Cure4Kids Global Summit
Conference Program

Advancing Cancer Education and Healthy Living in Our Communities
Putting Visions and Innovations into Action

www.Cure4Kids.org/conference

June 9-11, 2011
St. Jude Children's Research Hospital
Memphis, Tennessee, USA

Organized by
St. Jude International Outreach
Cure4Kids Education Group
Cure4Kids for Kids
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CURE4KIDS GLOBAL SUMMIT

ADVANCING CANCER EDUCATION AND HEALTHY LIVING IN OUR COMMUNITIES: PUTTING VISIONS AND INNOVATIONS INTO ACTION

JUNE 9-11, 2011

ST. JUDE CHILDREN’S RESEARCH HOSPITAL

MEMPHIS, TENNESSEE, USA

CONFERENCE PROGRAM ADVISORY COMMITTEE

From St. Jude Children’s Research Hospital

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Melissa M. Hudson, MD, Member, St. Jude Faculty; Director, Cancer Survivorship Division; Co-Leader, Cancer Prevention & Control Program

Judith A. Wilimas, MD, Member, St. Jude Faculty, Oncology; Medical Director, Referring Physicians Office and Domestic Affiliate Program
From External Institutions

Alejandro (Alex) R. Jadad, MD DPhil FRCPC FCHAS. Chief Innovator and Founder, Centre for Global eHealth Innovation, University Health Network, Canada Research Chair in eHealth Innovation, Rose Family Chair in Supportive Care Professor, Departments of Health Policy, Management and Evaluation, Public Health Sciences; and Anesthesia Staff Physician, Princess Margaret Hospital, Toronto, Ontario, Canada.

Nancy M. Lorenzi, PhD, Assistant Vice Chancellor for Health Affairs, Professor of Biomedical Informatics, Clinical Professor in Nursing, Department of Biomedical Informatics, Vanderbilt University, Nashville, TN, USA

Pamela S. Hinds, PhD,RN, FAAN Director, Nursing Research and Children’s Research Institute (CRI), Children’s National Medical Center, Washington, DC, USA.

Cameron D. Norman, PhD, Assistant Professor, Dalla Lana School of Public Health, University of Toronto, Director Youth Voices Research Group, Principal at Complexity, EHealth, Networks, Systems & Evaluation (CENSE) for health promotion, Toronto, Canada.

Andre W. Kushniruk, PhD, Professor, School of Health Information Science, University of Victoria, British Colombia, Canada, and Adjunct Associate Professor at the University of Toronto Faculty of Medicine and the Mt. Sinai School of Medicine in New York.

Elizabeth M. Borycki, PhD, RN, Assistant Professor, School of Health Information Science, University of Victoria, British Colombia, Canada.

Daniela B. Friedman, PhD, Assistant Professor, Department of Health Promotion, Education, and Behavior, Arnold School of Public Health, University of South Carolina, Columbia, SC, USA

Elizabeth (Liz) Peloso, Senior Consultant, Jembi Health Systems (NGO), Cape Town, South Africa, and Health Metrics Network, Geneva, Switzerland.

Sandra M. Richardson, PhD Assistant Professor, Dept. of Management Information Systems, Fogelman College of Business and Economics, University of Memphis

Catherine M. Burns, PhD, P.Eng., Professor, Systems Design Engineering, and Director Advanced Interface Design Lab, University of Waterloo.

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Aubrey Van Kirk, Cancer Education Outreach Coordinator, International Outreach Program, St. Jude

Denise Williams, MSSW, LCSW, Social Work, St. Jude
ABOUT THE CONFERENCE

The aim of this three-day conference is to improve health and science education in classrooms and communities around the world. It will bring together leading educators, innovators, and pioneers in a multidisciplinary forum to promote improvements and innovations in health and science education. This exceptional event will connect people from diverse communities and professional backgrounds and offer unique opportunities for networking and building collaborations. The first day will present a research forum focusing on methodologies for evaluating educational programs. The second day will include panels and keynote speakers engaging with the audience, both onsite and online, to discuss local and global successes and challenges in education and health. The third day will offer hands-on workshops and group discussions for teacher training, support, and collaboration as well as a poster session by teachers, for teachers.

LEARNING OBJECTIVES

- To identify successful examples of effective public health education programs, their implementation models, and evaluation metrics
- To analyze the challenges in designing effective, scalable, and cost-effective public health education programs
- To identify strategies, methodologies, and incentives for developing future public health programs that yield large-scale improvements in health outcomes in our communities

CONFERENCE THEMES

Innovations in Health Education

- Global Chronic Disease Epidemic
- Successful National-Level Programs
- Innovative Cancer Education for Schools
- Effective Tobacco Control Strategies
- Effective Nutrition Education for Schools
- Childhood Obesity Prevention Programs
- Strategies to Promote Fitness and Play
- Motivating Behavioral Change
- Redesigning Cities for Wellness
- Online Social Networks for Health Promotion
- Public Health Informatics
- Methodologies for Meaningful Evaluation
21st Century Science Education

- Designing Interactive Science Education
- Emerging Technologies for STEM Education
- Science Beyond the Textbook
- 21st Century Science Curricula
- Rethinking the Science Fair
- Innovative Training for Science Teachers
- Improving Science Literacy in Communities
- Evaluating Interactive Education Systems
- Web 2.0 Learning and Collaboration
- Mobile Technologies for Education
- Using Data and Evidence to Inform Practice
- Engaging Local Communities

TARGET AUDIENCE

Teachers, health professionals, public health educators, community health services groups, university professors, and students in the fields of education, public health, medicine, social science, engineering, and e-health are all encouraged to attend. We expect to have more than 300 participants from around the globe.

NEEDS ASSESSMENT

The Cure4Kids Global Summit addresses issues in public health. Health and education are inextricably linked. The need for effective and scalable cancer, health, and science education programs is increasing due to rising levels of chronic disease. Current approaches are not yielding scalable, sustainable solutions. Since the problem is complex, we need new approaches that combine multiple disciplines such as education, medicine, the sciences, and public health to create innovative solutions. We need to develop opportunities and strategies to involve and engage teachers, children, and families in new health education approaches. Recent statistics show that nearly one in three U.S. high school students do not graduate every year. International student achievement tests show that U.S. students rank well below many other developed countries in science and math. More than one third of adults in the United States have only basic or below basic levels of health literacy, or the ability to read, understand, and use healthcare information. Large scale public health education initiatives have been developed to help deal with issues such as nutrition, exercise, and smoking, yet, despite billions of dollars of research and public health expenditures, obesity, heart disease, and preventable cancers remain large public health problems. Over half of the deaths in the world are due to just four chronic conditions — diabetes, lung diseases, some cancers, and heart disease — caused by three risk factors — smoking, poor diet, and lack of physical activity. The World Health Organization reports that “chronic disease epidemics take decades to become fully established; given their long duration, there are many opportunities for prevention that require a long-term and
systematic approach to treatment.

GENERAL INFORMATION

The language of the Cure4Kids Global Summit is English. The conference sessions will take place at St. Jude Children’s Research Hospital, 262 North Danny Thomas Place, Memphis, Tennessee, USA.

Hospital Campus Policies
Please be aware that St. Jude is a hospital campus. Privacy of all patients and their families must be protected. All attendees are asked to stay out of the patient area without permission – please do not take pictures of our patients. Designated outside smoking areas are however, smoking is prohibited in all buildings.

Registration and Information Desk
The registration booth will be open each day from 7:00-8:00 AM (Thursday, Saturday: St. Jude North Auditorium, Friday: Main Auditorium). The information desk will be open all day. Breakfast will be available for all attendees during registration.

Conference Badges
At the registration all attendees will get a conference ID badge. Please wear the badge visible during your stay on the hospital campus.

Parking
Attendees using their own vehicles are asked to enter through Gate Number 2 on Third Street/Overton Ave. Please stop at the security booth and give your name to the officer. Please park your vehicle in the Parking Garage 2 as indicated in the map and put your parking pass on your dashboard while parking.

St. Jude Campus Tours
Short 30-minute campus tours will be provided during lunch hours on Friday, June 10th at 12:30 and on Saturday, June 11th at 11:30.
Contact Information

International Outreach Program
Cure4Kids Global Summit
Please e-mail: summit@cure4kids.org

Yuri Quintana, PhD
Chair, Scientific Program Committee
Director, Education and Informatics

International Outreach Program, St. Jude Children’s Research Hospital
Barry-Longinotti Building, Room S2014A, Mailstop 721
262 Danny Thomas Place, Memphis, Tennessee, USA, 38105-3678
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Special Thanks
Marion Moser, Cure4Kids Global Summit Coordinator
Jessica Anderson, Biomedical Communications Graphic Arts,
St. Jude Children’s Research Hospital
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THURSDAY JUNE 9, 2011 – RESEARCH FORUM
Each presenter to have 20 minutes followed by 10 minutes of Q&A

Breakfast, Registration and Information Booth (7:00 – 8:00 AM at St. Jude North Auditorium SJNA)

Welcome Remarks (8:00 – 8:05 AM) – Yuri Quintana, PhD Conference Chair

Session T1: Targeted Health Education for Cancer Patients and Survivors (8:05 – 9:00 AM at SJNA)
Session Chair: Les Robison, PhD, Member and Chair, Department of Epidemiology and Cancer Control, St. Jude Children’s Research Hospital (Memphis, TN, USA)

• KEYNOTE SPEAKER: Optimizing the Health of Childhood Cancer Survivors Through Risk-Based Health Surveillance and Education – Melissa M. Hudson, MD, Member, St. Jude Faculty, Director, Cancer Survivorship Division, Co-Leader, Cancer Prevention & Control Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

• HPV and the Primary Prevention of Cancer: Vaccination Implications for Childhood Cancer Survivors – James Klosky, PhD, Assistant Member, St. Jude Faculty and Clinical Psychologist, After Completion of Therapy Clinic, St. Jude Children’s Research Hospital (Memphis, TN, USA)

Session T2: Evaluating Public Health Programs (9:00 AM – 10:30 AM at SJNA)
Session Chair: Cameron D. Norman, PhD, Assistant Professor, Dalla Lana School of Public Health, University of Toronto (Toronto, ON, Canada)

• Implementation and Evaluation Innovation in Public e-Health – Effective Strategies for Implementing Your Programs/Strategies – Nancy M. Lorenzi, PhD, MLS, MA, Assistant Vice Chancellor for Health Affairs, Professor of Biomedical Informatics, Clinical Professor in Nursing, Vanderbilt University Medical Center (Nashville, TN, USA)

• Get Fit with the Grizzlies: A Community-School-Home Initiative to Fight Childhood Obesity – Carol C. Irwin, PhD, Assistant Professor, Richard L. Irwin, EdD, Associate Dean, Professor, Department of Health and Sport Sciences, College of Education, University of Memphis, Maureen E. Miller, MPH, Research Specialist, Phyllis A. Richey, PhD, Associate Professor, Preventive Medicine and Pediatrics, University of Tennessee Health Science Center,
Justin Boddie, Coordinator, Sport Development, Teresa Dickerson, Director, Community Investment, Memphis Grizzlies (Memphis, TN, USA)

- **Designing and Planning Obesity Prevention Interventions to Enhance Dissemination** – Lisa M. Klesges, PhD, Interim Dean, School of Public Health, University of Memphis (Memphis, TN, USA)

**Break (10:30 – 11:00 AM at St. Jude Pavilion)**

**At St. Jude Pavilion (11:00 AM – 1:30 PM – St. Jude Pavilion SJPV)**

**Session T3: Tobacco Education (11:00 – 12:30 PM at SJPV)**
Session Chair: Robert C. Klesges, PhD, Adjunct Faculty, Epidemiology & Cancer Control, St. Jude Children’s Research Hospital, and Professor, Department of Preventive Medicine, University of Tennessee Health Science Center. (Memphis, TN, USA)

- **Reducing Secondhand Smoke Exposure Among Children and Adolescents: Future Directions and Issues for Intervening with Medically At-Risk Youth** – Vida L. Tyc, PhD, Member, St. Jude Faculty, Psychology, St. Jude Children’s Research Hospital (Memphis, TN, USA) (11:00-11:30)

- **KEYNOTE SPEAKER:** Cigarette Design, Nicotine Addiction and Passive Smoke – Jeffrey S. Wigand, MA, PhD, MAT, ScD, Founder, SMOKE-FREE KIDS. (11:30-12:30)

