

Dear Kentucky Cancer Consortium Partners:

Below is the **May 16, 2012** issue of "Wednesday's Word", a KCC communication which relays recent state and national cancer control articles, resources, events and tools to you on a weekly basis, in a brief, easy-to-read format. You may read archived editions on our [website](#). If your organization has a cancer-related item for Wednesday's Word, or you know of someone who may benefit from receiving this communication, feel free to contact Katie Bathje at kbathje@kycancerc.org.

Sincerely, Kentucky Cancer Consortium Staff

May 16, 2012

Cervical Cancer

- *Message from Dr. Baretta R. Casey* (5/4/12, CCFKY): Contingent upon funding, the **Cervical Cancer-Free Kentucky Initiative will offer Mini-Awards in the amount of \$20,000 per award**. We anticipate funding approximately eight (8) innovative projects to help impact cervical cancer disparities in Kentucky. We encourage those who wish to have Kentucky become a cervical cancer free state to submit your unique plan to accomplish this goal. Examples of previously funded Mini-Award reports are located on our [website](#). Project proposals must be specific to at least one of the following four project areas and at least one of the four strategies: PROJECT AREAS 1) Cervical cancer prevention, screening and diagnosis; 2) Access to cervical cancer follow-up care and treatment; 3) Changes in cervical cancer-related health policy; 4) Cervical cancer survivorship. PROJECT STRATEGIES: 1) Dissemination and/or replication of successful Kentucky models of cervical cancer prevention 2) Policy and/or systems change 3) Health education and promotion 4) Community outreach.

Childhood Cancer

- [Indian Summer Camp – “Oncology Camp” July 22-28th, 2012](#). Indian Summer Camp's Oncology Camp is the camp's longest running program, started in 1981. Oncology Camp is currently hosted at Crossings Cedarmore camp site in Bagdad, KY (Shelby County). The weeklong, overnight oncology camp is open to children aged 6-18 who are either currently undergoing treatment for cancer or are survivors of a childhood cancer. During this week, children with cancer are able to enjoy a wide range of activities including arts & crafts, sports, and swimming, as well as many unique and once-in-a-lifetime experiences. This year's camp theme is “Out of This World”. Pediatric oncology doctors and nurses are present at camp the entire week to care for the medical needs of campers. The "Med Staff" play a vital role in recruiting campers and making their week enjoyable and memorable! Many children with cancer who have attended Indian Summer Camp say it's the only place where they feel "normal" again. They can take off their wig and not be stared at. They can prop their prosthetic leg up against the fence and jump in the pool, and no one minds. They can participate in every single activity no matter what their physical limitations are. At Indian Summer Camp, they aren't cancer patients; they are just kids being kids. Many volunteers are needed! Volunteers must make a full,

week-long commitment and be 21 years old and over (unless you are a previous camper), have references, complete an application, and pass a background check. Volunteers must be able to attend the full day training program. Please contact Amy Steinkuhl at Amy@kcp.uky.edu for more information. The deadline for [volunteer registration](#) is this Friday, May 18th. Forward this announcement on to partners who may be interested in volunteering at this one of a kind Kentucky kid's oncology camp.

- *(reminder)* [Indian Summer Camp](#) offering camp for **SIBLINGS** of children diagnosed with **cancer in early June** In addition to their week-long summer camp for children diagnosed with cancer, Indian Summer Camp is now offering a Sibling Camp program. This is a weekend-long camp aimed to address the unique needs of children who have a brother or sister with cancer. Often times, when a child is diagnosed with cancer their siblings experience a wide range of emotions and may feel left out, scared, and alone. Sibling Camp offers these children a special place where they can bond with others with similar circumstances, gain recognition, and learn that they are special too...all while having the time of their lives! The sibling camp will be held June 1-3, at Camp Cedarmore in Shelby County.

