenge as rural communities face accessibility issues, a lack of healthcare providers, an aging population suffering from a greater number of chronic conditions and larger percentages of uninsured and underinsured citizens. All of these concerns impact women living in rural Indiana.

Due to restraints and necessary cutbacks in Indiana's health care infrastructure, many rural hospitals are closing their obstetrics (OB) departments. Currently, 31 of Indiana's 92 counties are without obstetrical services, compared to 27 counties in 2009. This equates to one-third of Indiana hospitals. With fewer hospitals delivering babies, women are traveling from 50 to 100 miles to deliver their children in a properly equipped hospital. This reality can become a very real issue when it surfaces in emergency situations.

Another challenge facing rural America is the lack of a healthcare professional workforce. Although 20 percent of Americans live in rural areas, only 9 percent of the nation's physicians and only 10 percent of specialists practice in rural areas. In addition, 98 percent of rural counties in Indiana fail to meet the national benchmark for an adequate ratio of primary care specialists per 100,000 residents. Indiana has a shortage of over 1,000 care providers. A striking 87 percent of rural counties fail to meet the U.S. benchmark for an adequate ration of registered nurses (RNs) per 100,000 residents.⁶

Females in rural areas are less likely to receive medical services as recommended. The number of rural women aged 40 and older who received the recommended mammogram in the past two years was 66.1 percent compared to 68.6 percent in urban Indiana.⁷ Prenatal care in rural areas is also a challenge. Only 65.2 percent of rural women received prenatal care in their first trimester.⁸

Rural women are much more likely to smoke during pregnancy than urban women in Indiana. Although decreasing annually, 22 percent of rural Indiana women smoke while pregnant while 15 percent of urban Indiana women smoke during pregnancy.⁹

The [Indiana State Office of Rural Health \(InSORH\)](#), within the Division of Chronic Disease, Primary Care and Rural Health at the Indiana State Department of Health continues to support programs that increase and strengthen the rural workforce by working on collaborative projects to leverage resources that will help build community-level networks among Critical Access Hospitals, rural hospitals, federally qualified health centers (FQHC's), community health centers, rural health clinics, managed care organizations and local health departments.



The Indiana State Office of Rural Health invited all rural hospitals in Indiana to participate in a photo contest last year to celebrate "The Power of Rural Indiana!" So what does "rural health" mean to us? "When we think of 'rural health' at Indiana University Health Tipton we think of our strong community. Our photo captures just a percentage of our area businesses, healthcare workers, emergency responders, community members, and local celebrities. Tipton is a strong community and it's not just one organization or hero, it's the entire community!"

Time to quit! The Great American Smokeout is here



November 19 is the American Cancer Society's Great American Smokeout (GASO)

which encourages smokers across the country to quit smoking in order to lead a healthier life. Now more than ever, focus should be placed on helping women quit smoking. In the last 50 years, a woman's risk of dying from smoking has more than tripled and is now equal to men's risk, according to the Centers for Disease Control and Prevention.¹⁰ In Indiana, the smoking rate for women is

21.5 percent which is higher than the national average of 17.2 percent.^{11,12}

Cigarette smoke can affect almost every area of the body and is associated with many chronic diseases. Women who smoke are at increased risk for heart attack, stroke, emphysema and other chronic illnesses. Today more women die from lung cancer than breast cancer, and the risk of lung cancer among female smokers is 10 times higher than in 1959.¹³

Quitting can be the most difficult thing a former smoker does in his/her life-

time, but the benefits of quitting far outweigh the many risks of smoking. In fact, making the decision to quit will dramatically decrease a woman's heart attack risk in just one year.¹⁰

You can support female smokers to quit by encouraging participation in the Great American Smokeout on November 19 and calling the [Indiana Tobacco Quitline](http://1-800-QUIT-NOW) at **1-800-QUIT-NOW**.

For additional information, visit the Indiana Tobacco Prevention and Cessation Commission.

Spotlight on women's health: Stop the flu in its tracks



As many Hoosiers are preparing for raking leaves, pumpkin pie and the first

freeze of the season, there is one more fall preparation that must be made a priority. Each Hoosier six months and older should receive an influenza vaccination to protect against this serious viral respiratory infection. Influenza, or flu, season typically starts around October and continues through May. Its symptoms include a fever of 100 degrees or greater, headache, fatigue,

cough, muscle aches and sore throat. Flu is spread by contact with respiratory droplets from an infected person, contaminated surfaces or objects.

Each year flu results in around 226,000 hospitalizations and 23,600 deaths in the United States. Those aged 65 years and older, children younger than two and persons of any age with medical conditions that make them high-risk for complications are most at risk. Even if you do not fall into the higher risk categories, it is still very important that you get vaccinated. It is impossible to know the vulnerability of every person you encounter, so your choice to get vaccinated could save a life.

Along with your flu vaccine, it is time to put a special focus on other ways in which we can protect ourselves against illness. Remember the three C's:

- Clean – properly wash your hands frequently;
- Cover – cover your mouth when you cough and sneeze; and
- Contain – Do not go to work or school sick. Stay home if you are unwell.¹⁴

For more information about flu vaccines, visit the [Indiana State Department of Health \(ISDH\) Immunization Division](http://Indiana State Department of Health (ISDH) Immunization Division).

Straight talk: Postpartum depression

Welcoming a new baby into the home is hard work. For some women, the challenges of this time are even greater because they experience a condition called postpartum depression. Women are twice as likely as men to experience depression, but are particularly vulnerable during pregnancy and after giving birth. It is estimated that 10 to 20 percent of mothers who have recently given birth experience postpartum depression within the first year of the child's life.¹⁵

Around 80 percent of new mothers experience what is commonly termed "baby blues." This describes very normal reactions to hormones and changes related to lack of sleep, relationship adjustments and strains on resources and support. If those feelings persist longer than three weeks or get worse, a mother may be experiencing postpartum depression.

Symptoms of postpartum depression might include:

- Worrying constantly about the ba-

- by's health;
- Sadness or feeling hopeless;
- Lack of motivation;
- Irritability or anxiety;
- Changes in appetite or eating habits; or
- Intrusive thoughts of harming the baby.¹⁵



To talk to someone about your depression or find help for a mother you know, call the Mental Health America Crisis line at **1-800-273-TALK (8255)**.



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Thank you for subscribing to the Office of Women's Health (OWH) Wellness Watch Newsletter. The Office of Women's Health wants to ensure that each woman in Indiana is aware of her own health status, risks and goals, and can achieve optimal health through access, education and advocacy.

- For more information about OWH's programs and initiatives, please visit: <http://www.in.gov/isdh/18061.htm>.
- Follow OWH on Twitter at [@inwomenshealth](https://twitter.com/inwomenshealth).
- Follow this link to manage your subscription or to subscribe to the **OWH Wellness Watch Newsletter**.

Upcoming Events

Indiana State Department of Health
[Labor of Love Infant Mortality Summit](#)
11/6

[Indianapolis Monumental Marathon](#)
11/7

Indiana Health Care Association
[Advanced Education in Wound Care for Long-Term Care Professionals](#)
11/9 – 11/12

Indiana Breastfeeding Coalition
[Overcoming the Barriers of Disparity](#)
11/13

IUPUI—HANDS in Autism
[HANDS On: Crafting your Curriculum](#)
11/13

Diabetes Youth Foundation of Indiana
[2015 Once Upon A Gala](#)
11/14

Wheeler Mission Ministries
[Drumstick Dash 2015](#)
11/26

Postpartum Support International
[Perinatal Mood & Anxiety Disorders: Components of Care Certificate Training](#)
11/30 – 12/1

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