



## Welcome New Clients!

Clinical Outcomes Group, Inc. (COGI) would like to take this opportunity to say “Thank You!” and recognize the following companies for partnering with COGI during the last quarter to offer Workplace Wellness services to their employees:

*Hampton Inn of Lewisburg*

*Kawneer / Alcoa*

*McCann School of Business and Technology*

*Penn State Schuylkill Campus*

*Service First Federal Credit Union of Danville*

*Shenandoah Community Ambulance Association*

*Wise Foods*

## April is National STD Awareness Month

There are numerous types of Sexual Transmitted Diseases (STD) that you are able to contract. The following provides you with a brief description of the most commonly heard infections.

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. It has often been called “the great imitator” because so many of the signs and symptoms are indistinguishable from those of other diseases.

Syphilis is passed from person to person through direct contact with a syphilis sore. Sores occur mainly on the external genitals, vagina, anus, or in the rectum. Sores also can occur on the lips and in the mouth. Transmission of the organism occurs during vaginal, anal, or oral sex. Pregnant women with the disease can pass it to the babies they are carrying. Syphilis cannot be spread through contact with toilet seats, doorknobs, swimming pools, hot tubs, bathtubs, shared clothing, or eating utensils.

Gonorrhea is a sexually transmitted disease (STD). Gonorrhea is caused by *Neisseria gonorrhoeae*, a bacterium that can grow and multiply easily in the warm, moist areas of the reproductive tract, including the cervix (opening to the womb), uterus (womb), and fallopian tubes (egg canals) in women, and in the urethra (urine canal) in women and men. The bacterium can also grow in the mouth, throat, eyes, and anus.

Any sexually active person can be infected with gonorrhea. In the United States, the highest reported rates of infection are among sexually active teenagers, young adults, and African Americans.

Chlamydia is a common sexually transmitted disease (STD) caused by the bacterium, *Chlamydia trachomatis*, which can damage a woman's reproductive organs. Even though symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertili-

ty, can occur "silently" before a woman ever recognizes a problem. Chlamydia also can cause discharge from the penis of an infected man.

On page 3 you will see statistics on the incidents of infections for these diseases in Pennsylvania.

Source: [www.cdc.gov/std/](http://www.cdc.gov/std/)

*Continued to Page 3*

### Inside this issue:

Using Science to Reduce the Burden of Cancer	<b>2</b>
May is Stroke Awareness Month	<b>3</b>
May is Teen Pregnancy Month	<b>4</b>
Learn About Teen Dating Violence	<b>5</b>
Family Spring Break Travel	<b>5</b>
May is National Physical Fitness and Sports	<b>6</b>
May is National Huntington's Disease Month	<b>7</b>
April is National Counseling Awareness Month	<b>7</b>
Calendar of Events & Win! Tips	<b>8</b>

## April is Cancer Control Month - Using Science to Reduce the Burden of Cancer

CDC conducts studies and supports public health research designed to help the cancer community reduce the burden of cancer and eliminate health disparities. CDC also evaluates the feasibility and effectiveness of strategies designed to prevent and control cancer.

The cancer community has made extraordinary progress during the past two decades in developing and using cancer prevention strategies, early detection interventions, and cancer treatments. Nonetheless, cancer remains the second leading cause of death in the United States, claiming the lives of more than half a million Americans every year.<sup>1</sup>

CDC conducts and supports studies, often in collaboration with partners, to develop and apply sound science to reduce the burden of cancer and eliminate health disparities. This research uses many different areas of expertise (behavioral science, economics, epidemiology, health services, medicine, and statistics) to address the public health research needs of CDC programs, health care providers, people affected by cancer, and the larger comprehensive cancer control community.

### *Health-Related Behavior Changes after Cancer*

This study, to be published in March 2010, examined positive and negative health-related behavior changes in nearly 8,000 cancer survivors. Positive or healthy changes were associated with younger age, greater education, having breast cancer, being farther from diagnosis, having other illnesses, greater vitality, fear of recurrence, and spiritual well-being. Negative or unhealthy behavior changes also

were associated with younger age; being non-Hispanic African American; being widowed, divorced, or separated; and reporting worse physical and emotional health. The results of this study will help the public health community develop programs to help survivors protect their long-term health.<sup>2</sup>


### *Annual Report to the Nation on the Status of Cancer*

CDC has collaborated with the American Cancer Society, the North American Association of Central Cancer Registries, and the National Cancer Institute since 1998 to create this annual report. It provides an update of cancer incidence (new cases) and death rates and trends in these rates in the United States, as well as an in-depth analysis of a selected topic.