**Lunch (12:30 PM - 1:30 PM SJPV)**

**Session T4: E-Learning and Multimedia (1:30 – 3:30 PM at SJNA)**
Session Chair: S. J. (Sandy) Schaeffer, III, EdD, Advanced Learning Center, University of Memphis (Memphis, TN, USA)

- **A Teacher’s Perspective: Web 2.0 Technologies for Teachers: What Do Teachers Need and Want?** – Cindy Brock, Lower School Technology Coach, Presbyterian Day School (Memphis, TN, USA)

- **An Innovator’s Perspective: Game Design and e-Health: Serious Games Put to the Test** – Oscar García Pañella, PhD, Director, Multimedia Studies Coordination Area, Multimedia Engineering Undergraduate Program, and Multimedia Creation & Serious Games Graduate Program (MCDEM), La Salle Campus Barcelona–Universitat Ramon Llull (Barcelona, Spain)

- **An Educator’s Perspective: Interface Design and Cognitive Load: What Matters and How It’s Measured** – Michael M. Grant, PhD, Associate Professor, Instruction Curriculum Leadership, Assistant Professor, Instructional Design and Technology, College of Education, University of Memphis (Memphis, TN, USA)
• An Editor’s Perspective: MERLOT and JOLT – Perspectives on Two Open Educational Resources – Edward H. Perry, PhD, Co-Editor, Journal of Online Learning & Teaching, Professor, Mechanical Engineering, The University of Memphis (Memphis, TN, USA)

Break (3:30 PM – 3:45 PM at St. Jude North Auditorium)

Session T5: Evaluating School-Based Cancer Education Programs (3:45 – 4:45 PM at SJNA)
Session Chair: Justin Gardner, MEd, K-12 Teacher, St. Jude School Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

• Capturing the Emotional Experience of School Professionals Working with Students with Cancer – Ruth Rechis, PhD, Director of Evaluation & Research, Lance Armstrong Foundation (Austin, TX, USA)

• Evaluating the Cure4Kids for Kids School-Based Cancer Education Program – Yuri Quintana, PhD, Director, Education and Informatics, International Outreach Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

Session T6: New Communication Strategies for Behavior Change (4:45 – 6:00 PM at SJNA)
Session Chair: Sean Phipps, PhD, Member and Chair, Department of Psychology, St. Jude Children’s Research Hospital

• Innovation Research for Youth Health Promotion - Social Media and Participatory Engagement of End-Users – Cameron D. Norman, PhD, Assistant Professor, Dalla Lana School of Public Health, University of Toronto (Toronto, ON, Canada)

• Where’s Waldo 2.0: Sorting through the Noise and Rethinking Cancer Communication – Daniela B. Friedman, PhD, MSc, Assistant Professor, Department of Health Promotion, Education, and Behavior, Arnold School of Public Health, University of South Carolina (Columbia, SC, USA)

• A Framework for Web-based Training with Personalized Content for Healthcare Providers in Low and Middle Income Countries – Sandra Richardson, PhD, Assistant Professor, Department of Management Information Systems, Fogelman College of Business and Economics, University of Memphis (Memphis, TN, USA)

Session: T7: Thursday Evening Reception at Pavilion and Scientific Poster Session (6:00 PM – 8:00 PM at St. Jude Pavilion)

• Cancer-Related Knowledge, Attitudes and Risk Perception Among 6th Grade Students in Jordan – Rawan Shihab, Nutrition Specialist, Cancer Control Office/Nutrition and Health Education Unit, Nour Obeidat, Rasha Bader, Aisha Shtaiwi, Hiba Ayub, Feras Hawari, King Hussein Cancer Center (KHCC) (Amman, Jordan)
• **Effective Actions in Monitoring Hospital School** – Amália Covic, Eduardo Kanemoto, André Covic Bastos, Escola Hospitalar, Instituto de Oncologia Pediátrica _GRAACC_Universidade Federal de São Paulo (São Paulo, Brazil)

• **Glooveth: Healthy Habits, Fun and Serious Gaming** – Enric Macías, Pau Moreno, Maria Montserrat Presno, Oscar García Pañella, Tallulah Forrest, Multimedia Creation & Design (MCDEM) Program, La Salle Campus Barcelona–Universitat Ramon Llull (Barcelona, Spain)

• **The Development of the Nutrition4Kids Website** – Michelle S. Williams, MPH, CHES, Daniela B. Friedman, MSc, PhD, Assistant Professor, Department of Health Promotion, Education, and Behavior, Arnold School of Public Health, Feili Tu, PhD, Associate Professor, School of Library and Information Science, and Valerie Thompson, University of South Carolina (Columbia, SC, USA)

• **Yummy Tricks: A Serious Game for Learning Healthy Eating Habits** – Gerard Inglés Camats, Maria Montserrat Presno Rivas, Marc Antonijan, Oscar García Pañella, Tallulah Forrest, Multimedia Creation & Design (MCDEM) Program, La Salle Campus Barcelona–Universitat Ramon Llull (Barcelona, Spain)

• **Advances in Health Informatics Education: Educating Students at the Intersection of Health and Information Technology** – Andre Kushniruk, PhD, MSc, Professor, Elizabeth Borycki, PhD, MN, HBScN, RN, Assistant Professor, Alex Kuo, PhD, MBA, Assistant Professor, School of Health Information Science, University of Victoria (Victoria, BC, Canada)

• **Use of Mobile Phones to Manage Chronic Obstructive Pulmonary Disease (COPD)** – Elizabeth Borycki, PhD, MN, HBScN, RN, Assistant Professor, Health Information Science, University of Victoria (Victoria, BC, Canada)

• **Understanding IT Enabled Social Action Networks: Construction, Sustainability and User Participation** – M. Shane Banks, Management Information Systems, University of Memphis (Memphis, TN, USA)
FRIDAY JUNE 10, 2011 – IMPLEMENTATIONS AND APPLICATIONS DAY
15-minute presentations per presenter

Breakfast, Registration and Information Booth (7:00 – 8:00 AM at St. Jude Main Auditorium SJMA)
Sessions to be held at St. Jude Main Auditorium

Welcome Remarks from St. Jude Children’s Research Hospital (8:00 – 8:15 AM at St. Jude Main Auditorium SJMA)
Session Chair: Yuri Quintana, PhD, Director, Education and Informatics, St. Jude Children’s Research Hospital (Memphis, TN, USA)

Session F1: Expert Panel on the Global Need for Cancer and Health Education (8:15 – 9:30 AM at SJMA)
Session Chair: Eric D. Peraksis, PhD, Vice President of R&D Information Technology, Johnson & Johnson Pharmaceuticals (Centocor R&D, Horsham, PA), Chief Information Officer, Head of Biomedical Engineering, and Director, Office of Advocacy and Survivorship, King Hussein Institute of Biotechnology and Cancer (Amman, Jordan)

- **KEYNOTE SPEAKER: UICC World Cancer Declaration** – Julie Torode, PhD, Deputy CEO, Advocacy & Programmes Director, Union for International Cancer Control (UICC) (Geneva, Switzerland)

- **The St. Jude International Outreach Program** – Raul C. Ribeiro, MD, Member, St. Jude Faculty, Director, Leukemia / Lymphoma Division, Director, International Outreach Program, Associate Director for Outreach Program, Cancer Center, St. Jude Children’s Research Hospital (Memphis, TN, USA)

- **Maximize Life Global Cancer Awareness Campaign: Improving the Lives of Cancer Patients While Increasing Global Awareness of Their Needs** – Pat Garcia-Gonzalez, MS, Executive Director and Co-Founder, The Max Foundation (Edmonds, WA, USA)

- **2011 United Nations Summit on Non-Communicable Diseases (NCDs) - Coming Together as One Voice for Children** – Kate Armstrong, BMed, DCH, MPH, President & Founder, Caring & Living As Neighbours (CLAN) (Sydney, New South Wales, Australia), Chair, NCD Alliance Child-focused Working Group
• Discussion (9:15-9:30 AM)

Session F2: National Approaches to Cancer Prevention and Communications (9:30 – 10:30 AM at SJMA)
Session Chair: Lisa M. Klesges, PhD, Interim Dean, School of Public Health, University of Memphis (Memphis, TN, USA)

• Driven by Evidence: Strategic Approaches for Communications and Education at NCI – Lenora Johnson, DrPH, MPH, Director, Office of Communications and Education (OCE), National Cancer Institute (NCI) (Washington, D.C., USA)

• Research, Practice and Policy Partnership Innovations in Cancer Prevention – Jon F. Kerner, PhD, Chair, Primary Prevention and Senior Scientific Advisor for Cancer Control and Knowledge Translation, Canadian Partnership Against Cancer (Toronto, Ontario, Canada)

• Discussion (10:15-10:30 AM)

Break (10:30 – 11:00 AM at St. Jude Board Room)

Session F3: Cancer Education in Schools and Communities (11:00 AM – 12:30 PM at SJMA)
Session Chair: Yuri Quintana, PhD, Director, Education and Informatics, International Outreach Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

• Cure4Kids for Kids: School-Based Education for Cancer Prevention – Aubrey Van Kirk, Coordinator, Cancer Educational Outreach, International Outreach Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

• Working towards Cancer and Healthy Living Education around the World: The Experience at La Salle Campus Barcelona – Tallulah Forrest, CSR Manager, La Salle Campus Barcelona–Universitat Ramon Llull (Barcelona, Spain)

• Changing How Classrooms Talk about Cancer: Creating and Implementing LIVESTRONG at School – Claire Neal, MPH, CHES, Senior Director for Mission, Lance Armstrong Foundation (Austin, TX, USA)

• Cancer Education and Community Outreach in Jordan – Ruba Anastas, Manager, International Extramural Affairs Office, King Hussein Cancer Center (KHCC) (Amman, Jordan)

• Teenage Cancer Trust Education and Advocacy Programme: A United Kingdom Approach – Amy Harding, RN, Head of Education and Advocacy, UK North, Teenage Cancer Trust (London, UK)

• Discussion 12:15-12:30 PM
Lunch (12:30 – 1:30 PM at SJPV) Lunch and Exhibits will be available at the St. Jude Pavilion

Session F4: Promoting Healthy Living in Youth to Reduce Cancer Risk (1:30 – 2:30 PM at St. Jude Main Auditorium SJMA)
Session Chair: Aubrey Van Kirk, Coordinator, Cancer Educational Outreach, International Outreach Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

- **Kids Eat Right: The American Dietetic Association’s Public Education Campaign** – Deborah Slawson, PhD, RD, LDN, Assistant Professor, Department of Community Health, College of Public Health, East Tennessee State University (Johnson City, TN, USA)

- **Medical Students Educate Orange County, CA Teens about Skin Cancer: What Have We Learned?** – Jeanette M. Kamell, MD, University of California, San Francisco (San Francisco, CA, USA)

- **Discussion (2:15-2:30)**

Break (2:30 – 3:00 PM at St. Jude Board Room)

Session F5: Innovation in Health Education and Communication (3:00 – 3:45 PM SJMA)
Session Chair: Yuri Quintana, PhD, Director, Education and Informatics, International Outreach Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

- **KEYNOTE SPEAKER: Reverse Mentorship in the Age of the Internet and Global Telecommunications: Are We Ready to Learn from Our Children?** – Alejandro (Alex) R. Jadad, MD, DPhil, FRCPC, FCAHS, Chief Innovator and Founder, Centre for Global eHealth Innovation, University Health Network, Canada Research Chair in eHealth Innovation (Toronto, ON, Canada)

- **Cure4Kids Global Innovation Challenge – Presentation of Youth Award Winners and Outstanding Educator Awards** – Yuri Quintana, PhD, Director, Education and Informatics, International Outreach Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

Session F6: Youth and Tobacco (3:45 – 4:30 PM SJMA)
Session Chair: Vida L. Tyc, PhD, Member, Department of Psychology, St. Jude Children’s Research Hospital

- **SMOKE-FREE Kids - Tobacco Education for Youth in the USA** – Jeffrey S. Wigand, MA, PhD, MAT, Sc.D. Founder, SMOKE-FREE KIDS

- **Lessons Learned from Youth Tobacco Use Prevention Campaigns** – Karen K. Gutierrez, Director, Global Dialogue for Effective Stop-Smoking Campaigns and Social Marketing Consultant (Minneapolis-St. Paul, MN, USA)
• Discussion (4:15-4:30)

Session F7: Empowering Our Local Communities for Science and Health Promotion (4:30 – 5:30 PM SJMA)
Session Chair: George Vélez, MBA, CFAAMA, Administrative Director, International Outreach Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

• Community Health Care Quality Indicators – Renee Frazier, MHSA, FACHE, Chief Executive Officer, Healthy Memphis Common Table (HMCT) (Memphis, TN, USA)