Colon Cancer

- [Researchers Test Laxative-Free Colon Scan](#) (5/14/12, HealthDay News) A preliminary new study suggests that patients who get virtual colonoscopies -- alternatives to regular colonoscopies -- might avoid the unpleasant task of bowel-cleansing with laxatives beforehand. However, this study of 605 people found that the laxative-free virtual colonoscopies were less effective at detecting small malignancies than regular colonoscopies. The virtual colonoscopy has become more common in recent years, with ACS endorsing it as an acceptable screening method. Patients involved in the study, who were 50 to 85 years old and at average to moderate risk of colon cancer, received a "contrast agent" to add to low-fiber meals and snacks for two days before their procedures. Then they had virtual colonoscopies without needing to take laxatives. Several weeks later, the patients underwent regular colonoscopy, and the researchers compared the results. The researchers found that the laxative-free colonoscopies were nearly as good as regular screenings at identifying polyps 10 mm or larger -- the most likely to become cancerous -- but were less effective at detecting smaller polyps. Common practice usually involves removing any polyps 6 millimeters or larger, the study authors said. As for the idea of laxative-free virtual colonoscopy, "the technique needs to continue to evolve before it's likely to be an important and frequently utilized alternative to colon cancer screening." The study, funded in part by GE Healthcare, manufacturer of the contrast agent, appears in the May 15 issue of the *Annals of Internal Medicine*.
- *(reminder)* **Kentucky participating in CDC's Survey of Endoscopic Capacity** In 2011 and 2012, CDC is reassessing the national, state, tribal, and territorial colorectal screening and diagnostic follow-up capacity in a study (SECAP II). KENTUCKY will be one of 14 states/tribes/territories participating in this assessment. This is Part II of a study begun in 2005. Given the growth in the size of the U.S. population over 50 years of age and the increased use of colonoscopy as a CRC screening test, it is important to provide a more up-to-date capacity assessment. This new data may inform an anticipated increase in the proportion of the population receiving CRC screening as a result of the Affordable Care Act's no-cost sharing

preventive services provision. **NOTE:** Facilities performing lower endoscopy in your area may be selected to complete a survey as either part of the randomly selected national sample or as part of a census in participating states/tribes/territories. The contracted survey agency, Battelle, will first telephone endoscopic facilities, and then send a survey packet via Fed Ex. Please encourage endoscopists in your area to complete the survey if they receive one! SECAP I response rates exceeded 80%, and CDC hopes to achieve a similar response rate with SECAP II.

General

- [Coordinated School Health Symposium](#) Set for Monday, June 25th at the Marriott Griffin Gate in Lexington, this event is sponsored by the Kentucky School Boards Association (KSBA) and the KDE/KDPH Coordinated School Health (CSH) Team. The theme will be “Coordinated School Health: The Missing Link in Unbridled Learning.” Registration information can be found [here](#) and [online](#).
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- [Nurse practitioners look to fill gap with expected spike in demand for health services](#) (5/13/12, Washington Post) President Obama’s health-care law is expected to expand health insurance to 32 million Americans over the next decade. Health policy experts anticipate that the wave of new insurance subscribers will lead to a spike in demand for medical services. That has a battle heating up over who will provide that care. Nurse practitioners are rolling out a campaign this week to explain what, exactly, nurse practitioners do — and why patients should trust them with their medical needs. Through advertisements, public service announcements and events, the organization will try to raise the profile of the country’s 155,000 nurse practitioners. The campaign looks to exploit what many say is a looming doctor shortage. The Association of American Medical College predicts that the country will have 63,000 too few doctors as soon as 2015. “With the serious shortage of family doctors in many parts of the country, nurse practitioners can provide expert, compassionate and affordable care,” the group will contend in a radio public service announcement. The [American Academy of Nurse Practitioners](#) will follow up on the public relations blitz with state-level lobbying efforts, looking to pass bills that will expand the range of medical procedures that their membership can perform.
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- [Hatfield-McCoy feud was never a food fight](#) (5/16/12, Lexington Herald-Leader) It's been said the legendary feud between the Hatfields and McCoys was sparked by any of several events — a stolen hog, a star-crossed romance, a Southerner who dared fight for the Union during the Civil War or even a heated election-day brawl drenched with alcohol. As the story is dramatized in a three-part miniseries on the cable TV channel History beginning at 9 p.m. Memorial Day, there's one thing we know for sure: The families ate many of the same foods. Like everyone who lived in mountain communities at that time, the Hatfields and the McCoys survived on large crops of corn, shucky beans, onions, potatoes and fruit from the orchards. Meat was whatever the hunter brought home. In her third cookbook, *Scratch Cooking 2: It's the Real McCoy*, Lyons includes recipes that her grandmother and great-grandmother cooked. The menu is available at [Kentuckyscratchcooking.com](#). Lyons also teaches from-scratch cooking classes. She is joining the **University of Kentucky Markey Cancer Center** to offer a cooking class at 10 a.m. June 16 for cancer patients, survivors and caregivers.