According to the most recent report, published in February 2010, the cancer incidence rate (number of people who get cancer out of every 100,000 people) for all types of cancer combined in the United States decreased, on average, about 1% per year from 1999 to 2006. The death rate (number of people who die from cancer out of every 100,000 people) decreased 1.6 percent per year from 2001 to 2006. These decreases are mostly due to drops in rates for the three most common cancers in men (lung, prostate, and colorectal cancers) and for two of the three leading cancers in women (breast and colorectal cancers).<sup>3</sup>

### *Follow-Up for Cervical Abnormalities in a Managed Care Plan*

The purpose of this study, published in January 2010, was to find out what follow-up tests women with health insurance received after they had an abnormal Pap test. Overall, 14% of the women in the study received

follow-up tests. After the American Society of Colposcopic and Cervical Pathology guidelines (  159KB) were updated to encourage colposcopies (examination of the vagina and cervix using a lighted magnifying instrument called a colposcope) instead of repeated Pap tests, the study found that more colposcopies and fewer repeated Pap tests were performed as a follow-up to an abnormal Pap test, but not as much as expected based on the recommended guidelines. This study assessed whether health care providers are changing their practices as guidelines are updated.<sup>4</sup>

### *Health Behaviors and Quality of Life of Cancer Survivors in Massachusetts*

Few state-based studies have examined the health status and health-related quality of life of the nearly 12 million cancer survivors living in the United States. This study, published in January 2010, used Massachusetts Behavioral Risk Factor Surveillance System data to describe cancer survivors' demographics, health behaviors, quality of life, use of preventive care services, and influenza (flu) vaccination rates.

The study found that cancer survivors were more likely to have a chronic disease such as heart disease or asthma, to be disabled, to be vaccinated against flu, and to be screened for breast, colorectal, and cervical cancer than respondents who did not have cancer. Cancer survivors and respondents who did not have cancer had similar rates of smoking, obesity, and physical activity. These findings

will help state public health planners develop programs to address the long-term consequences of cancer diagnosis and treatment.<sup>5</sup>

### *Cancer Survivorship Research: Mapping the New Challenges*

The Fourth Biennial Cancer Survivorship Research Conference, held in June 2008 in Atlanta, Georgia brought together nearly 500 researchers, clinicians, cancer survivors, advocates, policymakers, and public health experts. A collection of 14 articles, published in the September 15, 2009 supplement to the journal *Cancer*, represents the research presented at that conference.

### References

- Heron M, Hoyert DL, Murphy SL, Xu J, Kochanek KD, Tejada-Vera B. Deaths: Final data for 2006. *National Vital Statistics Reports* 2009;57(14).
  - Hawkins NA, Smith T, Zhao L, Rodriguez J, Berkowitz Z, Stein KD. Health-related behavior change after cancer: results of the American Cancer Society's studies of cancer survivors (SCS). *Journal of Cancer Survivorship* 2010;4(1):20-32.
  - Edwards BK, Ward E, Kohler BA, Ehemann C, Zaubler AG, Anderson RN, Jemal A, Schymura MJ, Lansdorp-Vogelaar I, Seeff LC, van Ballegooijen M, Goede SL, Ries LA. Annual report to the nation on the status of cancer, 1975-2006, featuring colorectal cancer trends and impact of interventions (risk factors, screening, and treatment) to reduce future rates. *Cancer* 2010;116(3):544-573.
  - Benard VB, Berkman ND, Kuo T, Martin CK, Richardson LC. Follow-up for cervical abnormalities in a managed care plan, 1999-2004. *Preventive Medicine* 2010;50(1-2):81-85.
  - Fairley TL, Hawk H, Pierre S. Health behaviors and quality of life of cancer survivors in Massachusetts, 2006: data use for comprehensive cancer control. *Preventing Chronic Disease* 2010;7(1).
- Source:** [www.cdc.gov/Features/CancerResearch/](http://www.cdc.gov/Features/CancerResearch/)

## May is Stroke Awareness Month

### How to Prevent Stroke

You can help prevent stroke by making healthy choices and managing any medical conditions you might have.