• The Mid-South STEM Alliance – Captain Douglas A. McGowen, Commanding Officer, Naval Support Activity Mid-South (Millington, TN, USA), Chair of the Board, Mid-South STEM Alliance (Memphis, TN, USA)

• Community Health Advisors: A Model in Community Outreach and Health Education – Sandra J. Hamilton, RN, FNP, MED, Bert Fayne, Brenda Kyles, Barbara Davis, Faye Hollowell, Eric Fowler, MS, CGC, Lee Schwartzberg, MD, Tennessee Cancer Coalition West Region, (Memphis, TN, USA)

• Discussion: 5:15-5:30

Session F8: KEYNOTE SPEAKER: A C Wharton, Jr., Mayor of Memphis (5:30 – 6:00 PM SJMA)

Session F9: Open Reception – Meet the Mayor and Poster Session at St. Jude Pavilion (6:00 – 8:00 PM SJPV)

• From the Pulpit to the Frontline: The Role of Faith-Based Leaders in Eliminating Cancer Health Disparities – Sandra J. Hamilton, RN, FNP, MED, Bert Fayne, Brenda Kyles, Eric Fowler, MS, CGC, Lee Schwartzberg, MD, Tennessee Cancer Coalition West Region, (Memphis, TN, USA)

• Cancer and Tobacco: Awareness Programme for the Youth in Rural High Schools – Viji Venkatesh, Country Head and Regional Coordinator, The Max Foundation (Mumbai, Maharashtra, India)

• A Multidisciplinary Educational Model Supporting Development of Children’s Cancer Services throughout the State of Queensland, Australia – Linda Ewing, RN, Nurse Educator, Paediatric Haematology/Oncology, Queensland Children’s Cancer Centre, Royal Children’s Hospital (Herston, Queensland, Australia)

• Filling the Gap: Providing Primary Care to Pediatric Oncology Survivors in the Community – Deborah Diotallevi, MS, RN, CPNP, Elaine Pottenger, MS, RN, CPNP Roseann Tucci, RN, CPNP, ANP, Amelia DeRosa, RN, CPON, Memorial Sloan-Kettering Cancer Center (New York, NY, USA)
• **Transcending the Boundaries in Teenager/Young Adult Cancer Care: An Online Post-Graduate Programme** – Maria Cable, MA, RN, Senior Lecturer, Nurse Educator, Faculty of Health and Life Sciences, Department of Nursing, Midwifery and Health Care, Coventry University (Coventry, UK) and Linda Ewing, RN, Nurse Educator, Paediatric Haematology/Oncology, Queensland Children’s Cancer Centre, Royal Children’s Hospital (Herston, Queensland, Australia)

• **An Interactive Way of Learning About Cancer and Healthy Living in a Multicultural Setting** – Lic. Juan Betancourt, Lic. Lucia Funtes, Ana Maria Caceres, MA, Federico Antillon, MD, Unidad Nacional de Oncologia Pediatrica (Guatemala, Guatemala)

• **Nutrition Program to Promote Healthy Eating Habits** – Karen Ringwald-Smith, MS, RD, LDN, Teresa Shurley, Dietetic Intern, Hope Shackelford, Dietetic Intern, Department of Clinical Nutrition, St. Jude Children’s Research Hospital (Memphis, TN, USA)

• **Juntos Podemos Contra El Cancer (Together We Can Fight Cancer) A Latino Education Campaign on Breast and Colo-rectal Cancer Awareness and Prevention** - Maite Arce - Hispanic Access Foundation (District of Columbia, District of Columbia, USA)

• **International Patient Advocacy: Best Practice Guidelines in the Era of Global Communications** – Ann Kim Novakowski - The Max Foundation (Seattle, Washington, USA)

• **Immersion: Collaboration of Public Health Nursing and a Food Desert Community** – Marion Donohoe, DNP, APN, CPNP-PC with Trimika Bowdre, MPH & Patricia M. Speck, DNSc, APN, FNP-BC, FAAN

• **How was it for us? Reflections from a UK funded e-learning development for health professionals in the field of child health** – Laura Strumidlo, Maria Cable, with Collette Clay, Dr. Lynn Clouder, Professor Jane Coad (Coventry, UK)

• **A Description of the Summer Student Sickle Cell Research Program: A Partnership Between St. Jude Children's Research Hospital and Local Memphis-Area High Schools** - Hoyle, Charlotte, MEd; Yvonne Carroll, RN, JD, St. Jude Children's Research Hospital (Memphis, TN, USA)
CURE4KIDS GLOBAL SUMMIT
JUNE 9-11, 2011

http://www.cure4kids.org/conference

SATURDAY JUNE 11, 2011 – TEACHER/EDUCATOR WORKSHOPS

Breakfast, Registration and Information Booth (7:00 – 8:00 AM at St. Jude North Auditorium SJNA)

Plenary Session – The St. Jude Cancer Education Outreach Program (8:00 – 8:30 AM at SJNA)

• **Cure4Kids for Kids: School-Based Education for Cancer Prevention** – Aubrey Van Kirk, Coordinator, Cancer Educational Outreach, International Outreach Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

• **What is Cancer?** Justin Baker, MD, Oncology, St. Jude Children’s Research Hospital (Memphis, TN, USA)

Panel – The Cancer Journey – Perspectives on Cancer Stigma and Social Support (8:30 – 9:00 AM at SJNA)

• *Clinical Perspective*: Alicia Huettel, RN, MSN Family Centered Care Coordinator, St. Jude Children’s Research Hospital (Memphis, TN, USA)

• *Teacher Perspective*: Justin Gardner, MEd, K-12 Teacher, St. Jude School Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

• *Sibling and Family Perspective*: Melanie Goldish, MA, Founder, SuperSibs! (Palatine, IL, USA)

Workshop Session 1 (9:00 – 10:00 AM at Conference Rooms St. Jude North)

• **Workshop 1A (Room B/C): Cure4Kids Cells and Cancer Education: An Overview of the Lab Activities for Elementary, Middle, and High School Students** – Aubrey Van Kirk, Coordinator, Cancer Educational Outreach, International Outreach Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

• **Workshop 1B (Room E): The Why and How of Fitting Nutrition Education into an Already Full School Day** – Deborah Slawson, PhD, RD, LDN, Assistant Professor, Department of Community Health, College of Public Health, East Tennessee State University (Johnson City, TN, USA)
• **Workshop 1C (Room F/G): Best Practices for Designing Online Learning Environments**—Trey Martindale, EdD, Associate Professor, Instruction Curriculum Leadership, Program Coordinator, Instructional Design and Technology (IDT), College of Education, University of Memphis (Memphis, TN, USA)

• **Workshop 1D (Room D): Campaign Development Tool Kit: A Guide for Planning and Implementing Effective Stop Smoking Campaigns**—Karen K. Gutierrez, Director, Global Dialogue for Effective Stop-Smoking Campaigns and Social Marketing Consultant (Minneapolis-St. Paul, MN, USA)

**Break (10:00 – 10:30 AM)**

**Workshop Session 2 (10:30 AM – 11:30 PM at Conference Rooms St. Jude North)**

• **Workshop 2A (Room E): Workshop on Return to School after Pediatric Cancer**—Justin Gardner, MEd, K-12 Teacher, School Program, St. Jude Children’s Research Hospital (Memphis, TN, USA), Arli Pedrosa, Psicologia/Educação, IMIP/CEHOPE (Recife, Pernambuco, Brazil)

• **Workshop 2B (Room B/C): Using Thinking Routines as a Vehicle to Create Deeper Understanding For Students**—Susan Love, Teacher, Presbyterian Day School (Memphis, TN, USA)

• **Workshop 2C (Room F/G): Beyond Apps: Strategies for Making Teaching and Learning Mobile**—Michael M. Grant, PhD, Associate Professor, Instruction Curriculum Leadership, Assistant Professor, Instructional Design and Technology, College of Education, University of Memphis (Memphis, TN, USA)

• **Workshop 2D (Room D): HealthWorks! Aha-Rah-Ew-Plah**—Donna Loden, MEd, AAA, Education Coordinator, Kathy Tucker, BBA, SHAPE Coordinator, HealthWorks! North Mississippi (Tupelo, MS, USA)

**Lunch (11:30 – 12:30 PM (at St. Jude Pavillion SJPV)) Posters and Exhibits**

• **A-B-C-1-2-3 Healthy Kids in Tennessee: Let's Eat Well, Play, and Be Aware, Every Day**—Cynthia Chafin, MEd, CHES, Middle TN Coalition Coordinator, Tennessee Cancer Coalition, Project Director and Consultant, Middle Tennessee State University (MTSU) Adams Chair of Excellence in Health Care Services/Center for Health and Human Services, Community Health Collaboratives, LLC (Nashville, TN, USA)

• **Analyze, Create, Communicate: Science is Great!**—Ginger Joe, EdD, Hospital School Teacher, Le Bonheur Children’s Hospital (Memphis, TN, USA)

• **When a Student is a Patient with Cancer: Integrated Actions Between the State Education Network and the House Support**—Arli Pedrosa, Helio Monteiro, Psicologia/Educação, IMIP/CEHOPE (Recife, Pernambuco, Brazil)
- **NanoZoo Connects! …Animals, Plants and Technology** – Ericka Evans, Secondary Science Educator, Memphis Zoo (Memphis, TN, USA)

- **Cure4Kids Global E-Health Challenge Poster**

**Panel: School Health Education and the Coordinated School Health Program (12:30 – 1:30 PM SJNA)** –

*Session Chair: Heather M. Danielson,* Communications Manager, Memphis City Schools, (Memphis, TN, USA)

**Panel Members:** Mary K. Waters, School Health Project Manager, American Cancer Society (ACS) (Atlanta, GA, USA), Ethel Jean Massey, MSSW, LCSW, Coordinated School Health Coordinator, Memphis City Schools, Shunji Q. Brown-Woods, MHA, Director, Coordinated School Health, Shelby County Schools (Memphis, TN, USA), Kellie N. Carroll, MEd, Director, Coordinated School Health, Gibson County Special School District and West TN Regional Coordinator (Dyer, TN, USA) (St. Jude North Auditorium)

**KEYNOTE SPEAKER:** Future Directions in Education (1:30 – 2:00 PM SJNA)

**Workshop Session 3 (2:00 – 3:00 PM at Conference Rooms St. Jude North)**

  - **Workshop 3A (Room F/G):** Cure4Kids Cells and Cancer Education: An Overview of the Lab Activities for Elementary, Middle, and High School Students {Repeat} – Aubrey Van Kirk, Coordinator, Cancer Educational Outreach, International Outreach Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

  - **Workshop 3B (Room D):** “Out of the Shadows”: The Sibling Survivorship Journey at School – Melanie Goldish, MA, Founder, SuperSibs! (Palatine, IL, USA)

  - **Workshop 3C (Room E):** Teaching Science and Math with Music – Felicia Peat, MBA, Director of Education and Programming, Children’s Museum of Memphis (Memphis, TN, USA)

  - **Workshop 3D (Room C):** “Healthier Students are Better Learners”: A Coordinated School Health Approach – E. Jean Massey, MSSW, LCSW, Kelley Greene, MS, and Vida McCray-Smith, Office of Coordinated School Health, Memphis City Schools (Memphis, TN, USA)

  - **Workshop 3E (Room B):** Fun and Innovative Ways to Teach Tobacco Prevention – Linda J. Wallace, Mississippi Tobacco Free Coalition Project Director, DeSoto and Tate Counties (MS, USA) and Darlene Cunningham, Senior Program Director, Olive Branch Family YMCA (Olive Branch, MS, USA)

**Break (3:00 – 3:30 PM) – Dance Aerobics Demo at St. Jude Pavilion (SJPV)**

**Workshop Session 4 (3:30 – 4:30 PM at Conference Rooms St. Jude North)**

  - **Workshop 4A (Room B):** Lessons Learned from Children with Cancer: A Comprehensive Look at Challenges, Interventions and Educational Programs – Alma Morgan, MEd, Educational Consultant, Virginia Commonwealth University Medical Center (Richmond, VA, USA)
• **Workshop 4B (Room C): Global Education for the 21st Century: Connecting and Collaborating** – Julene Reed, MEd, Director of Academic Technology, St. George’s Independent School, Apple Distinguished Educator, Discovery STAR Educator and Leadership Council Member, Google Certified Teacher, CUE Lead Learner (Memphis, TN, USA)

