

January 8, 2018

Leroy A. Richardson
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*Re: Assessment of Cancer Prevention Services at Community Mental Health Centers
(Docket No. CDC-2017-0076)*

Dear Mr. Richardson,

The Academy of Nutrition and Dietetics (the "Academy") appreciates the opportunity to submit comments to the Centers for Disease Control and Prevention (CDC) related to its information collection, "Assessment of Cancer Prevention Services at Community Mental Health Centers," published in the November 8, 2017 issue of the Federal Register. Representing more than 100,000 registered dietitian nutritionists (RDNs),¹ nutrition and dietetic technicians, registered (NDTRs), and advanced-degree nutritionists, the Academy is the largest association of food and nutrition professionals in the United States and is committed to providing effective nutrition care services to all populations, particularly those at greater risk of chronic disease.

The Academy supports this information collection as highly beneficial for the work of the CDC and believes it will have significant practical utility due to its potential to facilitate distribution of effective nutrition education materials to a population likely to be simultaneously underserved and at higher cancer risk.

A. Effects of Social Determinants of Health Among People with Mental Illness

People with mental illness may be particularly vulnerable to the impact of cancer due to limits on their income, access to health insurance, cognitive function, understanding of their personal health, and difficulty navigating the health care system.² Additionally, physicians without sufficient relevant psychiatric training may be poorly equipped to effectively meet the healthcare needs of this unique population.³ As a result, this population may experience reduced healthcare access and effectiveness,⁴ which may then increase certain cancer risks and alter the screening, diagnosis, and treatment processes

¹ The Academy approved the optional use of the credential "registered dietitian nutritionist (RDN)" by "registered dietitians (RDs)" to more accurately convey who they are and what they do as the nation's food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

² Musuza JS, Sherman ME, et al. Analyzing excess mortality from cancer among individuals with mental illness. *Cancer*. 2013 Jul 1;119(13):2469-76.

³ Ibid.

⁴ Ibid.

for this population. Not surprisingly, people with mental illness may experience increased cancer-related morbidity and mortality compared to the general population.^{5,6}

B. Effective Provision of Services

RDNs are recognized as the most qualified food and nutrition experts by the National Academies of Sciences, Engineering and Medicine's Health and Medicine Division (formerly the IOM), most physicians, and the United States Preventive Services Task Force (USPSTF) for providing nutrition care more effectively at a lower cost than physicians, nurse practitioners, and physician assistants.⁷ This expertise includes counseling and assessment related to nutrient-drug interactions. Assuming patients can access suitable mental health care, many people with mental illness may be taking any of a number of medications,⁸ each of which may be associated with nutrient interactions, alterations in oral/gastrointestinal functions and forced changes in food habits.⁹ Therefore, these cancer prevention services are best guided by or directly provided by RDNs, who have the training and expertise to not only provide the primary service but also recommend suitable dietary adjustments to avoid or accommodate any interactions.

C. Survey Enhancement

To enhance the effectiveness and utility of the survey tool, the CDC should plan to survey a mix of urban, rural, and suburban CMHCs. The survey should also gather information about existing collaboration between the CMHC and local health care providers and programs, whether the CMHC has mental and physical health care services co-located, and other similar criteria. The survey should also assess CMHC policies and practices (such as having a tobacco free campus) that can help reduce cancer risk.

D. Conclusion

The Academy appreciates the opportunity to comment on the proposed information collection for the "Assessment of Cancer Prevention Services at Community Mental Health Centers" docket. Please contact either Jeanne Blankenship at 312-899-1730 or by email at

⁵ Musuuza JS, Sherman ME, et al. Analyzing excess mortality from cancer among individuals with mental illness. *Cancer*. 2013 Jul 1;119(13):2469-76.

⁶ Weinstein LC, Stefancic A, et al. Cancer screening, prevention, and treatment in people with mental illness. *CA Cancer J Clin*. 2016 Mar-Apr;66(2):134-51.

⁷ Committee on Nutrition Services for Medicare Beneficiaries. "The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population." Washington, DC: Food and Nutrition Board, Institute of Medicine; January 1, 2000 (published).

⁸ Mojtabai R1, Olfson M. National trends in psychotropic medication polypharmacy in office-based psychiatry. *Arch Gen Psychiatry*. 2010 Jan;67(1):26-36.

⁹ Pronsky Z M, Elbe D, et al. Food-Medication Interactions, 17th ed. (Food-Medication Interactions, Birchrunville, PA), 2012.

jblankenship@eatright.org or Mark Rifkin at 202-775-8277 ext. 6011 or by email at
mrifkin@eatright.org with any questions or requests for additional information.