Lung Cancer

- (reminder) **Invitation from the Lung Cancer Alliance:** “If you want to make a difference in the lives of those affected by Lung Cancer we invite you to join the Kentucky and Southern Indiana Chapter of Lung Cancer Alliance for our ‘Meet and Greet Reception’, Thursday, May 17, 2012, 4:30 pm – 6:30 pm at Gilda’s Club, 633 Baxter Avenue, Louisville, KY 40204. This meeting will get you connected to this important movement in our community and help you to know exactly how you can make a difference! Please RSVP with Nisa at nnatrakul@lungcanceralliance.org or call 202-742-1893. Walk-ins are also welcome!”

Prevention/Genetics/Causes

- **Height, weight — BMI? Doctors urged to treat body mass index as a vital sign** (5/13/12, Washington Post) Doctors assess patients’ breathing, heart rate and blood pressure routinely at office visits. Soon, they may be adding body mass index to that list. Tracking this measure — an indicator of whether someone is obese or overweight — at medical checkups as if it were a vital sign is among a new set of strategies recommended for battling obesity, which some experts predict will affect 42 percent of adults by 2030. Although professional medical societies have said for years that physicians should monitor patients’ body mass index, most doctors do not. A 2006 survey of family physicians found that fewer than half checked BMIs for children older than 2, even though 71 percent knew that such checks had been recommended. Just over 40 percent of adult patients in commercial HMOs had documented BMI measurements in 2009 and 2010, according to a survey by the National Committee for Quality Assurance, an organization that evaluates health plans. That figure falls to 12 percent for patients in commercial PPOs, a more common type of plan. The Institute of Medicine last week called for the medical profession and health insurers to become more rigorous in their approach.
- **A Little More Education, a Little Longer Life?** (5/14/12, HealthDay News) An unusual, comprehensive study involving 1.2 million Swedes shows that students who were exposed to nine years of education rather than eight had a lower mortality rate after age 40. From 1949 to 1962, Sweden added one year of compulsory schooling. Children continued to start school at age 7; the new program increased the number of years in school from eight to nine. The change was implemented in a way that was designed to facilitate long-term evaluation of the value and impact of the additional year in school. All children born between 1943 and 1955 in 900 municipalities were included in the study. Each year, as the program was phased in, children in some municipalities were included in the new nine-year system and others were not. Those not included were the control group. The researchers gathered data on age of death and causes of mortality until 2007. During the 58-year follow-up period, about 92,000 of those in the study died due to various causes. The authors found that in what they call "later adulthood," after age 40, the group with the ninth year of education had lower mortality from all diseases than did those with eight years in school. Those people also had a lower death rate from lung cancer, all cancers and accidents. The research was published in this week's issue of the *Proceedings of the National Academy of Sciences*.
- **New Study Shows Kentucky Schools and Community Agencies Often Collaborate to Share Facilities** (5/9/12, Kentucky Youth Advocates) Schools across Kentucky have opened their facilities to their communities during non-school hours for many years, allowing people of

all ages to use their gymnasiums, tracks, cafeterias, and athletic fields for recreation. This practice, known as “shared-use,” not only saves cost, it deepens school and community connections and expands opportunities for physical activity. According to a new study, [Sharing School Facilities: How Collaboration Can Increase Physical Activity in Communities](#), by Kentucky Youth Advocates and the Kentucky Cancer Consortium, 74 percent of responding principals allow some of their school facilities to be used by community members.

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- (reminder) [Weight of the Nation Documentary](#) Beginning in May, will launch the Weight of the Nation public health campaign featuring a four-part documentary film series on the obesity epidemic. The topics of the four films will be *Consequences*, *Choices*, *Children in Crisis* and *Challenges*. Supporting these films will be advertising, press releases, major market screening events, robust social media, bonus short videos online, DVD screening kits and online community action resources. HBO channels will be available free this week, May 14-18, so everyone can see the series. Public health programs and partners are encouraged to host screening events for opinion leaders and community mobilization activities using the DVD screening kits that include the entire series, discussion guides in English and Spanish, and tips and supplemental materials for hosting screenings. [Sign up online for an e-newsletter and screening kits](#). Use online resources from CDC at www.CDC.gov/Obesity and join conversations to help build online communities at www.Facebook.com/TheWeightOfTheNation. CDC and its partners hope these tools will catalyze and support local efforts in communities that combat obesity across the country.