• **Workshop 4C (Room D): MERLOT – A Resource for Both Classroom and Online Teaching** – Edward H. Perry, PhD, Co-Editor, Journal of Online Learning & Teaching, Professor, Mechanical Engineering, The University of Memphis (Memphis, TN, USA)

• **Workshop 4D (Room E): National Health Education Standards** – Mary K. Waters, School Health Project Manager, American Cancer Society (ACS) (Atlanta, GA, USA)

Closing Remarks (4:30 – 5:00 PM at SJNA)
Session T1: Targeted Health Education for Cancer Patients and Survivors

KEYNOTE SPEAKER: Optimizing the Health of Childhood Cancer Survivors Through Risk-based Health Surveillance and Education – Melissa M. Hudson, MD, Member, St. Jude Faculty, Director, Cancer Survivorship Division, Co-Leader, Cancer Prevention & Control Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

Optimal care of long-term survivors of childhood cancer involves a screening and prevention plan that integrates the cancer experience with health care needs. This approach, termed risk-based care, considers risks for cancer-related morbidity related to the patient (age, sex, race), cancer (location, treatment modality), genetics/family history, lifestyle habits, and co-morbid health conditions. Risk-based care represents a proactive approach focused on early detection, prevention, and remediation of the adverse health consequences that may result from treatment for cancer during childhood. Using the paradigm of risk-based care to advance research in aging adults surviving pediatric cancer, St. Jude is establishing a large, diverse, and clinically well-characterized cohort of >10-year survivors of childhood and adolescent cancer for lifetime, longitudinal follow-up. Eligibility for the St. Jude Lifetime (SJLIFE) cohort includes all survivors with a diagnosis of malignancy, ever treated at St. Jude, who are >18 years old and >10 years from diagnosis. During a 2- to 4-day period, SJLIFE participants undergo an extensive series of risk-based clinical assessments appropriate for cancer diagnosis/treatment as recommended by the Children’s Oncology Group Long-Term Follow-Up Guidelines for Survivors of Childhood, Adolescent, and Young Adult Cancers. To facilitate risk-based assessments, chemotherapy cumulative doses, radiation fields/doses, and surgical procedures are abstracted from the medical record and organized in a clinical summary. Prior to assessment, participants complete questionnaires evaluating sociodemographics, family history, previous health conditions, psychosocial status, and health behaviors. Biological samples, consisting of blood and urine, are banked on all study participants to facilitate future research. To date, over 1600 SJLIFE participants have completed risk-based assessments that have detected previously undiagnosed cancer-related toxicity in a substantial proportion. Results of risk-based assessments and recommendations for community medical follow-up and health-promoting lifestyle practices are reviewed after completion of the evaluation and summarized in a results packet to be shared with community health care providers. This presentation will feature efforts undertaken by the SJLIFE clinical and research care team to facilitate education of long-term childhood cancer survivors and their community providers about cancer-related health risks, recommendations for health surveillance, and interventions to reduce risk and preserve health.

HPV and the Primary Prevention of Cancer: Vaccination Implications for Childhood Cancer Survivors – James Klosky, PhD, Assistant Member, St. Jude Faculty and Clinical Psychologist, After Completion of Therapy Clinic, St. Jude Children’s Research Hospital (Memphis, TN, USA)

Effective vaccination is available to prevent human papillomavirus (HPV), the most common sexually transmitted infection and the cause of cervical and other cancers. HPV vaccine uptake is particularly important for females surviving cancer, some of whom are at high risk for HPV-related complica-
tion due to the direct and indirect effects of cancer treatment. The purpose of this presentation is to provide a description of the HPV vaccine and its usefulness in the survivorship population, provide a rationale for describing cancer survivors as being at increased risk for HPV complication, identify factors associated with HPV vaccination uptake, and discuss the utilization of these factors in designing interventions for the promotion of HPV vaccination among survivors.

Session T2: Evaluating Public Health Programs

Implementation and Evaluation Innovation in Public e-Health—Effective Strategies for Implementing Your Programs/Strategies – Nancy M. Lorenzi, PhD, MLS, MA, Assistant Vice Chancellor for Health Affairs, Professor of Biomedical Informatics, Clinical Professor in Nursing, Vanderbilt University Medical Center (Nashville, TN, USA)

It is challenging to introduce new programs or changes to current programs in organizations. People in that organization or its clients will feel the impact of the change. This presentation will focus on implementation strategies that have proved successful in many organizations and that, at the same time help, people more easily accept the innovation.

Get Fit with the Grizzlies: A Community-School-Home Initiative to Fight Childhood Obesity – Carol C. Irwin, PhD, Assistant Professor, Richard L. Irwin, EdD, Associate Dean, Professor, Department of Health and Sport Sciences, College of Education, University of Memphis, Maureen E. Miller, MPH, Research Specialist, Phyllis A. Richey, PhD, Associate Professor, Preventive Medicine & Pediatrics, University of Tennessee Health Science Center, Justin Boddie, Coordinator, Sport Development, Teresa Dickerson, Director, Community Investment, Memphis Grizzlies (Memphis, TN, USA)

Background: Professional sports organizations in the United States have notable celebrity status, and several teams have used this “star power” to collaborate with local schools in efforts aimed at the goal of affecting childhood obesity (e.g., NFL Play 60). Program effectiveness is unknown owing to the absence of comprehensive evaluations for any of these initiatives. In 2006, the Memphis Grizzlies, the city’s National Basketball Association (NBA) franchise, launched “Get Fit with the Grizzlies,” a 6-week, curricular addition focusing on nutrition and physical activity for the 4th and 5th grades in Memphis City Schools (MCS). The health-infused mini-unit was delivered by the physical education teachers during their classes. National and local sponsors whose business objectives matched the “Get Fit” program objectives were solicited to fund the program.

This presentation will highlight the program evaluation results from the “Get Fit” first year and the Journal of School Health article. However, in the 5 years since it was initiated, the “Get Fit” program has continued to take place in Memphis area schools. During the 2010-2011 school year, the “Get Fit” program evolved into a new program called “Healthy Home Court” with Kellogg’s as the primary sponsor. “Healthy Home Court” included the original fitness part of the program, but also added a breakfast component at high schools where data indicated great need. Kellogg’s sponsored special “carts” with healthy breakfast options (i.e., fruit, protein bars) for students to grab and eat. This program matched their existing program “Food Away from Home.” Research supports the objectives of
these programs, and it has shown that breakfast consumption can have a positive impact on academic achievement, behavior in school, and overall health status.

Method: Survey research was employed over the first 4 years that measured health knowledge acquisition and health behavioral change by using a matched pre-/post-test design (n=2210) in randomly chosen schools (n=18) from all elementary schools in the Memphis area. McNemar’s test for significance (p<.05) was applied to measure correct answers before and after the intervention. Also, breakfast attendance numbers were observed for intervention high schools and compared with breakfast attendance numbers from control high schools.

Results: Analyses confirmed that, from the first year to this last one, there was significant health knowledge acquisition and health behavioral improvement at post-intervention. Breakfast numbers matched these findings. Also, exit polling that took place at one intervention high school indicated the students attending the breakfast assembly gained knowledge and positively changed attitudes regarding the academic and health benefits of eating a healthy breakfast.

Conclusions: This community-school-home initiative using a professional team’s celebrity platform is largely overlooked by school districts, and should be considered as an effective way to confront childhood obesity.

Designing and Planning Obesity Prevention Interventions to Enhance Dissemination – Lisa M. Klesges, PhD, Interim Dean, School of Public Health, University of Memphis (Memphis, TN, USA)

Purpose: Considering key elements of external validity and public health impact during the study design and planning phases of research may enhance the potential dissemination of obesity prevention interventions.

Background: Literature reviews demonstrate a lack of reported external validity information, which limits the ability to make population inferences and to disseminate interventions successfully. A framework and method to give more balanced attention to internal and external validity is needed to enhance the translation of research to practice and community settings.

Key Points: This presentation will discuss and provide examples of a framework of reach, efficacy/effectiveness, adoption, implementation, and maintenance known as RE-AIM and how it can be applied to the study design and evaluation of obesity prevention research. Major study features and metrics to be described will include: 1) addressing reach and program adoption by using sampling and recruitment methods to study a well-described, relevant, or representative sample of individuals and settings, 2) measuring the effectiveness of interventions by including adverse outcomes and quality of life, 3) measuring individual-level confounders and moderators and setting-level contextual factors to evaluate generalizability and robustness of effects, 4) designing interventions that can be feasibly adopted and implemented by a variety of intervention agents and “end consumers,” 5) including process evaluation to measure intervention implementation and costs, and 6) planning for and including measures of long-term maintenance of individual behavioral change and setting-level sustainability and reinvention.
Conclusions: Optimizing the design of behavioral change interventions should improve the current evidence base. In turn, this evidence will be available to support translational population research and practice.

**Session T3: Tobacco Education**

**Reducing Secondhand Smoke Exposure Among Children and Adolescents: Future Directions and Issues for Intervening with Medically At-Risk Youth** – Vida L. Tyc, PhD, Member, St. Jude Faculty, Psychology, St. Jude Children’s Research Hospital (Memphis, TN, USA)

Exposure to secondhand smoke is a leading preventable cause of child morbidity and mortality. The adverse health consequences of secondhand smoke exposure (SHSe) are magnified among medically compromised children and adolescents, and exposure to tobacco in their environment markedly increases their opportunity to use and become addicted to tobacco. Measuring SHSe in vulnerable pediatric populations and intervening to reduce their SHSe is critical to protecting their current and long-term health. We will evaluate the psychosocial, socioenvironmental, and behavioral factors that influence children’s exposure, review current findings from SHSe research, and identify challenges for future pediatric tobacco control research. Efforts to translate research into practice that requires parents, health care providers, schools, communities, and youngsters themselves will be discussed. Strategies that promote adoption of smoke-free homes and cars to protect children from SHSe will be emphasized.

**KEYNOTE SPEAKER: Cigarette Design, Nicotine Addiction, and Passive Smoke** – Jeffrey S. Wigand, MA, PhD, MAT, ScD, Founder, SMOKE-FREE KIDS

Tobacco products are responsible for over 5 million deaths each year and enormous economic costs in health care and lost workforce productivity. Tobacco use that starts in childhood results in premature mortality and is responsible for 1 in 10 adult deaths. The design of the cigarette is optimized to addict the user by manipulating the blend and cigarette components, by ameliorating the harshness of the toxic pyrolysis/pyrosynthetic tobacco materials with intentional additives, and by enhancing the delivery of additive nicotine in a highly addictive format. Key to prevention and cessation is a clear understanding of the characteristics of tobacco in its numerous formats.

**Session T4: E-Learning and Multimedia**

**A Teacher’s Perspective: Web 2.0 Technologies for Teachers: What Do Teachers Need and Want?** – Cindy Brock, Lower School Technology Coach, Presbyterian Day School (Memphis, TN, USA)

Hear from an elementary school technology coach about what students and teachers want from interactive Web sites and how Web 2.0 tools are used in the classroom. In this presentation, Cindy Brock will share examples of current Web 2.0 tools that teachers and students are using in her school. She will also discuss various characteristics of the tools that educators find positive and helpful for class-
Memorable experiences deliver intense usable moments with the support of different platforms and social networks. Higher degrees of motivation ensure efficiency and performance. Serious games deliver powerful and truthful experiences by providing the user with goals, challenges, problem-solving, and rules, besides a clear internal value and an interactive experience. Our software and hardware-based tools should have the power to teach and change us, while making us better problem-solvers and professionals. Society needs humanists with some sort of solid basis in a very specific scientific or technological field. There are many antecedents as the multimedia design Spanish professor Guillem Bou might say: Piaget is the father of evolutionary pedagogy although he was a physician; Arthur Clarke reads and spreads Nietzsche while being a physics scientist; Einstein renews all the incoming philosophical thinking from his position as an eminent scientist; and a computer science expert such as Bill Gates is one of the richest men in the world because of his earlier understanding of the new IT economy. Multimedia is pure interdisciplinarity. Following Tsuhan Chen’s definition (former IEEE Transactions on Multimedia journal’s Editor-in-Chief): “...true multimedia is the combination of different elements (whether medium, modality, technology, algorithm, or application) that provides a fuller experience of the effect of that combination.” He emphasizes its multimodal and transversal characteristic in a very clear and transparent way, while keeping it independent from the final field of application. Therefore, the multimedia field is purely transversal and strategic. It can be applied to different sectors, providing innovative solutions from the mixing of knowledge and different perspectives. It is built on the top of imagination, creativity, aesthetics criterion, analysis capability, communication, compromise, and technical and psychological abilities, among others. La Salle-URL (Barcelona, Spain) offers a unique multimedia engineering degree since 1996 plus an innovative Multimedia Creation and “Serious Games” master’s program (MCDEM) since 2005. Both suppose new approximations to the training, teaching, and learning experiences, with suitable syllabi that take into account different technologies and methods to ensure the best learning performance for the students. Multimedia in general and serious games in particular can be easily applied to the field of health care. There are many forms and instances of them: virtual reality surgical simulators, 3D reconstruction of models from different types of medical imagery, remote control and sensory platforms for the tracking of different parameters in the elderly or the disabled, or game design experiences where learning occurs exponentially.

