Breast cancer occurs when malignant tumors develop in the breast. These cells can spread by breaking away from the original tumor and entering blood vessels or lymph vessels, which branch into tissues throughout the body. When cancer cells travel to other parts of the body and begin damaging other tissues and organs, the process is called metastasis.

**Facts About Breast Cancer In The United States**

1 in 8 women in the United States will develop breast cancer in her lifetime.

Cont’d on pg 2.
8 IMPORTANT FACTS ABOUT BREAST CANCER

1. In 2022, an estimated 287,500 new cases of invasive breast cancer will be diagnosed in women in the U.S. as well as 51,400 new cases of non-invasive (in situ) breast cancer.
2. 65% of breast cancer cases are diagnosed at a localized stage (there is no sign that the cancer has spread outside of the breast), for which the 5-year relative survival rate is 99%.
3. This year, an estimated 43,550 women will die from breast cancer in the U.S.
4. Although rare, men get breast cancer too. In 2022, an estimated 2,710 men will be diagnosed with breast cancer in the U.S. and approximately 530 men will die from breast cancer.
5. 1 in 8 women in the United States will be diagnosed with breast cancer in her lifetime.
6. Breast cancer is the most common cancer in American women, except for skin cancers. It is estimated that in 2022, approximately 30% of all new women cancer diagnoses will be breast cancer.
7. There are over 3.8 million breast cancer survivors in the United States.
8. On average, every 2 minutes a woman is diagnosed with breast cancer in the United States.

Breast Cancer Early Detection and Diagnosis
Breast cancer is sometimes found after symptoms appear, but many women with breast cancer have no symptoms. This is why regular breast cancer screening is so important.

Imaging Tests to Find Breast Cancer
Different tests can be used to look for and diagnose breast cancer. If your doctor finds an area of concern on a screening test (a mammogram), or if you have symptoms that could mean breast cancer, you will need more tests to know for sure if it's cancer.

- Mammograms
- Breast Ultrasound
- Breast MRI

Signs and Symptoms of Breast Cancer
The most common symptom of breast cancer is a new lump or mass, but other symptoms are also possible. It's important to have any breast change checked by a health care provider.

Treating Breast Cancer
If you've been diagnosed with breast cancer, your cancer care team will discuss your treatment options with you. It's important that you think carefully about each of your choices and weigh the benefits of each treatment option against the possible risks and side effects.

Local treatments
Some treatments, like surgery and radiation, are local, meaning they treat the tumor without affecting the rest of the body.

Most women with breast cancer will have some type of surgery to remove the tumor. Depending on the type of breast cancer and how advanced it is, you might need other types of treatment as well, either before or after surgery, or sometimes both.

Systemic treatments
Drugs used to treat breast cancer are considered systemic therapies because they can reach cancer cells almost anywhere in the body.
Flu disparities among racial and ethnic minority groups

People from racial and ethnic minority groups experience higher rates of severe influenza (flu) illness. A CDC study examined differences in rates of flu-related hospitalization, intensive care unit (ICU) admission, and in-hospital death by race and ethnicity during 10 flu seasons (2009–2010 through 2018–2019).

This analysis showed disparities in hospitalization rates, intensive care unit admission rates, and in-hospital death rates. These disparities were even larger among children. To help combat these disparities, CDC is working to increase vaccination rates among racial and ethnic minority groups, which have historically had lower rates of flu vaccination. CDC recommends flu vaccination for everyone 6 months of age or older.

While flu vaccination is the best way to prevent flu and its potentially serious complications, flu vaccination rates among people in racial and ethnic minority groups are lower than vaccination rates among non-Hispanic White people. CDC’s new report summarizing flu vaccination uptake during the 2020–2021 flu season showed disparities in vaccine uptake among adults and children.

A CDC study published in 2016 showed that during the 2010–11 and 2011–12 flu seasons, non-Hispanic Black persons in every age group and Hispanic or Latino persons five years and older were more likely to be hospitalized with flu than non-Hispanic White persons. This study also showed that people living in high-poverty areas were at higher risk for severe outcomes from flu, suggesting that socioeconomic status------

may be a factor contributing to higher flu-related hospitalization rates among these groups.

- A 2011 study found disparities in exposure risk, incidence of complications, and access to care during the 2009 influenza pandemic. Generally, a pandemic flu outbreak in the U.S. may be more likely to impact socially disadvantaged groups, including racial and ethnic minorities, disproportionately.
- Because people of color may be at higher risk for getting flu or developing serious illness, resulting in hospitalization, flu vaccination is especially important for people in these communities. CDC recommends that everyone 6 months and older get a seasonal flu vaccine each year, ideally by the end of October. More information is available about when to get a flu vaccine.