Program Planning

- (reminder) 2012 [Training series: Health for a Change: Ignite - Unite - Act!](#) The Foundation for a Health Kentucky values the work of people like you who strive to make Kentucky communities healthier places to live, work, study and play. FHK is set to launch a training series designed to offer the topics most valuable to advocates, non-profit staff and public health professionals, and has procured excellent speakers to present best practices and proven models of these skills in a combination of electronic webinar format and in-person workshops. The series starts in May with two webinars demonstrating how you and community partners can find and use data sources to identify and quantify the health needs of your community:
 - Health Data: Where to find it. How to use it. (Webinar) Wednesday, May 16th, 3-4pm (EST) [\(details\)](#)
 - How Healthy is My Community? A Practical Guide to Community Health Assessment. (Webinar) Wednesday, May 30th, 3-4pm (EST) [\(details\)](#)

A June 20th workshop will provide training on coalition building and maintenance. Later this summer, webinars will help you identify the differences between advocacy and lobbying, find policies and programs that are evidence-based, plan a budget and successfully apply for grant funding. Other workshops present how policy is made and promoted in Kentucky, how to build a campaign around your health issue, as well as how to evaluate your efforts for future planning and funding. FHK invites you to choose one or more of the sessions or register for the entire series. Attendance at both the webinars and the workshops is free of charge.

Resources

- National Cancer Institute’s [Research to Reality](#) is an online community of practice that links cancer control practitioners and researchers and provides opportunities for discussion, learning, and enhanced collaboration on moving research into practice. Karin Hohman and Leslie Given, well-regarded nationally for their work with comprehensive cancer control coalitions, have begun a series of monthly discussions on the Research to Reality website called "[Coalition Corner](#)". Their discussions focus on topics of interest to coalitions and others engaged in cancer control efforts. Coalition Corner will be a place where the “art” of relationship building is tackled head-on so that community-based coalitions and their research partners can discover new ways to expand their interactions and to deal with the challenges of working together. Recent discussions have included: “[Remind me Again, We Am I Here? Maintaining a Cancer Coalition](#)” and “[Boost Your Coalition in Five Easy Ways.](#)”
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- [CDC’s Guide to Writing for Social Media](#) was written to provide guidance and share the lessons learned in more than three years of creating social media messages in CDC health communication campaigns, activities, and emergency response efforts. In this guide, you will find information to help you write more effectively using multiple social media channels, particularly Facebook, Twitter, and mobile phone text messaging. The guide is intended for a beginner audience, although some readers with an intermediate level may find it useful too. Some of the topics covered: 1) How social media should be part of your overall health communication efforts 2) How to incorporate the principles of health literacy in your messages 3) Separate chapters on writing for Facebook, Twitter, and text messaging . For a description of the Guide, along with other CDC social media tools and guidance: <http://www.cdc.gov/SocialMedia/Tools/guidelines/>

Skin Cancer

- [Release of “Use of Indoor Tanning Devices by Adults—United States, 2010 and Trends in the Prevalence of Sunscreen Use, Other Sun Protective Behaviors, and Sunburn Among Adults Aged 18-29 Years—United States, 2000-2010 \(5/10/12, CDC MMWR\)](#) Two new studies reveal that young adults are engaging in behaviors that can increase their skin cancer risk. Indoor tanning device use was found to be common among U.S. adults, and widespread among non-Hispanic white women aged 18-25, according to one study. A second study reports that although certain sun protective behaviors such as sunscreen use, staying in the shade, and wearing long-sleeved clothing increased during 2000-2010 among U.S. adults aged 18-29 years, there has not been a corresponding decrease in sunburns among people in this age group. The manuscripts, published today in the CDC’s [Morbidity and Mortality Weekly Report](#), used data from the National Health Interview Survey’s Cancer Control Supplement to assess the proportion of adults who had used an indoor tanning device in the previous year and evaluate trends in sun protective behaviors and sunburn among adults aged 18-29. In 2010, among U.S. adults aged 18 years and older:
 - 32% of non-Hispanic white women aged 18-21 years reported indoor tanning, with an average of 28 sessions in the past year.
 - Among non-Hispanic white adults who used an indoor tanning device in the past year, 58% of women and 40% of men used one 10 times or more.