Highly interactive and sophisticated user interfaces have become the norm on the Web. Using technologies, such as Adobe Flash, AJAX/Javascript, and promises of HTML 5, bring a level of interest and...
panache to e-learning content. However, the value of these technologies and the tools used to create them are suspect with little research. Cognitive load theorists consider the limitations of working memory, partitioning it into three types: intrinsic, germane, and extraneous loads. Much research in cognitive load theory has focused on reducing extraneous loads to users. In two recent studies, we considered the elements of interface design and cognitive load. One study considered types of interfaces while the second considered ways to measure cognitive load with e-learning. Findings from these studies will be presented with implications for interface design.

**An Editor’s Perspective: MERLOT and JOLT – Perspectives on Two Open Educational Resources** – Edward H. Perry, PhD, Co-Editor, Journal of Online Learning & Teaching, Professor, Mechanical Engineering, The University of Memphis (Memphis, TN, USA)

This presentation will center on MERLOT and JOLT, two open educational resources that provide learning materials, research studies, and case studies of interest to the teaching community.

MERLOT, the Multimedia Educational Resource for Learning and Online Teaching, is a free and open online community of resources designed primarily for faculty, staff, and students of higher education. It is a leading edge, user-centered, collection of over 25,000 higher education online learning materials. The materials are all catalogued and many have been peer reviewed by the various editorial boards within MERLOT.

JOLT, the Journal of Online Learning and Teaching, is a peer-reviewed, open access, online journal that addresses the scholarly use of multimedia resources in online education. It seeks to build a community around the research and scholarly use of multimedia educational resources for online teaching and learning.

The rationale for the review criteria for both MERLOT and JOLT will be discussed, along with the methods used to train new reviewers and the approaches to quality control of reviews. Overall statistics of submissions of learning objects to MERLOT and papers to JOLT will be presented along with sustainability issues for both.

**Session T5: Evaluating School-based Cancer Education Programs**

**Capturing the Emotional Experience of School Professionals Working with Students with Cancer** – Ruth Rechis, PhD, Director of Evaluation & Research, Lance Armstrong Foundation (Austin, TX, USA)

Students who have been diagnosed with cancer and who return to school more quickly are less likely to fall as far behind academically and are more likely to be reintegrated readily into the school social environment. For students to return to school successfully, a team of support may be required that should include school professionals. Traditionally, school professionals have received very little training on how to help students with cancer return to the school environment. Further, working with students diagnosed with cancer can be an intense emotional experience for school professionals. The present study explored the cognition, motivation, and emotion of school professionals working with students with cancer during the school re-entry process. Surveys were conducted before and after a
workshop. Additionally, case studies were conducted to explore participants’ emotional experience as it related to helping students to return to and reintegrate into the classroom environment. Results of this study will be shared during this presentation.

**Evaluating the Cure4Kids for Kids School-based Cancer Education Program** – Yuri Quintana, PhD, Director, Education and Informatics, International Outreach Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

In the 2010-2011 school year, a formal evaluation of the St. Jude Cancer Education for Children program was conducted. The program was created in 2006 as part of the outreach mandate of the Comprehensive Cancer Center at St. Jude Children’s Research Hospital. Cancer and healthy living education are important for creating awareness, reducing risk, and improving the overall health of our community. The subjects in this research study were 4th-grade students at seven elementary schools in the Greater Memphis area. Each student attended three presentations given by St. Jude faculty and research staff on topics within their expertise, such as cells, cancer, empathy, and healthy living. Printed materials distributed as part of the program were developed by a multidisciplinary team of St. Jude employees and local educators and reviewed by national experts for scientific accuracy and appropriate readability. Pre- and post-tests were administered to students by the school teacher. The pre-tests were taken before the program presentations and before students received copies of the printed material. Two post-tests were conducted, one given 1 week after the presentations to measure knowledge acquisition and a second at 3 months after the presentations to measure knowledge retention. The pre/post tests were de-identified. Preliminary results of this study will be presented. The results of this study will be used to improve the educational content and delivery format of this program.

**Session T6: New Communication Strategies for Behavioral Change**

**Innovation Research for Youth Health Promotion - Social Media and Participatory Engagement of End-Users** – Cameron D. Norman, PhD, Assistant Professor, Dalla Lana School of Public Health, University of Toronto (Toronto, Ontario, Canada)

Social media and the multimedia networks that they support provide a platform for engaging youth and young adults across diverse contexts in a manner that supports different forms of creative expression. Drawing on more than 15 years of experience using eHealth promotion strategies to youth engagement, the Youth Voices Research Group (YVRG) and its partners have created novel opportunities for young people to explore a range of health topics including tobacco use, food security, mental health, and navigation of health services. Through applying systems and design thinking, the YVRG approach to engaging youth will be presented using examples from its research and practice that combines social organizing with arts-informed methods for creative expression with information technology. This presentation will focus on the way in which the YVRG has introduced interactive blogging, photographic elicitation, and video documentaries, alongside real-world social action projects to promote youth health and to assist in research and evaluation. Opportunities and barriers including literacy and access to technology will be discussed and presented along with emerging areas of research including use of smartphones and social networking platforms such as Twitter, Facebook,
and YouTube more effectively in health promotion and public health.

Where’s Waldo 2.0: Sorting Through the Noise and Rethinking Cancer Communication – Daniela B. Friedman, PhD, MSc, Assistant Professor, Department of Health Promotion, Education, and Behavior, Arnold School of Public Health, University of South Carolina (Columbia, SC, USA)

With the explosion of new media technology over the past decade, we have an extraordinary amount of health information at our fingertips. Although social media offer opportunities for collective knowledge, information exchange, and user interactivity, the reliability and accuracy of information may be compromised because of these same opportunities, resulting in poor behavioral choices among users. This session will focus on the current state of cancer communication, explore the benefits and challenges of using social media and new and emerging technologies for cancer messages, and provide health and cancer educators with useful strategies for evaluating the quality of cancer information intended for youth and/or adults. With health and medical news so pervasive and readily available through a myriad of new channels, it will be important to filter through the information overload and help people understand that information and how it pertains to them, their community, and society.

A Framework for Web-based Training with Personalized Content for Health Care Providers in Low and Middle Income Countries – Sandra Richardson, PhD, Assistant Professor, Department of Management Information Systems, Fogelman College of Business and Economics, University of Memphis (Memphis, TN, USA)

The World Health Organization estimates that of the nearly 8.8 million deaths among children below the age of five each year, almost all of them occur in low and middle income countries. Between 70% and 90% of those deaths are avoidable (e.g., pneumonia, diarrhea, malaria, HIV/AIDS, etc.) by using existing interventions and treatments. However, in resource-poor countries there is a lack of access to training and resources for health care providers related to implementing available interventions. Computer-based instruction is a fundamental component of medical training in the developed world. Increasingly these programs are moving beyond the static presentation of information and quiz taking, to incorporate personalized educational content. Computer-based instruction holds promise in addressing the need for training in the low and middle income countries. Leveraging Web-based tools to provide training resources can expand the breadth of reach to more health care providers globally. Improved availability of medical professional training resources can have a positive impact on survival rates for children globally.

There is much that can be learned from developed countries regarding the use of Web-based tools and personalized content for education, but the content and methods are not necessarily easily transferable. While personalized content embedded in Web-based programs holds promise for disseminating training resources to low and middle income countries, there is a great deal to learn about how to implement these programs successfully.

This presentation will propose a framework to guide the development of Web-based personalized educational content in medical training programs for low and middle income countries. The framework emphasizes the increased accessibility of Web-based training programs, relevant content in the con-
text of the user (globally), and personalization of content to meet individual knowledge level. In addition, community learning, supported by Web-based education and collaboration tools, is explored.

Session: T7: Thursday Evening Reception at Pavilion and Scientific Poster Session

Cancer-Related Knowledge, Attitudes, and Risk Perception Among 6th Grade Students in Jordan – Rawan Shihab, Nutrition Specialist, Cancer Control Office/ Nutrition and Health Education Unit, Nour Obeidat, Rasha Bader, Aisha Shtaiwi, Hiba Ayub, Feras Hawari, King Hussein Cancer Center (KHCC) (Amman, Jordan)

Introduction: Elementary schools in Jordan have included health education material in curricula to promote healthy lifestyles among younger school children. However, the relation between healthy lifestyles and the prevention of chronic diseases such as cancer has not been an explicit component in school curricula of younger age groups. We sought to explore the level of knowledge among 6th grade students as well as their attitudes with respect to cancer. This comes as part of a pilot project to develop an educational series on cancer prevention that aims to meet knowledge gaps specific to the community of students in this age group in Jordan. Methods: A questionnaire composed of items measuring knowledge about cancer and cancer prevention through healthy practices, attitudes towards cancer, and intentions to engage in healthy behaviors was developed. Questionnaires previously used in similar age groups elsewhere were used as a reference. Our questionnaire was reviewed and approved by the Ministry of Education - School Health & Nutrition Department. Sixth graders in a convenience sample of four schools selected by the MOE completed the self-administered questionnaire. Results: Ninety-six 6th graders from four schools answered the baseline survey, but 28% of the surveys were excluded from the analysis because of data quality problems, leaving 69 respondents. Of these students, 69.6% were girls; 97.1% (67) had heard of cancer, but only 63.8% knew it was not a contagious disease. Regarding fear, 29 (42%) would not play with a cancer patient. With regards to prevention of the most prevalent cancers in Jordan, 25 (36.2%) knew breast cancer was preventable, and 28 (40.6%) and 24 (34.8%) knew this regarding lung and colorectal cancers, respectively. Among the respondents, 57.8% identified healthy dietary behaviors (e.g., low fat, low sugar), but only six students could identify the ideal frequency for exercise (60 minutes daily). Fifty-eight (84.1%) agreed that cigarettes harmed the health, but only 21 (30.4%) found it easy to avoid exposure to secondhand smoke. Nine (13%) reported smoking waterpipes, but only one student reported smoking cigarettes. Forty-eight (69.6%) and 47 (68.1%) agreed that daily physical activity and healthy eating, respectively, were important. Fifty-two (75.4%) students found it easy to eat healthy at home but only 37 (53.6%) found it easy to do so at school. Finally, 63 (91.3%) of students wanted to learn more about cancer. Conclusion: Although a significant number of our sample of students has heard about cancer and students exhibit some knowledge regarding healthy practices, our results show that knowledge gaps exist with regards to the nature of cancer as a non-contagious disease, the preventability of specific cancers, and the link between specific risk factors and cancer.

Effective Actions in Monitoring Hospital School – Amália Covic, Eduardo Kanemoto, André Covic Bastos, Escola Hospitalar, Instituto de Oncologia Pediátrica _GRAACC_Universidade Federal de São Paulo (São Paulo, Brazil)
Introduction: The objective was to study the impact of hospital care for school mathematics literacy in cancer patients during treatment. Among the 54 patients, the diagnoses were bone tumors (n = 39), Hodgkin’s lymphoma (n = 8), and non-Hodgkin’s lymphoma (n = 7); all of the patients were aged 15 years and within 1 year of starting treatment. Method: Qualitative, descriptive, and interpretative, with exploratory analysis of formative assessments carried out in the process, from 2001 to 2008. The refinement of the analysis was carried out with grouping of categories according to levels of the Programme for International Student Assessment (PISA). Justifications: (1) PISA defined literacy in mathematics as an individual’s ability to identify, understand, and reflect mathematical constructions in various sectors of life. Building this capacity is in line with the objectives of the School Hospital; (2) neoplasms studied have pronounced effect on the studied age. Results: 16.6% below the present one, 25.9% to the level-1, 24.3% to the level-2, 24.3% to the level-3, 5.5% by the level-4, 0% to level-5 and 3.4% by the level-6. Discussion: Prior to treatment, these students belonged to the universe of the 4,452 surveyed by PISA and featured the following indexes: 53%, 22%, 14%, 7%, 3%, and 1% on the levels 1, 2, 3, 4, 5, and 6, respectively. In the literature, the rate is 13.6% of students who are age 15 with less than 4 years of schooling. The methodological approach of the School Hospital, which discusses the contents of the significant from school for each student, causes a change beyond the withdrawal of explicit information from the text (level-1) and tends to criticism and the resolution of problems (level-2e3). Conclusion: The construction of mathematical knowledge takes place in working with the historically established cultural awareness, with the disciplinary aspects contemplated without prejudice or bias. It is taken mainly on the possibility of expression that each child perceives as the holder - that is the value. Source: Data from EMAE in GRAACC-IOP-UNIFESP, São Paulo – SP – Brazil, 2001 to 2008.