### Live a Healthy Lifestyle

Eat a healthy diet. Choosing healthful meal and snack options can help you avoid stroke and its complications. Be sure to eat plenty of fresh fruits and vegetables.

Eating foods low in saturated fat and cholesterol and high in fiber can help prevent high blood cholesterol. Limiting salt or sodium in your diet can also lower your blood pressure.

Maintain a healthy weight. Being overweight or obese can increase your risk for stroke. To determine whether your weight is in a healthy range, doctors often calculate a number called the body mass index (BMI).

Doctors sometimes also use waist and hip measurements to measure a person's excess body fat.

Be active. Physical activity can help you maintain a healthy weight and lower cholesterol and blood pressure. The Surgeon General recommends that adults should engage in moderate-intensity exercise for at least 30 minutes on most days of the week.

Don't smoke. Cigarette smoking greatly increases your risk for stroke. So, if you don't smoke, don't start. If you do smoke, quitting will lower your risk. Your doctor can suggest ways to help you quit.

Limit alcohol use. Avoid drinking too much alcohol, which causes high blood pressure.

### Prevent or Treat Your Medical Conditions

If you have high cholesterol, high blood pressure, diabetes, or heart disease, there are steps you can take to lower your risk for stroke.

Have your cholesterol checked. Your health care provider should test your [cholesterol levels](#) a least once every five years. Talk with your doctor about this simple blood test.

Monitor your blood pressure. High blood pressure has no symptoms, so be sure to have it checked on a regular basis.

Manage your diabetes. If you have diabetes, closely monitor your blood sugar levels. Talk with your health care provider about treatment options.

Take your medicine. If you're

taking medication to treat high cholesterol, high blood pressure, or diabetes, follow your doctor's instructions carefully. Always ask questions if you don't understand something.

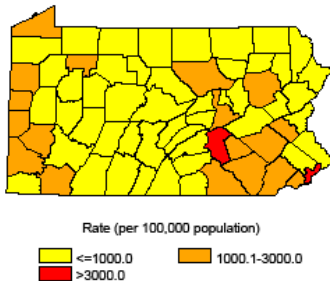
Talk with your health care provider. You and your doctor can work together to prevent or treat the medical conditions that lead to heart disease. Discuss your treatment plan regularly and bring a list of questions to your appointments.

Source: [http://www.cdc.gov/stroke/what\\_you\\_can\\_do.htm](http://www.cdc.gov/stroke/what_you_can_do.htm)

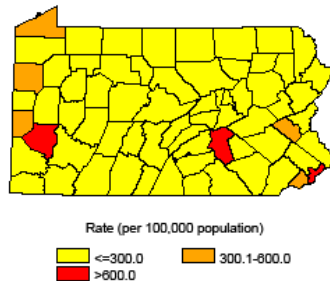
## Continued From Page 1 - April is National STD Awareness Month

### Rates of Reportable STDs among Young People 15 - 24 Years of Age Pennsylvania, 2008

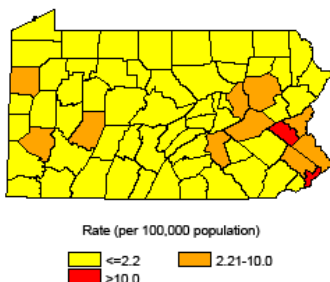
Chlamydia Rates by County



Gonorrhea Rates by County



P&S Syphilis Rates by County



Cases and Rates per 100,000

	Cases	Rate
Chlamydia	31238	1811.8
Gonorrhea	8696	388.3
P&S Syphilis	68	3.9



Source: <http://www.cdc.gov/std/stats/by-age/15-24-all-STDs/default.htm>  
 Page last modified: Feb 3, 2010  
 Page last reviewed: Feb 3, 2010  
 Content Source: Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

## May is Teen Pregnancy Month

### The Importance of Prevention

In 2006, there were 435,436 births to mothers aged 15–19 years in the United States, a birth rate of 41.9 per 1,000 women in this age group.<sup>1</sup> The majority, nearly two thirds among mothers under age 18 and more than half among mothers aged 18–19 years, of teen births are unintended—they occurred sooner than desired or were not wanted at any time.<sup>2</sup> U.S. teen pregnancy, birth, and abortion rates are considerably higher than most other developed countries.<sup>3</sup>

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children.