What CDC is Doing to Address Flu Disparities Among Racial and Ethnic Minority Groups

Working to increase flu vaccination rates

- Engaging with partners and developing customized outreach to racial and ethnic minority communities to increase flu vaccination rates this year and every year, including developing culturally specific messaging and linguistically tailored content to reach additional audiences.
- Providing additional funding to state immunization programs to plan and implement flu vaccination programs for the 2021-2022 flu season, with a focus on priority groups, including non-Hispanic Black and Hispanic or Latino populations.

Collecting data on flu disparities

- Collecting data to better understand how racial and ethnic minorities are disproportionately impacted by flu-related hospitalization.
- Over the course of the 2021–2022 season, CDC will share some preliminary, within-season, weekly flu vaccination data and coverage estimates using existing and new data sources through the Weekly National Flu Vaccination Dashboard. The dashboard will be updated weekly or monthly, depending on the data source, starting October 7, 2021.

Creating programs that increase vaccine access and uptake

- In 2020, CDC launched a new grant program, Partnering for Vaccine Equity. This program aims to reduce the disparities in vaccine access and uptake experienced by racial and ethnic minority groups by supporting a wide variety of partners working on increasing vaccine confidence in, and access to, flu and COVID-19 vaccines through community-based outreach and education.
Health literacy is of concern to everyone involved in health promotion and protection, disease prevention and early screening, health care and maintenance, and policy making. Health literacy skills are needed for dialogue and discussion, reading health information, interpreting charts, making decisions about participating in research studies, using medical tools for personal or familial health care—such as a peak flow meter or thermometer—calculating timing or dosage of medicine, or voting on health or environmental issues.

If people who promote health care, create policy, and develop health materials have a clear understanding of the problem of health literacy, procedures, policies, and programs can be developed to meet the health literacy needs of the average American adult. A clear understanding of health literacy can guide the health system of public health practitioners, care providers, insurers, and community agencies toward adopting definitions and policies that resolve incompatibilities between the needs of individuals and the demands of health systems.

Health Literacy Affects Everyone
Health literacy is important for everyone because, at some point in our lives, we all need to be able to find, understand, and use health information and services. Taking care of our health is part of everyday life, not just when we visit a doctor, clinic, or hospital. Health literacy can help us prevent health problems, protect our health, and better manage health problems when they arise.

Even people who read well and are comfortable using numbers can face health literacy issues when

- They aren't familiar with medical terms or how their bodies work.
- They have to interpret statistics and evaluate risks and benefits that affect their health and safety.
- They are diagnosed with a serious illness and are scared and confused.
- They have health conditions that require complicated self-care.
- They are voting on an issue affecting the community’s health and relying on unfamiliar technical information.

Why do we have a Health Literacy Problem
When organizations or people create and give others health information that is too difficult for them to understand, we create a health literacy problem. When we expect them to figure out health services with many unfamiliar, confusing or even conflicting steps, we also create a health literacy problem.

When it comes to health literacy and Medicare education, there are a number of Medicare key terms you'll need to know,

**Coinsurance** is the amount you may be required to pay as your share of the cost for services or prescription drugs after you pay any plan deductibles.

**Copays** are a fixed amount you pay for each covered medical service, such as a doctor’s visit, or prescription drug after you've paid your deductible. The difference between copays and coinsurance is that coinsurance involves a percentage of the total bill while a copay is a flat fee.

**Cost sharing** refers to the amount you pay for health care services and/or prescription drugs. This amount includes any combination of coinsurance, copays and/or deductibles.

A **deductible** is the amount you must pay for health care or prescription drugs, before Original Medicare, your prescription drug plan, or other insurance begins to pay.

A **formulary** is a list of prescription drugs covered by a Medicare plan. Different Medicare plans offer different types of coverage with different cost share.

A **premium** is a monthly payment to Medicare or a health insurance plan for health care or prescription drug coverage. The standard Medicare Part B premium is set each year by CMS, and you'll pay that amount monthly (and it's usually deducted from your Social Security check). If you purchase a Medigap plan, you'll have to pay your monthly Part B premium plus an additional (and often higher) premium for your Medigap plan. Monthly premiums vary by Medicare Advantage plan, with some plans offering $0 premiums. You'll also need to pay your monthly Part B premium.

**Preventive services** are health care services to keep you healthy or to help prevent illness. Medicare covers many preventive services at no cost to your patients.
Creating A Health Literacy Plan

Public health and safety rest in large part on people's access to information they can use to protect and promote their health. CDC created a health literacy plan to improve how we develop and share health information and provide public health services to different audiences.

We need this plan because limited health literacy is a national public health issue that affects almost 9 out of 10 adults. With the resources and staff at hand, we can take incremental, feasible steps to make our health information and services accessible and understandable by the different audiences we serve.