Glooveth: Healthy Habits, Fun and Serious Gaming – Enric Macías, Pau Moreno, Maria Montserrat Presno, Oscar García, Tallulah Forrest, Multimedia Creation & Design (MCDEM) Program, La Salle Campus Barcelona–Universitat Ramon Llull (Barcelona, Spain)

Memorable experiences deliver intense usable moments with the support of different platforms and social networks. Higher degrees of motivation ensure efficiency and performance. Serious games deliver powerful and truthful experiences by providing the user with goals, challenges, problem-solving and rules, besides a clear internal value and an interactive experience. Our software and hardware-based tools should have the power to teach and change us, while making us better problem-solvers and professionals. We present Glooveth, an educational game for children aged 6 to 12 years old, winner of the Silver Award on the Global eHealth Challenge 2010. The game has been conceived by following the current tendency in the videogames industry plus the new controlling paradigms. It has been developed for three different peripherals: a mouse and two special gloves, providing a deeper user’s game playing and learning experience. The paper explains the whole project, beginning with the first concept ideas and ending with its real application and usability testing.

The Development of the Nutrition4Kids Web Site – Michelle S. Williams, MPH, CHES, Daniela B. Friedman, MSc, PhD, Assistant Professor, Department of Health Promotion, Education, and Behavior, Arnold School of Public Health, Feili Tu, PhD, Associate Professor, School of Library and Information Science, and Valerie Thompson, University of South Carolina (Columbia, South Carolina, USA)
Cancer is the second leading cause of death in the United States. Researchers have determined that consuming a diet low in fruits, vegetables, and whole grains is a common risk factor associated with developing cancers such as stomach cancer, colorectal cancer, breast cancer, and pancreatic cancer. Currently, there are few Web sites devoted to increasing students’ knowledge about the role of a healthy diet in cancer prevention. The Nutrition4Kids Web site is a unique health education tool that targets youth between the ages of 10 and 14. The Web site content and design were guided by the Health Belief Model, Information-Motivation and Behavioral Skills Model, and principles of health literacy. Cancer messages on the Web site are based on recommendations of the American Institute for Cancer Research and the World Cancer Research Fund. The Web site contains nutrition information; recipes that emphasize the consumption of fruits, vegetables, and whole grains; and interactive games. The primary objectives of the Nutrition4Kids Web site are to: 1) increase students’ knowledge of how poor dietary habits can affect their health; 2) increase students’ knowledge of healthy dietary habits that can reduce their risk for cancer; 3) increase students’ ability to prepare healthy, well-balanced meals and snacks; 4) increase students’ ability to discuss healthy eating with their family and friends; and 5) increase students’ knowledge of nutrients that have healthful benefits.

**Yummy Tricks: A Serious Game for Learning Healthy Eating Habits** – Gerard Inglés Camats, Maria Montserrat Presno Rivas, Marc Antonijoan, Oscar García Panchella, Tallulah Forrest, Multimedia Creation & Design (MCDEM) Program, La Salle Campus Barcelona–Universitat Ramon Llull (Barcelona, Spain)

Cure4Kids organized the first Global eHealth Challenge in 2010. This contest encouraged creating innovative multimedia applications that help educate children or parents about cancer and healthy living. Here, we describe one of the applications submitted to this contest. The presented application is a serious game containing several mini-games designed to teach healthy eating habits. Each mini-game involves learning a “trick” or a lesson. Two mini-games have been developed so far, but the application may be extended with more. Several design decisions were taken to make games enjoyable and appealing to children. This application won the gold award of the Challenge.

**Advances in Health Informatics Education: Educating Students at the Intersection of Health and Information Technology** – Andre Kushniruk, PhD, MSc, Professor, Elizabeth Borycki, PhD, MN, HBScN, RN, Assistant Professor, Alex Kuo, PhD, MBA, Assistant Professor, School of Health Information Science, University of Victoria (Victoria, British Colombia, Canada)

Health informatics promises to transform health care through introduction of new information technologies such as the electronic health record and mobile health care applications (e.g., iPhone, iPad). Internationally, there has been a push to implement such systems and applications in health care organizations. Yet, adoption rates of health information systems (HIS) remain poor in many parts of the world. Health informatics (HI) professionals are encountering a variety of complex problems in integrating HIS into health care work settings. To improve adoption rates and students’ ability to effectively work with and understand this technology, there is a need to provide students with health information system experiences that expose them to problems typically encountered in health care (using a wide range of examples of real-world HIS, tools and problems). Our recent work in the area of health IT and health professional educational curricula (including biomedical engineering, medicine, nursing, and health informatics) has revealed that typical HI-related educational programs of-
ten provide students only limited exposure to systems that are critical to improving health care, for example, electronic health records (EHR), decision support systems (DSS), and chronic disease management systems (CDMS). This presentation will discuss the integration of differing types of HIS into HI education curricula. A range of approaches for the integration of essential information technology into HI education and training is discussed, along with future directions for improving and informing the education of HI professionals. One approach that we have applied is teaching essential concepts related to HIS by having students access systems and applications and to identify system features, user interface designs, product advantages, and system limitations, as well as potential user problems. We have also employed this approach in distance classes for students in areas allied to health informatics (e.g., nursing and medical), focusing on teaching students about health information technologies. We have extended this type of exposure to undergraduate and graduate HI students to give students an understanding of a range of possible HIS and technologies available (including pervasive devices and mobile applications) for improving and streamlining health care processes. For example, several hundred HI undergraduate students have been asked to critically analyze a Web-based EHR system using evaluation methods from the field of usability engineering (e.g., using heuristic inspection, cognitive walkthrough, as well as usability testing). We have also been using EHRs and related technologies to support individual student learning needs for course-based research projects and for graduate-level studies for theses and dissertations. In addition, we have recently extended our work to include hands-on training for students about interoperability of health care systems and applications. Our approach to integration has led to the development and dissemination of a variety of generalized tools that can be used for improving HI education.

Use of Mobile Phones to Manage Chronic Obstructive Pulmonary Disease (COPD) – Elizabeth Borycki, PhD, MN, HBScN, RN, Assistant Professor, Health Information Science, University of Victoria (Victoria, British Colombia, Canada)

COPD is the fourth leading cause of death in Canada. It is estimated, based on a “self-reporting of diagnoses made by health professionals,” that over 750,000 Canadians aged older than 35 years have COPD. In the past 30 years the Internet and mobile phones have revolutionized the way Canadians obtain health information. Today, 69% of Canadians search for health information on the Internet, and 54% of Canadians use mobile phones. Patients living in the community are using mobile phones to successfully self-manage their chronic illnesses. Mobile phones and tailored mobile phone software can be used to help patient’s self-manage their COPD. For example, based on the above outlined statistics for mobile phone usage in Canada, 405,000 of the 750,000 Canadian COPD patients (i.e., those COPD patients who already use mobile phones) could benefit from the use of the two technologies. Therefore, mobile phones and their health-related software have a significant potential to act as a public health intervention.

Purpose: The purpose of this presentation is to describe the findings of a review of the literature examining the types of mobile phones and software applications that are being used by COPD patients to self-manage their COPD. More specifically, the discussion will focus on the software features and functions that are most able to support self-management of COPD in terms of their ability to improve patient outcomes. Although researchers have attempted to develop applications for mobile phones that support patient self-management of COPD, there are only a few studies that have documented
the impact of these types of interventions on a limited number of patient outcomes. In addition to this, many of the applications that have been developed do not fully support patient self-management from a biopsychosocial perspective. This limits the effectiveness of mobile phone self-management software applications. Many diseases have impacts that are biopsychosocial: they span a range of patient outcomes from dealing with depression, to managing dyspnea, to being able to perform activities of daily living. Mobile phones with software that supports patient self-management of disease can have significant public health impacts, but only if designed to help patients with the many biopsychosocial issues that are associated with their disease rather than one aspect of COPD self-management.

Understanding IT-enabled Social Action Networks: Construction, Sustainability, and User Participation – M. Shane Banks, Management Information Systems, University of Memphis (Memphis, TN, USA)

Innovative, humanitarian individuals and organizations are seeking to leverage the power of information technologies by constructing IT-enabled Social Action Networks (ITSANs), networks of actors, connected via an IT platform, working together to improve social conditions and the lives of others. ITSANs are primarily Web-based platforms that allow users to collaborate, share information, and pool resources to enhance efforts in pursuit of a common social mission. The goal of this research is to investigate how ITSANs are used to positively impact social needs by examining how these platforms are constructed and sustained. Also of interest are factors influencing user participation. Historically, the majority of information systems research has focused on leveraging IT to increase profits leading to maximization of shareholder wealth, but we contend that IT value can manifest itself in equally important ways which have not been adequately addressed in the information systems literature. To address this gap and develop an in-depth understanding of ITSANs, this research employs a qualitative multi-case study approach which seeks to understand ITSANs through the lived experiences of key actors.
PRESENTATION ABSTRACTS — FRIDAY, JUNE 10TH

Session F1: Expert Panel on the Global Need for Cancer and Health Education

KEYNOTE SPEAKER: UICC World Cancer Declaration – Julie Torode, PhD, Deputy CEO, Advocacy & Programmes Director, Union for International Cancer Control (UICC) (Geneva, Switzerland)

The World Cancer Declaration was published in 2008 after 2 years of preparation involving many experts and organizations drawn from the UICC membership. It was issued at the World Cancer Congress in Genetva 2008. The document contains 11 targets for 2020, which, if achieved, will give hope that the anticipated growth in number of deaths caused by cancer will reduce over time.

Since then, the UICC has refocused its activities to promote the Declaration and to advocate at the highest political level for change to take place. In 2009, UICC joined forces with the International Diabetes Federation and the World Heart Federation to form the NCD Alliance, an advocacy alliance created to press the United Nations to recognize the emerging health issue of cancer and the other non-communicable diseases (NCDs). The NCD Alliance has grown rapidly in the past 18 months and is now viewed as the world’s leading civil society grouping representing the views of patients around the world.

Dr. Torode will outline the link between the World Cancer Declaration, the NCD Alliance, and the UN High Level Meeting on NCDs that will take place in New York in September this year and represents a significant opportunity to address cancer on a global scale for the first time.

The St. Jude International Outreach Program – Raul C. Ribeiro, MD, Member, St. Jude Faculty, Director, Leukemia / Lymphoma Division, Director, International Outreach Program, Associate Director for Outreach Program, Cancer Center, St. Jude Children’s Research Hospital (Memphis, TN, USA)

The St. Jude International Outreach Program’s mission is to improve the survival rate of children with cancer and other catastrophic diseases worldwide, through the sharing of knowledge, technology, and organizational skills. There are an estimated 160,000 newly diagnosed cases of childhood cancer worldwide each year, and cancer is emerging as a major cause of childhood death in the developing regions of Asia, South and Central America, northwest Africa, and the Middle East. Over the past 30 years improved therapy has dramatically increased survival rates for children with cancer, but still more than 70% of the world’s children with cancer do not have access to modern treatment. While sick children from around the world have always traveled to our hospital in Memphis, Tennessee, being able to provide treatment to children in their own countries is more efficient and less disruptive for them and their families. Because of St. Jude’s international efforts, we are able to reach far more children than would ever be able to come to St. Jude Children’s Research Hospital. St. Jude strives to address the needs of those children in countries that lack sufficient resources and to help them manage their own burden of cases effectively. By sharing knowledge and technology with the local governments, health care providers, and the private sector in these countries, St. Jude is improving diagnoses and treatments to increase the survival rates of children all across the globe. In addition
to training medical teams locally, St. Jude Children’s Research Hospital hosts many visiting fellows at our campus in Memphis, Tennessee. St. Jude helps partner medical institutions develop tailored evidence-based protocols for treating children with cancer and other catastrophic diseases. St. Jude physicians serve as mentors to physicians at our partner sites and consult on difficult cases. We train nurses in best practices in clinical care and work with pathologists on techniques for accurate diagnosis. We also partner with local fundraising foundations that support the medical programs. This model has proved to be highly effective in providing poor children in developing countries access to modern treatment and care. True to the commitment of St. Jude to sharing information with the worldwide medical community, in 2002 St. Jude launched Cure4Kids, a comprehensive online resource dedicated to supporting the care of children with cancer and other catastrophic diseases. Today Cure4Kids (www.Cure4Kids.org) has over 27,000 registered users in more than 175 countries. In 2006 St. Jude launched the Cancer Education for Children Program (Cure4Kids for Kids) that helps school children, their parents, and teachers understand the basic science and treatment of cancer. The International Outreach program is ambitious, widely inclusive, and relentless in its pursuit of the dream of St. Jude’s founder Danny Thomas that “no child should die in the dawn of life.” No child, anywhere in the world.