Preventing teen childbearing could save the United States about \$9 billion per year.<sup>4</sup>

Teen mothers face higher rates of preterm birth, and their infants have higher rates of low birth weight, and infant death.<sup>5</sup>

Compared to women who delay childbearing until the age of 20 to 21 years, teenage mothers, aged 19 and younger, are more likely to—

- drop out of high school, and to be and remain single parents.<sup>6</sup>

The children of teenage mothers are more likely to—

- have lower cognitive attainment and proficiency scores at kindergarten entry,
- exhibit behavior problems,
- have chronic medical conditions,
- rely more heavily on publicly provided health care,
- be incarcerated at some time during adolescence until their early 30s, and drop out of high school, give birth as a teenager, and be unemployed, or underemployed as a young adult.<sup>6</sup>

These effects remain for the teen mother and her child even after adjusting for those factors that increased the teenager's

risk for pregnancy; such as, growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having low attachment to and performance in school.<sup>3</sup>

### Recent Increases in Teen Birth Rates

After declining steadily from 1991–2005, birth rates for 15- to 19-year-olds increased significantly between 2005 and 2006 in 26 states from all regions of the country. This increase was not seen among younger teens: birth rates for 10- to 14-year-olds declined from 0.7 to 0.6 per 1,000 girls. In addition, the number of births for 15- to 19-year-olds rose 3% to 435,436 in 2006, compared to 414,593 in 2005—the largest increase in a single year since 1989–1990. Causes for this increase are not yet known, but bear concern due to the potential increase in the socioeconomic burden of teen pregnancy and childbearing.<sup>1</sup>

### What is CDC doing?

Building upon the successes of a previous 3-year project, Coalition Capacity Building to Prevent Teen Pregnancy, in 2005 CDC funded a 5-year cooperative agreement with three national organizations, four Title X regional training organizations, and nine state teen pregnancy prevention coalitions to increase the capacity of local organizations to select, implement, and evaluate a science-based approach to prevent teen pregnancy, HIV, and STDs in their communities. For more information see CDC's Promoting Science-based Approaches to Prevent Teen Pregnancy, HIV and STDs project.

CDC is also working through these state-based teen pregnancy prevention coalitions to collaborate with state education agencies to implement science-based prevention programs in youth-serving organizations and schools.

### What is a Science-Based Approach to Teen Pregnancy Prevention?

Using science-based approaches for teen pregnancy prevention helps ensure that programs have a greater chance of succeeding. A science-based approach includes the following:

- Uses demographic, epidemiological, and social science research to identify populations at risk for early pregnancy or sexually transmitted diseases, and identifies the risk and protective factors for those populations.
- Uses health behavior or health education theory for selecting risk and protective factors that will be addressed by the program, and helps select intervention activities.
- Uses a logic model to link risk and protective factors with program strategies and outcomes.
- Selects, adapting if necessary, and implements rigorously evaluated programs.

Conducts process and outcome evaluation of the implemented program, and modifies approach based on results.

### Disparities in Teen Childbearing

Eliminating disparities and achieving health equity is an important part of CDC's teen pregnancy prevention work. Several states and regions are working to address the needs of youth at greatest risk for pregnancy and sexually transmitted diseases. African American youth, Latino youth, Native Hawaiian youth, and youth in foster care are all priority populations being served through this project.

### What More Needs to be Done?

Preventing pregnancy, including subsequent pregnancies among teen parents, can provide young people with the best opportunity to succeed in adult life. CDC's main focus for promoting adolescent sexual and reproductive health include the following:

- Achieving health equity through eliminating racial, ethnic, and other disparities in teen pregnancy, and reducing HIV and STD rates.
- Applying youth development approaches to promoting adolescent reproductive health.

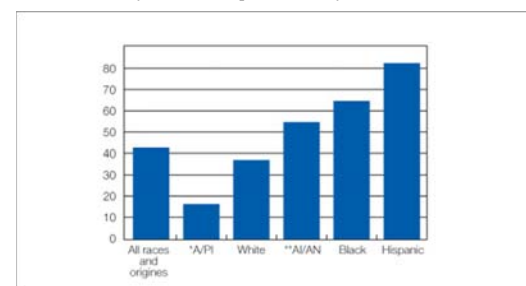
Continuing to build state and local capacity to use science-based approaches to promote teen health.