The CDC Action Plan to Improve Health Literacy is adapted from the National Action Plan to Improve Health Literacy (National Action Plan) released by the U.S. Department of Health and Human Services. The National Action Plan provides a blueprint for efforts to improve health literacy across all sectors involved in health information and services. The CDC Office of the Associate Director for Communication uses the action plan to identify and track the most important actions the agency can take to improve health literacy.

The plan provides a framework that guides our approach to using clear communication and health literacy methods. The plan is organized around three goals.

Goal 1: Develop and Share Health and Safety Information That Is Accurate, Accessible, and Actionable

In today's communication-rich environment, people look to many places for information about their health and safety. However, much of the publicly available health and safety information is too technical, too complex, and often too vague about recommended actions. CDC has a unique opportunity to serve as an accessible source of accurate and actionable public health and safety information to help the public as they try to:

- Prevent harm or disease
- Understand diagnoses
- Decide on treatments
- Evaluate risks to their health

Goal 2: Integrate Clear Communication and Health Literacy into Public Health Planning, Funding, Policy Development, Research, and Evaluation

Clear communication is essential at CDC because we lead the public health system in the United States and are a key contributor to the global public health infrastructure. CDC influences many aspects of public health practice:

- Planning
- Data collection
- Analysis and reporting
- Disease outbreak investigations
- Use and evaluation of interventions to determine effectiveness
- Public health policy making

Goal 3: Incorporate Accurate, Standards-Based, and Developmentally Appropriate Health and Science Information and Curricula in Educational Settings from Preschool through University Levels

Public health has a special responsibility to make sure children and adolescents have the health literacy skills—including math and science literacy—they need to prevent early-onset chronic health problems and protect themselves from infectious diseases, violence, and injury. Children need health literacy skills early in life, and helping them build these skills is part of caring for and educating them. CDC can promote and encourage the use of its own evidence-based resources for health education and collaborate with other organizations to address gaps and develop new tools for health and education professionals.
### Roasted Vegetable Cheat Sheet

<table>
<thead>
<tr>
<th>Vegetable</th>
<th>Preparation</th>
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<tbody>
<tr>
<td>Asparagus</td>
<td>Toss 2 trimmed bunches asparagus with 2 tablespoons olive oil; season with Salt and pepper. Spread on a baking sheet and roast at 450° until lightly browned, about 12 minutes, stirring once in the last 4 minutes.</td>
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<tr>
<td>Beets</td>
<td>Peel 2 ½ pounds beets and cut into ¼-inch chunks. Toss with 3 tablespoons olive oil; season with salt and pepper. Spread on a parchment-lining baking sheet; roast at 425° until tender, 35 to 40 minutes, stirring once.</td>
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<tr>
<td>Bell Peppers</td>
<td>Put 4 bell peppers on a foil-lined baking sheet. Roast at 475° until collapsed and browned, 35 to 40 minutes, flipping halfway through. Place in a bowl and cover; let it cool slightly. Peel, then slice, discarding the seeds and stems.</td>
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<tr>
<td>Carrots</td>
<td>Trim 2 pounds small carrots. Toss with 2 tablespoons olive oil and season with salt and pepper. Spread on a baking sheet and roast at 375° until lightly browned and fork-tender, 35 to 45 minutes, flipping halfway through.</td>
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<tr>
<td>Eggplant</td>
<td>Halve two eggplants lengthwise, then score the flesh. Place cut-side up on a baking sheet; drizzle with 3 tablespoons olive oil. Season with salt and pepper. Roast at 425° until tender, 40 minutes. Scoop out the flesh.</td>
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<tr>
<td>Broccoli</td>
<td>Trim 2 pounds broccoli; quarter the stalks lengthwise. Toss with ¼ cup olive oil; season with salt and pepper. Arrange cut-size down on a baking sheet and roast at 450° until tender, 30 to 35 minutes, flipping halfway through.</td>
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<tr>
<td>Brussels Sprouts</td>
<td>Trim and halve 2 1/2 pounds of brussels sprouts. Toss with 3 tablespoon olive oil; season with salt and pepper. Arrange cut-side down on a baking sheet and roast on 450 until browned and tender for 25 - 30 mins.</td>
</tr>
<tr>
<td>Cauliflower</td>
<td>Trim 2 pounds CAULIFLOWER; quarter the stalks lengthwise. Toss with ⅛ cup olive oil; season with salt and pepper. Arrange cut-size down on a baking sheet and roast at 450° until tender, 30 to 35 minutes, flipping halfway through.</td>
</tr>
<tr>
<td>Butternut Squash</td>
<td>Peel and seed squash and cut into 1 1/2 - inch chunks. Toss with 2 tablespoons olive oil; season with salt and pepper. Spread on a baking sheet; roast at 425° until tender, 35 to 40 minutes, flipping halfway through.</td>
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</tbody>
</table>
A WORD FROM NASSAU COUNTY’S NEW HEALTH COMMISSIONER