Maximize Life Global Cancer Awareness Campaign: Improving the Lives of Cancer Patients While Increasing Global Awareness of Their Needs – Pat Garcia-Gonzalez, MS, Executive Director and Co-Founder, The Max Foundation (Edmonds, WA, USA)

In October 2010 The Max Foundation in partnership with 30 cancer patient associations in emerging countries organized a global cancer awareness campaign.

The aims of the campaign were: (i) to increase awareness of the needs of people living with cancer in developing countries; (ii) to increase local visibility of patient associations in their countries; (iii) to collect more than 10,000 signatures to the World Cancer Declaration (WCD); and (iv) to improve the lives of cancer survivors by providing them with an opportunity to express their feelings about the disease.

The campaign was developed as a global campaign, to be implemented by local patient associations through their volunteer survivors and caregivers. The methodology at the global level included developing the framework, branding, and communication tools, while making available limited funding and heavy logistical support. Local patient associations were encouraged to adapt the initiative to a culturally accepted format. Key elements of the campaign were the mix of low tech and high tech elements to allow low tech populations to participate while promoting the initiative using social media and high tech tools. Additionally, the participation of survivors and caregivers ensured that the campaign provided immediate benefit to cancer patients. Finally, the addition of the World Cancer Declaration provided a strong unifying component.

More than 60 events were held in 31 countries around the world; collecting more than 13,000 signatures to the World Cancer Declaration and a similar number of support messages to cancer survivors representing 84 countries. Local events gained local media visibility in many countries and the campaign was promoted in multiple international forums and Web sites.
This initiative provides key learning as an example of mobilization of volunteers and the development of a global initiative as a grassroots movement.

**2011 United Nations Summit on Non-Communicable Diseases (NCDs) - Coming Together as One Voice for Children**  – Kate Armstrong, BMed, DCH, MPH, President & Founder, Caring & Living As Neighbours (CLAN) (Sydney, New South Wales, Australia), Chair, NCD Alliance Child-focused Working Group

In New York City from 19-20 September 2011, the United Nations will hold its second-ever health-related Summit. The 2011 UN Summit on Non-Communicable Diseases (NCDs) will seek to bring global attention to the burden of NCDs and agree on a plan of action to address them. There is cause for optimism: the first health-related UN Summit (held in 2001 for HIV/AIDS) was extremely effective, resulting in a coordinated global response and creation of the Global Fund.

Member states have already determined that the UN Summit on NCDs will focus on the four most prominent NCDs, namely cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes and the common risk factors of tobacco use, alcohol abuse, unhealthy diet, physical inactivity, and environmental carcinogens.

The NCD Alliance is well placed for advocacy work. It began as a formal alliance of four international federations (the International Diabetes Federation, The World Heart Federation, the United International Cancer Council, and the International Union Against TB and Lung Disease), but has since expanded to include many other partners.

However, in late 2010 concerns were raised that children risked being systematically excluded from the NCD discourse. The terminology in use (e.g., “lifestyle diseases” and “chronic disease”) neglected the fact that not only are children affected by all four of the key NCDs, but also are the cornerstone to a lifecycle approach to prevention.

Building on the expertise of child-focused organizations already within the Alliance (Life for a Child; My Child Matters; the Child Lung Division; and Children's Heart Link), a Child-focused Working Group was formally approved by the NCD Alliance in early 2011, and has since attracted a large number of extremely passionate and devoted members.

This presentation will share highlights of the Child-focused Working Group’s efforts so far, and the key goals and outcomes sought by the group as it moves toward – and beyond – the UN Summit in September. By stepping outside our respective disease silos and working together as a global community passionate about the importance of integrating children within the NCD discourse, we intend to show that sustainable change is possible, and it is imperative that we work together to protect and fulfill the rights of the world's children with respect to NCDs.

**Session F2: National Approaches to Cancer Prevention and Communications**

**Driven by Evidence: Strategic Approaches for Communications and Education at NCI** – Lenora Johnson,
DrPH, MPH, Director, Office of Communications and Education (OCE), National Cancer Institute (NCI) (Washington, DC, USA)

Lenora will present an overview of the communications and education strategies used for practice at the NCI. As the communications arm for the premier research institution, NCI’s communication education, dissemination, and outreach efforts differ distinguishably from those of other cancer organizations. Driven by the evidence and the focus on user-centered research, OCE aims to advance the mission of NCI by disseminating research results to the public to improve the lives of those affected by cancer. In so doing, OCE strives to engage innovative approaches and platforms to meet its audiences where they are with that which is most relevant to them.

Research, Practice, and Policy Partnership Innovations in Cancer Prevention – Jon F. Kerner, PhD, Chair, Primary Prevention and Senior Scientific Advisor for Cancer Control and Knowledge Translation, Canadian Partnership Against Cancer (Toronto, Ontario, Canada)

Jon will present an overview of the prevention and knowledge translation and exchange approaches used by Canadian Partnership Against Cancer to implement Canada’s Cancer Control Strategy. The Canadian Partnership Against Cancer is an independent organization funded by the federal government to accelerate action on cancer control for all Canadians. The Partnership works with cancer experts, charitable organizations, governments, cancer agencies, national health organizations, patients, survivors, and others to implement Canada’s cancer control strategy. The Partnership’s work spans the cancer control continuum, from prevention and screening to research and supportive care. Our collaborative approach is mindful of the patient voice, and strives to be culturally responsive to the needs of First Nations, Inuit, and Métis communities.

The primary prevention portfolio represents the second largest investment by the Partnership after research, with strategic initiatives focused on multidisciplinary and multijurisdictional cancer and chronic disease prevention, monitoring healthy public policies, surveillance of environmental exposures, and evaluation support for real-world chronic disease prevention initiatives in Canada. In addition, all of the prevention portfolio strategic initiatives have a significant focus on actively engaging research, practice (both public health and primary care), and policy specialists across Canada in regular knowledge exchange efforts through face-to-face meetings, workshops, and conferences, as well as collaborative workspaces on the Partnership’s Cancer View Canada Web portal, and through other IT tools to promote the integration of the lessons learned from science with the lessons learned from service.

Session F3: Cancer Education in Schools and Communities

Cure4Kids for Kids: School-based Education for Cancer Prevention – Aubrey Van Kirk, Coordinator, Cancer Educational Outreach, International Outreach Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

This presentation will provide a brief overview of the St. Jude Cancer Education for Children (Cure4Kids for Kids) program. Cure4Kids for Kids focuses on three main objectives: 1) educating
students, parents, teachers, and communities about cancer and dispelling common misconceptions, 2) promoting healthy lifestyle choices in children that can help reduce the risk of developing cancer as an adult, and 3) increasing interest in science and health careers. A multidisciplinary team developed the age-appropriate educational materials in collaboration with national experts. The curriculum contains three modules: cells (presented as the basic unit of life), cancer (presented as a disease of unhealthy cells), and healthy living (presented with practices for cancer risk reduction: proper nutrition, safe sun exposure, tobacco control, and appropriate physical activity). A newly compiled kit for teachers and the Cure4Kids for Kids Web site (www.Cure4Kids.org/kids) make the educational materials available worldwide.

**Working Towards Cancer and Healthy Living Education Around the World: The Experience at La Salle Campus Barcelona** – Tallulah Forrest, CSR Manager, La Salle Campus Barcelona–Universitat Ramon Llull (Barcelona, Spain)

Health education, especially in the earlier stages of life, is essential for the development of healthy habits for life and for living lives free of illness and diseases that require only a little prevention. Any effort aiming to educate children to enjoy healthier lives is precious, even more so if we can direct these actions to those parts of the world with less access to information and basic health knowledge. We start with local actions, but our vision is global. La Salle, with a global network of primary, secondary, and higher education institutions, has the capacity for reaching thousands of children all over the world. It is with this goal in mind that La Salle Campus Barcelona, with its educational and technological character, has started to carry out educational activities in schools in Catalunya, designing video games for learning healthy habits and preparing videos about a healthy lifestyle, in collaboration with Sant Joan de Déu Hospital, with the idea of reaching children beyond our frontiers.

**Changing How Classrooms Talk About Cancer: Creating and Implementing LIVESTRONG at School** – Claire Neal, MPH, CHES, Senior Director for Mission, Lance Armstrong Foundation (Austin, TX, USA)

This session will discuss the creation and implementation of LIVESTRONG at School, an inspiring and empowering program for grades K-12. With one in three people in the world facing a cancer diagnosis in their lifetime, children in classrooms everywhere are likely to be dealing with cancer right now—whether it is their own diagnosis or the diagnosis of a grandparent, parent, family member, friend, or teacher. This curriculum was created in response to a need for easy to use tools that teachers could use to teach not just the biology of the disease, but also how people diagnosed with cancer felt about the experience and how they could be supported. As LIVESTRONG’s work has gone global, we have identified schools as a powerful resource to reduce stigma and raise awareness of cancer. This curriculum allows teachers to have open and honest communication about cancer and change the way the next generation responds to the disease. Results from program development and implementation will be shared.

**Cancer Education and Community Outreach in Jordan** – Ruba Anastas, Manager, International Extramural Affairs Office, King Hussein Cancer Center (KHCC) (Amman, Jordan)
Until very recently, cancer was still considered a taboo subject in Jordanian culture. Patients, families, and even employers either disregarded the disease or were very judgmental of patients with cancer. Fortunately, Jordan has been able to accomplish some advancement in the past 5 years in addressing this issue through cancer education and community outreach initiatives. With the increasing cancer burden in the developing world, community outreach plays a vital role in education, prevention, and control of cancer.

**Teenage Cancer Trust Education and Advocacy Programme: A United Kingdom Approach**  – Amy Harding, RN, Head of Education and Advocacy, UK North, Teenage Cancer Trust (London, UK)

Teenage Cancer Trust is a UK-based charity which aims to ensure that the best possible care and professional support are provided for all young people with cancer and their families, throughout their cancer journey. Teenage Cancer Trust understands that young people with cancer require specialist care and that they have a much better chance in their fight against cancer if they are treated by experts on teenage cancer, in an environment tailored to their needs. The Teenage Cancer Trust’s Education & Advocacy team delivers a pioneering education programme throughout the UK, which gives young people information, education, and advice about cancer, its prevention, and healthy living. This free programme is delivered in schools, colleges, and universities and aims to remove the stigma from cancer and demystify the disease by including discussions on the signs and symptoms of cancer, its treatment, healthy living, and the emotional support issues surrounding the disease.

The education programme also provides information that aims to empower young people to manage their own health issues, to make informed choices about their health and well-being, to evaluate personal choices, and to make changes if necessary.

**Session F4: Promoting Healthy Living in Youth to Reduce Cancer Risk**

**Kids Eat Right: The American Dietetic Association’s Public Education Campaign**  – Deborah Slawson, PhD, RD, LDN, Assistant Professor, Department of Community Health, College of Public Health, East Tennessee State University (Johnson City, TN, USA)

The American Dietetic Association’s Kids Eat Right campaign is focused on childhood obesity prevention through the provision of sound nutrition information to schools, communities, parents, the media, and policy makers.