Sincerely,

Jeanne Blankenship, MS, RDN

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Vice President
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Mark E. Rifkin, MS, RD, LDN

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Truth Initiative

January 5, 2018

Leroy A. Richardson
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**RE: Assessment of Cancer Prevention Services at
Community Mental Health Centers—New—National
Center for Chronic Disease Prevention and Health
Promotion (NCCDPHP), Centers for Disease Control and
Prevention (CDC).
Docket No. CDC-2017-0076**

Dear Mr. Richardson:

Truth Initiative welcomes the opportunity to submit comment regarding the Assessment of Cancer Prevention Services at Community Mental Health Centers.

Truth Initiative is committed to creating a generation of Americans for whom tobacco use is a thing of the past. We believe each individual has the right to live in a world free from tobacco dependence, tobacco-related death and disease, and the devastating dollar cost to individuals and society. Truth Initiative's proven-effective and nationally recognized public education programs include truth®, the national youth smoking prevention campaign that has been cited as contributing to significant declines in youth smoking; EX®, an innovative smoking cessation program; and research initiatives exploring the causes, consequences and approaches to reducing tobacco use. Truth Initiative also develops programs to address the health effects of tobacco use – with a focus on priority populations disproportionately affected by the toll of tobacco – through alliances, youth activism, training and technical assistance. Located in Washington, DC, the organization was created as a result of the November 1998 Master Settlement Agreement (MSA) between attorneys general from 46 states, five U.S. territories and the tobacco industry.

Truth Initiative applauds CDC for including questions regarding access to tobacco cessation services and exposure to secondhand smoke in the Assessment of Cancer Prevention Services at Community Mental Health Centers.



It is important that CDC include these questions as 34.7% of U.S. adults with a mental, behavioral, or emotional disorder are recent smokers and people with a mental illness have a smoking rate 63% higher than those without a mental illness.^{1,2} People with mental health or substance abuse issues account for 40% of cigarettes smoked in the U.S.³ Further, those with mental illness die about five years earlier than those without these disorders; many of these deaths are caused by smoking cigarettes.⁴ The most common causes of death among people with mental illness are heart disease, cancer, and lung disease, which can all be caused by smoking.⁴

The relationship between smoking and cancer is well established. Lung cancer is the leading cause of cancer death in the U.S. for men and women.⁵ Cigarette smoking is the leading cause of lung cancer and tobacco use causes 87% of deaths from lung cancer.^{6,7} However, tobacco causes more cancer and more cancer death than just lung cancer. According to the U.S. Surgeon General, one-third of cancer deaths are caused by smoking, cancer deaths that are avoidable by dramatically reducing tobacco use.⁷ Tobacco has firmly established links to at least thirteen different kinds of cancer: lung/bronchus, colon/rectum, pancreas, bladder, esophagus, kidney & renal pelvis, stomach, uterus, acute myeloid leukemia, pharynx, cervix, and larynx.⁸

Further, exposure to secondhand smoke can cause lung cancer, among other diseases, even in adults who have never smoked.⁷ During 2011-2012, about 58 million nonsmokers in the U.S. were exposed to secondhand smoke.⁹ More than 41,000 people die year in the U.S. from secondhand smoke-related disease.⁷

In the U.S., support for tobacco prevention and cessation could prevent nearly half a million premature deaths every year, including 170,000 cancer deaths each year.⁷ Only 1 in 4 mental health treatment facilities offer tobacco cessation services.¹⁰ Thus, it is important for CDC to understand whether community mental health centers are providing tobacco cessation counseling and addressing exposure to secondhand smoke. We greatly encourage CDC to also explore how to better tobacco prevention and cessation services that this underserved community receives.

Again, Truth Initiative appreciates CDC including these questions in the Assessment of Cancer Prevention Services at Community Mental Health Centers. Please do not hesitate to contact Maham Akbar, Public Policy Manager at makbar@truthinitiative.org or 202-454-5932, should you need more information or have questions about this submission.

Sincerely,

M. David Dobbins
Chief Operating Officer




References

1. Substance Abuse and Mental Health Services Administration. Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings. NSDUH Series H-45, HHS Publication No. (SMA) 12-4725. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2012.
2. Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, Results from the 2015 National Survey on Drug Use and Health, NSDUH: Detailed Tables, 2016.
3. Substance Abuse and Mental Health Services Administration. Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked. 2013; <https://www.samhsa.gov/data/sites/default/files/spot104-cigarettes-mental-illness-substance-use-disorder/spot104-cigarettes-mental-illness-substance-use-disorder.pdf>.
4. Centers for Disease Control and Prevention. Tobacco Use Among Adults with Mental Illness and Substance Use Disorders. 2017; <https://www.cdc.gov/tobacco/disparities/mental-illness-substance-use/index.htm>.
5. Centers for Disease Control and Prevention. Lung Cancer. 2016; <http://www.cdc.gov/cancer/lung/>. Accessed June 20, 2016.
6. Centers for Disease Control and Prevention. What Are the Risk Factors for Lung Cancer? 2015; http://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm. Accessed June 20, 2016.
7. U.S. Department of Health and Human Services. *The health consequences of smoking – 50 years of progress: a report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health;2014.
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9. Homa DM, Neff LJ, King BA, et al. Vital signs: disparities in nonsmokers' exposure to secondhand smoke—United States, 1999-2012. *MMWR. Morbidity and mortality weekly report*. 2015;64(4):103-108.
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Submitter Info