### References

1. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Kirmeyer S, Mathews TJ. Births: Final data for 2006. *National Vital Statistics Reports* 2009;57(7).
2. Chandra A, Martinez GM, Mosher WD, Abma JC, Jones J. Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth. *Vital Health Stat* 2005;23(25).
3. Singh S, Darroch JE. Adolescent pregnancy and childbearing: levels and trends in developed countries. *Family Planning Perspectives* 2000;32(1):14–23.
4. Hoffman S. By the numbers: the public costs of teen childbearing. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2006.
5. Ventura SJ, Mathews TJ, Hamilton BE. Births to teenagers in the United States, 1940–2000. *National Vital Statistics Reports* 2001;49(10).
6. Hoffman SD. Kids having kids: economic costs and social consequences of teen pregnancy. *The Urban Institute Press*, 2008.

Source: <http://www.cdc.gov/reproductivehealth/AdolescentReproHealth/AboutTP.htm>

Birth rates (live births) per 1,000 Women Aged 15–19 Years, by Race and Hispanic Ethnicity: United States, 2006



A/PI=Asian / Pacific Islander

AI/AN = American Indian/Alaska Native

## June is National Safety Month

### Learn About Teen Dating Violence in New Online Training

Dating violence can happen to any teen, anytime, anywhere. But it doesn't have to happen at all. Learn how to prevent teen dating violence and promote healthy relationships with CDC's new online course, "Dating Matters: Lessons for Teen Dating Violence Prevention."



In a nationwide survey of students in grades 9-12,

nearly one in 10 students reported being hit or physically hurt on purpose by a boyfriend or girlfriend at least once in the past 12 months. And nearly half of all teens in relationships say they know friends who have been verbally abused.

Before violence starts, a teen may experience controlling behavior and demands. One partner may tell another what to wear and who to hang out with. Over time, the unhealthy behavior may become violent. That's why adults need to talk to teens now about the importance of developing healthy, respectful relationships.

The Centers for Disease Control and Prevention in partnership with Liz Claiborne, Inc. have developed a new online training, "Dating Matters: Understanding Teen Dating Violence Prevention." The training will help educators, youth leaders, and others working with teens understand the importance of healthy relationships and how to prevent violence before it

starts. Unhealthy relationships are not about having arguments once in a while or one partner being in a bad mood after a bad day. Dating violence is a form of intimate partner violence that can include physical, emotional, or sexual violence.

Dating violence can have a negative effect on health throughout life. Victims of teen dating violence are more likely to do poorly in school, and report binge drinking, suicide attempts, physical fighting and current sexual activity. Victims may also carry the patterns of violence into future relationships.

That's why it's important to stop teen dating violence before it begins. "Dating Matters" focuses on the issue of

dating violence, the importance of healthy relationships, and provides resources, strategies, and tools to implement dating violence prevention measures in schools.

Learn more at [www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention).



Source: <http://www.cdc.gov/Features/DatingViolence/>

### Family Spring Break Travel - Stay Healthy and Safe

Spring break is family time. You deserve a vacation free from hassles. Plan ahead so your family getaway is enjoyable and fun for everyone. Pack smart, drive safely, eat healthy.

Say good-bye to winter blues by taking a family vacation during spring break. Ensure the success of your trip—whether you're going to a beach resort, theme park, or ski mountain—by planning a healthy and safe holiday.

**Vaccination before vacation.** Before going abroad, find out about important vaccines you and your family should have and any health concerns associated with your destination. Contact your local health department or a travel medicine specialist for specifics.

Remember it's still flu season. Vaccines are the most important tool we have for

preventing the flu. Talk to your doctor about getting a seasonal flu vaccination and a vaccination against the 2009 H1N1 virus before you travel. Information is available at [www.flu.gov](http://www.flu.gov).

**Travel health insurance.** Consider purchasing health insurance if you're traveling outside the United States, because your regular carrier may not cover expenses. Coverage for emergency medical evacuation can be useful. For safety concerns, review the U.S. Department of State's website [www.travel.state.gov](http://www.travel.state.gov). It assists travelers in gauging the political climate of possibly unstable countries.

**You are what you eat.** In developing countries, eat foods that have been fully cooked and served hot. Avoid eating fresh vegetables and fruits, unless you can peel them yourself. Unpasteurized

dairy products are a big gamble, particularly if you are traveling with infants. If your baby is bottle-fed, carry powdered baby formula and use purified, bottled water with intact seals. And, because a "hungry kid is a cranky kid," bring sensible snacks for long airplane rides or car drives.