- Non-Hispanic white women aged 18-21 residing in the Midwest (44%) and non-Hispanic white women aged 22-25 in the South (36%) were most likely to use indoor tanning devices.

To read the press release related to these studies, please visit:

http://www.cdc.gov/media/releases/2012/p0510_skin_cancer.html

Smoke-free

- [Secondhand Smoke May Harm Heart Function](#) (5/14/12, HealthDay News) -- For nonsmokers, exposure to low levels of secondhand smoke for just 30 minutes can cause significant damage to the lining of their blood vessels, the results of a new study indicate. The findings could have major public health implications because this type of damage has been associated with atherosclerosis (hardening of the arteries), which can lead to heart attack or stroke. "Breathing in very low levels of secondhand smoke -- the same amount many people and children would encounter out and about in the community -- appears to impair one's vascular function after just 30 minutes of exposure," the study's lead investigator, Dr. Paul Frey, of the division of cardiology at San Francisco General Hospital, said in a news release from the American College of Cardiology. The researchers used a smoking machine to produce specific particulate concentrations and measured its effects on 33 healthy nonsmokers ranging in age from 18 to 40 years old. The nonsmokers were divided into three groups and exposed to one of three levels of secondhand smoke: clean air; lower levels of lingering smoke found in smokers' homes or a restaurant; and high levels found in a smoky bar or casino. The study, published in the May 22 issue of the *Journal of the American College of Cardiology*, revealed that a major blood vessel found in the upper arm, called the brachial artery, did not dilate properly in the people exposed to lingering secondhand smoke. This happened, the authors explained, because the inner lining of the blood vessels was not working properly. The researchers concluded that more comprehensive policies are needed to ban public smoking. They also suggested that doctors should talk to their patients about whether or not they live with a smoker or are occasionally around or near people who smoke.
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- [Report Claims SCHIP Cut Smokers, Increased Revenues](#) (5/10/12, CSP Daily News) A new study by researchers at the University of Illinois at Chicago claims that a large national tax increase "can influence youth tobacco use prevalence within a very short time period." Implemented on April 1, 2009, the State Children's Health Insurance Program Reauthorization Act (SCHIP) increased the federal tax rate on cigarettes by 61.66 cents per pack (from 39 cents to \$1.0066 per pack) and on moist snuff, the most common form of smokeless tobacco, by 92.5 cents per pound (from 58.5 cents to \$1.51 per pound). It also increased taxes on other forms of smokeless tobacco. SCHIP reduced the number of youth smokers by at least 220,000 and the number of youth smokeless tobacco users by at least 135,000 in the first two months, according to the report, published online by the National Bureau of Economic Research. The study investigated the changes in youth smoking and smokeless tobacco use rates following the April 2009 federal tobacco tax increases, using data from the Monitoring the Future survey, an annual national survey of 8th, 10th and 12th grade students. Because the survey is conducted from February through May each year, it coincided with the April 1 tobacco tax increase and provided a means to measure the immediate effect. The percentage of students who reported smoking in the past 30 days dropped between 9.7% and 13.3% immediately following the tax increase, while

the percentage who reported using smokeless tobacco dropped between 16% and 24%. The study said that it controlled for other factors that influence youth tobacco use, including individual, family and school characteristics as well as state tobacco control measures, including state cigarette taxes, smoke-free air polices and tobacco control funding. [Click here](#) to view the full report.

- *(reminder)* [Smoke-free Kentucky Coalition Meeting](#) The Smoke-free Kentucky Coalition will be hosting a meeting to exchange ideas on how to strengthen the Coalition, and needs input in taking their campaign to the next level. The Coalition is inviting their 230 Smoke-free Kentucky organizational and business partners as well as hospital administrators. They will be offering the same session at two different times to accommodate Coalition members' schedules. You only need to attend one session: Tuesday, June 12th from 11:30am -1:30pm, Lunch Included OR Thursday, June 14th from 5:00 p.m.-6:30 p.m., Dinner Included. Location: Central Baptist Hospital-Education Center-Lower Level Building E-Auditorium, 1740 Nicholasville Road, Lexington, KY 40503. RSVP your attendance to Betsy Janes with the American Lung Association at betsyj@kylung.org.