Comment:

WE DONT NEED SURVEYS OF THE CENTERS. WHAT WE DO NEED IS I THIS AGENCY TO SEND OUT THE INFORMATION ON CANCER PREVE TO THESE CENTERS. THEN THEY CAN USE THEM. THEY DONT NEED SURVEYED ABOUT THEM IF THEY HAVE THE INFORMATION ON HO HANDLE THIS IN HAND. IN ADDITION, THIS AGENCY SHOULD PUT T INFORMATION ON THEIR WEBSITE SO THAT IT CAN BE ACCESSED B THOSE IN CHARGE OF MENTAL HEALTH CANCER PREVENTION. THE PEOPLE WORKING IN THOSE CENTER CAN ACCESS THE INFORMATTI HELP THOSE AFFLICTED. THIS PROPOSAL BY CDC APPEARS TO BE A ASSBACKWARD WAY TO HANDLE THIS ISSUE. THE CENTERS NEED ' INFROMATIN. GIVE IT TO THEM. NO BACK DOOR EXPENSIVE SURVE SHOULD BE PART OF IT. DIRECT ACTION IS MORE NEEDED AT THIS AGENCY. DIRECT ACTION IS HWA THEY NEVER PROOSE TO USE. TH WANT TO SURVEY EVERYTHING FIRST. THIS AGENCY SPENDS TOO TAX DOLLARS ON NOTHINGNESS. ITS JUST A BIG FAT SWAMP BUREAUCRACY AND THEY DONT SEEM TO USE SIMPLE WAYS TO S6 ISSUES. THIS COMMENT IS FOR THE PUBLIC RECORD *⊙

First Name:

JEAN ⊙

Last Name:

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Cover Page:






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Comments in Response to the Federal Register Notice

A 60-day Federal Register Notice was published in the *Federal Register* on November 7, 2017, Docket No. CDC-2017-0076, Docket Citation FR Doc. 2017-24316, pages 51837-51838 (2 pages). CDC received four comments related to this notice. Two comments are duplicates, which were sent by an individual outside of CDC. CDC did not provide a response to either comment, because they fell within the “outside of scope” category. Two other comments were letters sent by organizations outside of CDC (the Truth Initiative and the Academy of Nutrition and Dietetics). Both letters were supportive of the proposed project. The latter organization also suggested enhancements to the survey, which CDC and its contractor had already addressed when the survey instruments and study methods were developed. These comments and CDC’s responses are summarized below. No changes to the project are required.

Standard Area/Topic	Description	Comments	Date Received by CDC Contract Officer Representative	CDC’s Response
Need for study	To assess barriers and facilitators to providing cancer prevention services at community mental health centers (CMHCS) in the United States, CDC will conduct two surveys of psychiatric clinicians and administrators at selected facilities.	Comment received from an individual who suggests sending cancer prevention information directly to CMHCs, rather than conduct surveys.	11/30/2017	No reply (outside of scope of project).
Need for study	To assess barriers and facilitators to providing cancer prevention services at community mental health centers (CMHCS) in the United States, CDC will conduct two surveys of psychiatric	Duplicate comment received from the above individual who suggests sending cancer prevention information directly to CMHCs, rather than conduct surveys.	11/30/2017	No reply (outside of scope of project).

	clinicians and administrators at selected facilities.			
Need for study	To assess barriers and facilitators to providing cancer prevention services at community mental health centers (CMHCS) in the United States, CDC will conduct two surveys of psychiatric clinicians and administrators at selected facilities.	Comments were received from a representative of the Truth Initiative, a nonprofit organization that promotes prevention of tobacco use, who applauds CDC's decision to assess tobacco cessation services at CMHCs.	1/12/2018	CDC thanks the sender for providing comments.
Need for study	To assess barriers and facilitators to providing cancer prevention services at community mental health centers (CMHCS) in the United States, CDC will conduct two surveys of psychiatric clinicians and administrators at selected facilities.	Comments were received from a representative of the Academy of Nutrition and Dietetics, who applauds CDC for developing a study to assess the capacities of CMHCs to address cancer risk behaviors among persons with mental illness. To enhance the survey, the writer suggested surveying a mix of urban, rural, and suburban CMHCs; gathering information about collaborations between CMHCs and local healthcare providers; and assessing policies	1/12/2018	When CDC and the contractor developed the survey methodology, they took into account how to ensure geographic representativeness of the survey sample. When the instruments were developed, the study team included questions to help assess collaborations between CMHCs and local healthcare providers, as well as existing cancer prevention policies at CMHCs.

		and practices to help reduce cancer risk.		
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