During your trip

**Buckle up.** On a road trip, everyone needs to be buckled in securely. Child safety seats reduce the risk of death in passenger cars by 71% for infants and by 54% for toddlers ages 1 to 4 years. Seats should fit body size and be installed properly.

Remember the basics of safe driving:

- Keep your speed below the speed limit.
- Stay alert.



- Avoid distractions like talking on the phone or texting.
- Avoid drinking and driving.
- Avoid venturing into dangerous areas.

**Families that play together, stay together.** Families should develop their own system for staying together, particularly if they are going into theme parks and other crowded areas. Parents can determine a comfortable level of independence based on the age and maturity of each child, but everyone should know what to do if separated from the group. Cau-

## Continued from Page 3 - Family Spring Break Travel - Stay Healthy and Safe

tion your children about talking to strangers.

**Active vacations.** Active vacations depend on reliable outfitters for success. While you are making reservations, determine if activities are appropriate to the ages and abilities of your children. Ask if **Continued on Page 4** guides have experience in working with children of those ages. Make sure their equipment is well-maintained and meets safety standards. If you rent bikes or rollerblades, insist on helmets and pads.

**Child care.** If you are staying at a resort with children's programs, find out about the staff's training and what health and safety measures are in place. Ask if activities are designed to fit the skills of your child.

Prevention is the best medicine

**Prevention can be travel-sized.** A family vacation can turn into a nightmare if someone gets sick. To handle such situations, pack common medications, such as antibiotics, allergy tablets, first aid supplies, and hand sanitizers. Insect repellent and antidiarrheal medicine are musts. Keep your pediatrician's phone number handy in case of an emergency.

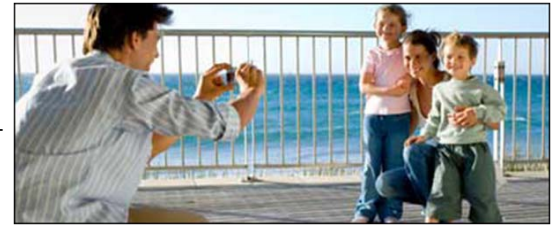
**Diarrhea.** For small children the combination of diarrhea and a hot climate is especially dangerous because kids are very vulnerable to the effects of fluid loss and dehydration. An oral rehydration solution (ORS) is the quickest way to correct dehydration. ORS packets are sold at stores and pharmacies in almost all developing countries, or you can pack your own in a travel health kit.

**Travel wise.** Here are a few practical reminders for healthy and safe travels with your family:

- Take time to become familiar with your surroundings. Inspect hotel rooms for hazards, such as sharp corners on furniture and unprotected electrical outlets, exposed wiring, or faulty balcony railings.
- Keep a restful pace. Schedule nap times as you would at home. Downtime is especially important for the first couple of days while you are recovering from jet lag. Remember, different environments and changes in schedule can be stressful.
- Introduce your children to new experiences gently. Let

waves lap their ankles instead of plunging their bodies into tall breakers.

Put them on the bunny slope first, so they can master the skills needed for more challenging slopes.



animals. A medical professional should evaluate any injuries.

- Wash hands often with soap and water, or use an alcohol-based hand sanitizer. Wash pacifiers, teething rings, and toys often.
- Children can have ear pain during airline flights, especially during descent and landing. To gain comfort, infants should nurse or suck on a bottle and older children can chew gum to equalize pressure in the middle ear.

Most importantly, relax and have a good time. Kids recognize when parents are tense or nervous, so plan ahead to avoid problems.

Source: <http://www.cdc.gov/Features/FamilyTravel/>

### May is National Physical Fitness and Sports Month

Childhood obesity or excess weight threatens the healthy future of one third of American children. We spend \$150 billion every year to treat obesity-related conditions, and that number is growing.

Obesity rates tripled in the past 30 years, a trend that means, for the first time in our history, American children may face a shorter expected lifespan than their parents.

We need to get moving. Join First Lady Michelle Obama, community leaders, teachers, doctors, nurses, moms and dads in a nationwide campaign to tackle the challenge of childhood

obesity.

*Let's Move!* has an ambitious but important goal: to solve the epidemic of childhood obesity within a generation.

*Let's Move!* will give parents the support they need, provide healthier food in schools, help our kids to be more physically active, and make healthy, affordable food available in every part of our country.