“It is an honor and a privilege to serve the residents of Nassau County, as the Commissioner of Health. For the month of October, it is instrumental to emphasize the importance of recommended breast cancer screenings as the means of early detection and prevention. National statistics indicate that breast cancer has the highest rate of any cancer and Nassau County reflects the same trend. Race and ethnicity data indicates some disparities where late stage breast cancer incidence is higher among black women compared to white women in our county. I look forward to continuing the collaborative effort of the NCDOH and community stakeholders in working together to address this and other health disparities in order to ensure the health and well being of all of the residents of Nassau County. “

Dr. Irina Gelman, DPM, MPH, PhD
WHATS HAPPENING
IN NASSAU COUNTY

LEGISLATOR KEVAN ABRAHAMS
& GLORY HOUSE REC. INC.
present

MEGA FALL
OUTDOOR MARKET

SATURDAY, OCTOBER 15TH
10 AM - 3 PM
BALDWIN LIRR STATION PARKING LOT

FREE VENDOR SPACE!
YOU MUST PRE-REGISTER!

WWW.NASSAUCOUNTyny.gov/LD1
FOR INFORMATION, CALL (516) 571-2455

Lots of New/Used Items!
Something for everyone --- 100+ Vendors

JOIN US! SUPPORT LOCAL!
Mount Sinai South Nassau's Vaxmobile™

Mount Sinai South Nassau and the Town of Hempstead are bringing COVID-19 vaccines to your community. Additional information about the mobile unit and its schedule are posted on the hospital's Facebook page @MountSinaiSouthNassau

Rockville Centre, Wednesday, September 28, 10am-2pm (Boosters)
Rockville Centre Recreation Center, 111 N Oceanside Rd

Lawrence, Thursday, September 29, Noon-4pm (Boosters)
Five Towns Community Center, 270 Lawrence Ave

Baldwin, Saturday, October 1, Noon-4:30pm (Boosters)
Baldwin Festival, Municipal Parking Lot behind the Baldwin Public Library

- The vaxmobile is now offering the Pfizer-BioNTech COVID-19 Vaccine, Bivalent.
- Individuals 12 years of age and older are eligible for a single booster dose of the Pfizer-BioNTech COVID-19 Vaccine, Bivalent if it has been at least two months since they have completed primary vaccination or have received the most recent booster dose with any authorized or approved monovalent COVID-19 vaccine.

PLEASE NOTE: For children under 5, parent(s) must bring their ID as well as their child’s birth certificate showing proof of age.

Individuals interested in scheduling an appointment should:
- Call Mount Sinai South Nassau's Department of Community Education at 516-377-5333
- or visit www.southnassau.org/sn/vaxmobile

For more information about boosters or pediatric vaccines, please visit, www.cdc.gov
I am Runnie Myles, Program Coordinator for Human Rights. I connect the residents of Nassau County to employment opportunities or skills to enhance employment opportunities. I also network directly with businesses and other government agencies to find new opportunities for our residents. On behalf of Human Rights Commission: Job Development center, we encourage you to attend our "Employment Expo" on November 18, 2022.
OCTUBRE ES EL MES DEL CONOCIMIENTO SOBRE EL CANCER DE SENO

AYÚDANOS EN LA LUCHA MANTENIÉNDOTE INFORMADO DURANTE TODO EL MES!

LO QUE NECESITAS SABER:

https://youtu.be/2FRxIAf6vZI
Click here for English

https://youtu.be/C1h1_aQ6axk
Click here for Spanish

Para mas informacion favor de llamar al 516-470-4165
BREAST CANCER EDUCATION

OCTOBER IS BREAST CANCER AWARENESS MONTH

HELP US SUPPORT THE FIGHT BY STAYING INFORMED ALL MONTH LONG!

WHAT YOU NEED TO KNOW:

https://youtu.be/2FRxIAf6vZI  Click here for English

https://youtu.be/C1h1_aQ6axk  Click here for Spanish

For more information please call 516-470-4165
National Breast Cancer Health Awareness Month


Flu Season: Disparities among racial and ethnic minority groups; Preparing for the Flu Season.

Health Literacy Month
ApexHealth. 2022. Improve your health literacy with these 11 Medicare key terms. [online] Available at: <https://apexhealth.com/about/blog/medicare-education/health-literacy-month-medicare-key-terms/> [Accessed 28 September 2022].