Smoking Cessation

- [Many Women Still Smoke During Pregnancy](#) (5/10/12, HealthDay News) Too many American women still smoke during their pregnancies, a new report finds, and rates of such smoking vary widely depending on race. Researchers found that almost 22 percent of pregnant white women aged 15 to 44 smoked cigarettes within the previous 30 days, compared with just over 14 percent of pregnant black women and 6.5 percent of Hispanic women in the same age range. The rate of illicit drug use during pregnancy, however, was higher among black women (7.7 percent) than among white women (4.4 percent) or Hispanic women (about 3 percent), according to the Substance Abuse and Mental Health Services Administration [study, released May 9th](#). Rates of alcohol use during pregnancy were about the same for black and white women (12.8 percent and 12.2 percent, respectively), and much higher than among Hispanic women (7.4 percent), according to the study. The findings are based on an analysis of data from the administration's 2002 to 2010 national surveys on drug use and health.
- *(reminder)* [Two Cooper/Clayton Method to Stop Smoking classes](#) will be offered by the Lexington-Fayette County Health Department this summer. One class series will begin on Tuesday, June 5th and will be held at the Northside Public Library. The second series will begin on Wednesday, June 20th and will be held at the Public Health Clinic South. Each class series consists of 12-weeks of education on coping skills and how to effectively use nicotine-replacement therapy products. The classes are also provided in a supportive group format. For more information, click on the link above or call Angela Brumley-Shelton with the Lexington-Fayette Health Dept. at 859-288-2395.

Survivorship

- [American Cancer Society's Relays for Life](#) are being held across Kentucky throughout the Spring and Summer months. Relay is an overnight relay-style event where teams of people (survivors, caregivers, community members) camp out around a track. Members of each team take turns walking around the track for the duration of the event. Food, games and activities provide

entertainment and fundraising opportunities, with a family-friendly environment for all. Because it's a Relay, attendees are not required to be there the entire time...but it's so fun, you might find it hard to leave!

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- [Late brother in O'Neill's thoughts amid Derby triumph](#) (5/15/12, USA Today) When I'll Have Another launched his dramatic rally to overtake Bodemeister by 11/2 lengths in the Kentucky Derby, winning trainer Doug O'Neill and his brother, Dennis, shared the same thought. Danny must be loving this. Both Doug and Dennis, a cancer survivor who purchased the newly crowned champion for the bargain price of \$35,000, were overwhelmed by the feeling that a brother who died at 37 of melanoma in 1998 was with them to enjoy their greatest triumph. Dennis experienced the same powerful emotion when I'll Have Another made his stirring charge. Their brother Danny was fascinated by the study of bloodlines, and the O'Neills shared the dream of making it big in the racing world. None of them ever imagined their world could change so radically after one medical examination. "When the doctor walks into the room and he is crying, you know you're in bad shape," Dennis said. "He said, 'You have to go home and get your things in order. You've got 6 months to live.' ". Danny died almost a year later. "It was absolutely devastating," Doug said. "Of the four boys, he was always the biggest and strongest. To see him deteriorate the way he did, it's hard to put into words..." The brothers were shaken to the core again in January 2006, when a lump grew in Dennis' jaw. He was found to have non-Hodgkin's lymphoma. The lump was removed and he had six rounds of chemotherapy, each more debilitating than the last. Doug, while overseeing a stable that numbered approximately 100 horses, would still find a way to be at Dennis' side, reading to him from the *Daily Racing Form* to help keep his mind off the disease that had taken one member of the family and was threatening to take another. Dennis is considered to be cancer-free. He is closely monitored, because doctors think he is at a high risk of a recurrence. He does not look back unless he is asked to. His focus is always on bringing his uncanny eye for a horse to the next sale.
- *(reminder)* Learn more about affordable healthcare options. Representatives from Single Payer Kentucky will be at [Gilda's Club Louisville](#), 633 Baxter Ave., TONIGHT, Wednesday, May 16 to provide information on legislation that currently is pending in Congress. All questions and discussion are welcome! The program begins at 6:30pm with dinner at 6pm. Call the clubhouse at 583-0075 to RSVP if you plan to attend.
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- *(reminder)* [Gilda's Club Louisville's](#) Summer Science Camp is part "Mythbusters" and part "Weird Science." The camp will run from 10am to 3pm, Monday, June 4 to Thursday, June 7 at the clubhouse at 633 Baxter Ave. (On Friday, June 8, campers will meet at the clubhouse and travel to the laboratory at the Speed School of engineering. Friday's program concludes at 1pm) Dr. Gary Rivoli of the Speed School will explore robots, bridges, drawing and drafting – and much more -- with campers – using teamwork, problem-solving, and critical thinking skills. For youth ages 8-12 (Space is limited and priority will be given to Gilda's Club and Grief Connection youth; others will be placed on a wait list and notified as openings occur.) If you know someone who may be interested, have them call the clubhouse at 583-0075 to RSVP their attendance.
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- *(reminder)* Camp Gilda, a summer day camp for youth ages 6-11 who are connected to active cancer, will feature fun, field trips, an "Amazing Race" challenge and the Gilda Carnival service project during the week of June 25 to 29. Camp runs daily from 8:30am to 5:30pm at the [Gilda's Club Louisville](#), 633 Baxter Ave. Priority will be given to campers who have not before