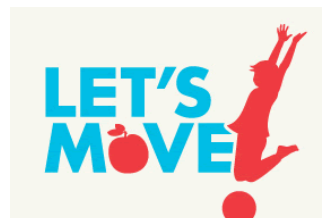
#### Physical Activity

According to the Centers for Disease Control, Children need 60 minutes of active and vigorous play every day to grow up

to a healthy weight. If this sounds like a lot, consider that 8-18 year-olds devote an average of 7 1/2 hours to using entertainment media including TV, computers, video games, cell phones and movies in a typical day, and only a third of high school students get the recommended levels of physical activity. To increase physical activity, today's children need safe routes to walk and ride to school, parks, playgrounds and community centers where they can play and be active after school, and sports, dance or fitness programs that are exciting and challenging to keep them engaged.

Let's move to increase opportunities for kids to be physically active, both in and out of school and create new opportunities for families to be moving together.

For more information on First Lady Michelle Obama's *Let's Move!* Campaign visit: [www.letsmove.gov](http://www.letsmove.gov)



## May is National Huntington's Disease Awareness Month

### What is Huntington's Disease?

Huntington's disease (HD) results from genetically programmed degeneration of brain cells, called neurons, in certain areas of the brain. This degeneration causes uncontrolled movements, loss of intellectual faculties, and emotional disturbance. HD is a familial disease, passed from parent to child through a mutation in the normal gene. Each child of an HD parent has a 50-50 chance of inheriting the HD gene. If a child does not inherit the HD gene, he or she will not develop the disease and cannot pass it to subsequent generations. A person who inherits the HD gene will sooner or later develop the disease. Whether one child inherits the gene has no bearing on whether others will or will not inherit the gene. Some early symptoms of HD are mood swings, depression, irritability or trouble driving, learning new things, remembering a fact, or making a decision. As the disease progresses,

concentration on intellectual tasks becomes increasingly difficult and the patient may have difficulty feeding himself or herself and swallowing. The rate of disease progression and the age of onset vary from person to person. A genetic test, coupled with a complete medical history and neurological and laboratory tests, helps physicians diagnose HD. Presymptomatic testing is available for individuals who are at risk for carrying the HD gene. In 1 to 3 percent of individuals with HD, no family history of HD can be found.

### Is there any treatment?

Physicians prescribe a number of medications to help control emotional and movement problems associated with HD. In August 2008 the U.S. Food and Drug Administration approved tetrabenazine to treat Huntington's chorea (the involuntary writhing movements), making it the first drug approved for use in the United

States to treat the disease. Most drugs used to treat the symptoms of HD have side effects such as fatigue, restlessness, or hyperexcitability. It is extremely important for people with HD to maintain physical fitness as much as possible, as individuals who exercise and keep active tend to do better than those who do not.

### What is the prognosis?

At this time, there is no way to stop or reverse the course of HD. Now that the HD gene has been located, investigators are continuing to study the HD gene with an eye toward understanding how it causes disease in the human body.

### What research is being done?

Scientific investigations using electronic and other technologies enable scientists to see what the defective gene does to various structures in the brain and how it affects the body's chemistry and metabolism. Laboratory animals are being

bred in the hope of duplicating the clinical features of HD so that researchers can learn more about the symptoms and progression of HD. Investigators are implanting fetal tissue in rodents and nonhuman primates with the hope of understanding, restoring, or replacing functions typically lost by neuronal degeneration in individuals with HD. Related areas of investigation include excitotoxicity (overstimulation of cells by natural chemicals found in the brain), defective energy metabolism (a defect in the mitochondria), oxidative stress (normal metabolic activity in the brain that produces toxic compounds called free radicals), tropic factors (natural chemical substances found in the human body that may protect against cell death).

**Source:** <http://www.ninds.nih.gov/disorders/huntington/huntington.htm>

## April is National Counseling Awareness Month

### What is Counseling Awareness Month?

Counseling Awareness Month is an annual observance that is celebrated in April to educate the public about the role of counselors in helping individuals to live healthier, happier, and more productive lives. It is sponsored by the American Counseling Association (ACA). The theme for this year's observance is "Celebrating 50 Years of Excellence."

### What is counseling?

Counseling is a collaborative effort between a counselor and a client. According to the ACA, "Professional counselors help clients identify goals and potential solutions to problems which cause emotional turmoil; seek to improve communication and coping skills; strengthen self esteem; and promote behavior change and optimal

mental health."