attended Gilda's summer camp; others will be placed on a wait list and notified as openings occur. If you know someone who may be interested, have them call the clubhouse at 583-0075 to RSVP their attendance.

Worksite Wellness

- [Policy Brief Explores Workplace Wellness Programs](#) (5/14/12, RWJF.org) Beginning in 2014, the Affordable Care Act (ACA) will expand employers' ability to reward employees that participate in wellness programs and who meet health status goals, while also requiring employees who don't meet these goals to pay more for their employer-sponsored health coverage. However, provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) prohibit employer health benefit plans from discriminating against individuals based on any factor connected with their health status. A new policy brief from *Health Affairs* and the Robert Wood Johnson Foundation explains trends in wellness programs, details changes in the law beginning in 2014, and highlights the issues at play. There is widespread support for wellness programs among both employers and employees. The authors explain that some people even support programs that encourage employees to participate and require that they achieve and maintain measurable health status goals—arguing that individuals should bear responsibility for their health behaviors and lifestyle choices. Others are wary of 'penalizing' employees based on their ability to meet health status goals, which could potentially shift health care costs from the healthy to the sick, while also calling into question various privacy issues. The authors say that the relationship between insurance coverage benefits and employer wellness programs will need to be addressed through regulations that carefully clarify how such programs will work. [Read "Workplace Wellness Programs."](#)
- [PRC Researchers Find Small Businesses Are Willing to Implement Health Promotion Programs and Policies](#) Researchers at the University of Washington PRC evaluated the implementation of the American Cancer Society's (ACS) HealthLinks, a workplace health promotion program, in 23 small and low-wage companies in Mason County, Washington. Businesses that participated in HealthLinks received resources and support from ACS to select and implement best practices in workplace health promotion. These are practices designed to reduce behaviors that put employees at risk for chronic diseases. Results showed that businesses that used HealthLinks significantly increased their implementation of physical activity programs (29% to 51%) and health behavior policies (40% to 81%) focused on limiting or banning tobacco use and promoting healthy eating and physical activity. See "[Increasing Evidence-Based Workplace Health Promotion Best Practices in Small and Low-Wage Companies, Mason County, Washington, 2009](#)," released April, 5, 2012, by *Preventing Chronic Disease*.
- *(reminder)* **Webinar: Making the Case for Worksite Health, Leadership & Culture**, Monday, June 18th, 1:00 - 2:30 p.m. EDT. The CDC [National Healthy Worksite Program](#) (NHWP) is providing employers and interested organizations nationwide access to worksite health training and resources beginning this summer. Webinars focus on practical, skill-building training for employers to implement comprehensive worksite health programs. This first in the series of five trainings provided by the CDC will discuss the key components of a worksite health program; the relationship between individual employee health and organizational performance; and how to create leadership support and build a strong infrastructure and culture for worksite health. Attendees will also have the opportunity to hear the latest information about the recently

implemented National Healthy Worksite Program. Featured Speaker: William B. Baun, EPD, CWP, FAWHP, Wellness Officer, MD Anderson Cancer Center, President, National Wellness Institute. Space is limited. [Reserve your webinar seat](#) now!