### Why is counseling so important?

Every day, some form of counseling makes a difference in the lives of individuals around the world. Counseling can be beneficial in many instances. For example, counseling can help when a person is making a life-changing decision and needs assistance with putting things in perspective, or when a person needs help with improving or developing life skills.

In addition to mental health counseling, other types of counseling include pastoral or spiritual counseling, marriage counseling, job and business counseling, education counseling, and genetic counseling.

### Benefits of counseling

The main benefit of counseling is that it helps you to have a life which you can more fully enjoy and appreciate. It can help you to become the sort of person you want to be. It can also help you to more deeply enjoy your important relationships.

You might use therapy to:

- feel better about yourself
- feel more at peace, more comfortable, or more secure in the world
- feel more successfully (and more joyfully) connected with others (including your spouse/partner)
- reduce stress (which promotes physical health too)
- work through problems with a skilled, and compassionate professional
- identify your goals
- (those which can support the kind of life you would

like to have

- learn new behaviors and/or responses which can help you to achieve your goals
- establish ways and techniques for reaching your goals
- understand your own thoughts, feelings, and responses better
- understand your loved ones better
- have a safe and friendly ear; someone to use as a sounding board
- speak with a skilled and interested professional about your fears and perceptions
- talk with a compassionate professional about troubling or private concerns
- work towards greater self-fulfillment and self-mastery

Source: [www.counseling.org](http://www.counseling.org)

**April 2010**

S	M	Tu	W	Th	Fr	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

National Alcohol Awareness Month  
 National Cancer Control Month  
 National Child Abuse Prevention Month  
 National Counseling Awareness Month  
 National Donate Life Month  
 Stress Awareness Month  
 National Humor Month  
 National Minority Health & Health Disparities Month  
 National Occupational Therapy Month  
 National STDs/Family Planning Awareness Month  
 National Youth Sports Safety Month  
 Sexual Assault Awareness Month

**May 2010**

S	M	Tu	W	Th	Fr	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Asthma and Allergy Awareness Month  
 Better Sleep Month  
 Clean Air Month  
 Correct Posture Month  
 Healthy Vision Month / UV Safety  
 Hepatitis Awareness Month  
 Huntington's Disease Awareness Month  
 National Arthritis Month  
 National Bike Month  
 National High Blood Pressure Education Month  
 National Melanoma / Skin Cancer Awareness Month  
 National Mental Health Month  
 National Osteoporosis Awareness Prevention Month  
 National Physical Fitness and Sports Month  
 National Stroke Awareness Month  
 National Teen Pregnancy Month  
 National Tuberos Sclerosis Awareness Month

**June 2010**

S	Mo	Tu	W	Th	Fr	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Fireworks Safety Month  
 National Home Safety Month  
 Professional Wellness Month  
 National Great Outdoors Month  
 National Safety Month  
 National Scleroderma Awareness Month

SOURCE: [www.nationalwellness.org](http://www.nationalwellness.org)



**NEW FEATURE - Tips from COGI's "Win" Series**

The "Win" Series was designed by COGI as the foundation for programs and workshops offered through our Workplace Wellness services. Each quarter our edition of *Wellness World* with feature a Tips section based on the "Win" programs.

**"Lose & Win!"**

(Weight Management)

The biggest risk to exercise is not starting!

- Physical activity is an important part of a healthy lifestyle.
- Starting a fitness program is an important decision, but it does not have to be an overwhelming one.
- Plan carefully and pace yourself. This will help establish a healthy habit that lasts a lifetime.

**"Relax & Win!"**

(Stress Management)

Stress is a fact of life. It cannot be eliminated, only managed. What is positive or negative about the stress are the ways in which we judge the events or circumstances that surround our stress. "Life is 10% what happens to us and 90% how we respond to it". – Charles R. Swindoll

**"Save & Win!"**

(Financial Management)

4 Steps to Preparing a Budget

1. Keep Track of Your Daily Spending
2. Determine your Monthly Income & Expenses the Month before they are due
3. Find ways to Decrease Spending
4. Find ways to Increase In-

**"Quit & Win!"**

(Tobacco Cessation)

The process of quitting tobacco use can be very rewarding. However, you must be willing to put forth the effort and maintain your commitment. Only you can make this decision.

*Wellness World* is a quarterly publication of Clinical Outcomes Group, Inc. and is intended to provide information on important health topics in the news. More information on these and other health topics are available at [www.COGInc.org](http://www.COGInc.org) in our A-Z Library.