Deborah will discuss the main goals of the campaign:

1. Ensure childhood obesity prevention efforts comprehensively address the nutrient needs of all youth while emphasizing healthy options
2. Support the White House Task Force for Childhood Obesity Prevention and First Lady Michelle Obama’s Let’s Move! campaign
3. Provide evidence-based nutrition guidance to support healthy weight and quality nutrition
Medical Students Educate Orange County, California, Teens About Skin Cancer: What Have We Learned? – Jeanette M. Kamell, MD, University of California, San Francisco (San Francisco, CA, USA)

Context: Melanoma kills approximately one person hourly in the United States despite being easily detectable and 95%-100% curable if treated early, and its incidence is rising. Medical students have developed an outreach project to address adolescents’ awareness of melanoma in Orange County, California. Objective: To determine whether knowledge, attitudes, and behaviors of Orange County teens with respect to sun exposure and skin cancer prevention are significantly and sustainably improved following a medical student-led intervention. Design, Setting, and Participants: Cross-sectional, longitudinal study. A convenience sample of 1260 students in grades 6-12 at five Orange County public schools completed surveys in classrooms before (survey 1), immediately after (survey 2), and 3 months after (survey 3) an educational lecture. Education and data collection were conducted by University of California, Irvine medical students. Intervention: A 50-minute curriculum discussed skin structure and function, effects of solar radiation, skin cancer, self-screening, and tools for safer sun enjoyment. Main Outcome Measures: Change in knowledge, attitudes, and behaviors based on survey responses. Responses were combined into index scores for knowledge, attitude, and behavior categories, and scores were compared across time points. Prior to data collection, we hypothesized significant, sustained improvements in knowledge, attitude, and behavior scores. Results: Knowledge and behavior scores revealed significant improvements from surveys 1 to 3 despite also significant declines from surveys 2 to 3. Attitude scores improved significantly from surveys 1 to 2 but returned nearly to baseline by survey 3. Conclusions: A medical student-led skin cancer awareness outreach may significantly impact sustained improvements in knowledge and behaviors among Orange County teens. Such improvements might be further reinforced by regular “booster” sessions. Attitudes do not appear to be significantly affected by a one-time intervention; however, change in attitude may not necessarily be a prerequisite to changed behavior. Medical students represent a vast resource for community education.

Session F5: Innovation in Health Education and Communication

KEYNOTE SPEAKER: Reverse Mentorship in the Age of the Internet and Global Telecommunications: Are We Ready to Learn from Our Children? – Alejandro (Alex) R. Jadad, MD, DPhil, FRCP, FCAHS, Chief Innovator and Founder, Centre for Global eHealth Innovation, University Health Network, Canada Research Chair in eHealth Innovation (Toronto, Ontario, Canada)

Children have grown up with the Internet and mobile telecommunication devices as integral components of their daily lives, and so are particularly well positioned to become effective agents of change and to promote the innovative transformation of health and education services. Acting not just as the recipients of health and educational services but as reverse mentors to their putative ones, empowered children could become very effective knowledge brokers, new service developers and evaluators, curriculum developers, patient and family advocates, and bridges to other professions and sectors, facilitating the emergence of the new roles and processes that must be embraced in the second decade of the 21st century.
Participants in this session will have an opportunity to learn about emerging innovations used by children and older youth to influence the design, development, provision, and evaluation of health and education services. They will also learn about key challenges that health professionals and educators must address urgently if they are to harness the power of the Internet and mobile telecommunications to reduce unnecessary suffering, while promoting efficient use of available resources.

**Cure4Kids Global Innovation Challenge** – Presentation of Youth Award Winners and Outstanding Educator Awards – Yuri Quintana, PhD, Director, Education and Informatics, International Outreach Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

Cure4Kids for Kids is an educational initiative of St. Jude Children’s Research Hospital devoted to educating children and parents about cancer and healthy living. The specific goals are (1) to educate children, parents, and teachers about cancer and dispel misconceptions, (2) to educate children, parents, and teachers on healthy living habits that can help prevent adult cancers, and (3) to increase interest in science studies and careers. St. Jude works with schoolteachers and administrators to implement this program free of charge with in-class activities. To promote innovation, the Cure4Kids for Kids e-Health Challenge was a contest conducted in 2010 that invited high school and university students to create an innovative multimedia application to educate children about cancer and healthy living. The final evaluations of the educational multimedia projects from students were performed by five experts in multimedia, Web design, and education. The evaluation criteria consisted of the following areas: Innovation, Design Criteria, Quality of Presentation, Use of Technology, and User Experience. The contest produced several innovative online interactive Web sites from high school and university students in the United States and Spain. This approach helps bring the St. Jude cancer education program as an applied experience to computer science students and has the potential benefit of having students mentor other students on healthy living topics. The contest has generated useful ideas for future development of online education.

**Session F6: Youth and Tobacco**

**SMOKE-FREE Kids - Tobacco Education for Youth in the USA** – Jeffrey S. Wigand, MA, PhD, MAT, Sc.D. Founder, SMOKE-FREE KIDS

SMOKE-FREE KIDS is the nonprofit foundation that conducts interactive educational seminars through SMOKE-FREE KIDS on all student levels—in elementary, middle, or high schools, as well as colleges and postgraduate institutions of law, medicine, business management, and education. SMOKE-FREE KIDS is the nonprofit foundation formed by Dr. Jeffrey Wigand, the former chief scientist at Brown & Williamson Tobacco Corporation. Dr. Wigand went public with what he knew about the tobacco industry, speaking to the FDA, the Department of Justice, and the American public through the CBS television program “60 Minutes.” Through SMOKE-FREE KIDS, Dr. Wigand uses his knowledge about the tobacco industry and his teaching experience to educate others about the myriad issues concerning tobacco and the tobacco industry. He teaches children critical thinking and analysis skills that enable them to make better decisions and healthy choices regarding tobacco
use. And he teaches adult students and policy makers about medical, scientific, and technical aspects of tobacco science and chemistry. These topics include cigarette design, the industry’s use of tobacco additives that enhance ease of use and addiction, industry tactics, nicotine addiction and manipulation, and reduced ignition propensity cigarettes.

**Lessons Learned from Youth Tobacco Use Prevention Campaigns** – Karen K. Gutierrez, Director, Global Dialogue for Effective Stop-Smoking Campaigns and Social Marketing Consultant (Minneapolis-St. Paul, MN, USA)

This presentation will highlight the key lessons learned in youth tobacco use prevention, related to the tobacco control policy and program elements that have been most influential and particularly the communications approaches that have been most effective in motivating youth to avoid tobacco. It will draw from US and international efforts and will include many examples of campaign materials.

**Session F7: Empowering Our Local Communities for Science and Health Promotion**

**Community Health Care Quality Indicators** – Renee Frazier, MHSA, FACHE, Chief Executive Officer, Healthy Memphis Common Table (HMCT) (Memphis, TN, USA)

This presentation will identify ways to engage cross-cutting and multistakeholder collaboration to improve the health and health care quality of a community. Specific issues of increasing awareness regarding health disparities and how neighborhoods can transfer themselves through grass roots efforts will be discussed. This session will also address the need to promote policy changes to transform our communities in a more productive and positive manner. Finally, the presenter will share the use of dash boards and report cards which help frame metrics of success in improving health and health care quality.

**The Mid-South STEM Alliance** – Captain Douglas A. McGowen, Commanding Officer, Naval Support Activity Mid-South (Millington, TN, USA), Chair of the Board, Mid-South STEM Alliance (Memphis, TN, USA)

This presentation will give an overview of the Mid-South STEM alliance (MSSA), a comprehensive, connected STEM (Science, Technology, Engineering, Math) pipeline that educates, develops, and retains STEM professionals and improves the Mid-South global STEM competitiveness. MSSA will establish the Mid-South as a STEM center of excellence by leading a collaborative approach to STEM talent development that brings together the voices of government, business, and education. MSSA will improve the quality and outcome of science, technology, engineering, and mathematics (STEM) education by building an education innovation infrastructure that fuels, captures, and spreads STEM initiatives within and across schools and helps launch and connect STEM “platform” schools in concert with the state of Tennessee and community partners.

**Community Health Advisors: A Model in Community Outreach and Health Education** – Sandra J. Hamilton, RN, FNP, MED, Bert Fayne, Brenda Kyles, Barbara Davis, Faye Hollowell, Eric Fowler, MS, CGC, Lee
Schwartzberg, MD, Tennessee Cancer Coalition West Region, (Memphis, TN, USA)

Background/Purpose: Tennessee has a cancer mortality rate that is one of the highest in the country, ranked 45th for all cancers and races aggregated. Breast cancer occurs at a 12% higher incidence among white women; however, the mortality rate from breast cancer is 48% higher for African Americans who live in Tennessee. Annually, cervical cancer is diagnosed in approximately 250 women and 100 die, with greater burden experienced by African American women. The Tennessee Comprehensive Cancer Control Committee’s (TC4) West Tennessee/Memphis Disparities Subcommittee decided to develop and implement a program to train lay health educators – Community Health Advisors (CHAs). The CHAs would contact “hard to reach” populations, spread health education information, encourage healthy behaviors, help reduce barriers to health access, and facilitate access to needed health services. TC4 was approached by the American Cancer Society to collaborate on the project with funding provided by the Racial and Ethnic Approaches to Community Health Across the US (REACHUS) Centers of Excellence to Eliminate Disparities (CEED) program at University of Alabama at Birmingham. Objective: To develop a replicable model to be utilized statewide that will positively affect breast and cervical cancer outcome in African American women in Tennessee. This would be done using the socioecological and community-based participatory research model. Through the use of evidence-based strategies, there will be increased awareness and access to screening, treatment, and care as we strive to reduce breast and cervical cancer incidences in this population. CHAs will help to allay fears, myths, and misconceptions regarding screening methods and prevention. They will support and provide women with abnormal screening results with information on community resources as they navigate through the health system. These lay educators are designated as Community Action Team of Shelby County (CATS) CHAs. Methods: Community volunteers were recruited and trained as facilitators to deliver breast and cervical cancer evidence-based educational interventions to the women in their churches, associations, and communities at organized sessions. These volunteers will take ownership of the program and be equipped with train-the-trainer skills so that they can recruit and train their peers, thus increasing the number of educational providers. At each educational and outreach session women will be given a pre/post test. At the end of the session participants will be given a stamped self-addressed impact postcard to take with them to their breast and cervical screening. After their mammogram and PAP/HPV screening is completed, the provider’s office staff/mammogram technician will sign and date the card verifying the screening has been completed. Participants will mail the card back to the American Cancer Society Project Manager. These data will be entered into a database and compared with previous statistics at project completion. All data will all be anonymous and compiled by zip codes. Results/Conclusion: There has been an increased awareness of, knowledge about, and access to screening practices as we strive to increase early screening and diagnosis to reduce breast and cervical cancer incidence and mortality rates in African American women in Memphis and Shelby County. CHAs and partners have currently educated over 1500 women on breast and cervical cancer awareness. They have assisted 140 women with community resources information to assist and support them as they navigate through the system.
Session F8: KEYNOTE SPEAKER: AC Wharton, Jr., Mayor of Memphis

Session F9: Open Reception – Meet the Mayor and Poster Session at St. Jude Pavilion
From the Pulpit to the Frontline: The Role of Faith-based Leaders in Eliminating Cancer Health Disparities
- Sandra J. Hamilton, RN, FNP, MED, Bert Fayne, Brenda Kyles, Eric Fowler, MS, CGC, Lee Schwartzberg, MD, Tennessee Cancer Coalition West Region, (Memphis, TN, USA)

Objectives: Recent declines in breast, cervical, and colorectal cancer incidence and mortality in the African American community can be directly correlated to early detection and effective screening. These improved results are due to increased knowledge that brings about positive changes in attitudes, practices, and beliefs. African American ministers and faith-based leaders are influential change agents in their communities. They frequently provide counseling, advice on health issues, and “second opinions.” It is imperative that they provide accurate and appropriate information. Additionally, they should be aware of and collaborate with community-based resources that could improve their congregants’ health outcomes. Methods: This program was designed to educate the faith-based community and move them to action as they help researchers implement solutions to cancer health disparities. They were invited to a 3-hour dinner/educational session and 2-hour follow-up funded by the Tennessee Comprehensive Cancer Control Coalition (TC2) and the National Black Leadership Initiative on Cancer III: Community Networks Program (NBLIC III). Training included “Cancer 101,” “An Overview of Church Health Outreach,” and “Churches Reaching Out to the African American Community for Health Promotion.” It was followed by Q&A and a written needs assessment. Participants were given community resource manuals and provided tools/materials to implement the programs. Health-related and community-based organizations described their programs. Results: Thirty pastors or faith-based leaders attended the initial session and follow-up sessions. They committed to try to recruit at least one member to attend a health promoters’ training in an effort to develop or revive a church health ministry. Pastors further agreed to commemorate the national health recognition days, include early detection/screening messages from the pulpit during Sunday services, and include at least one health fair/education day per year on the church calendar. Conclusion: Pastors can be a valuable ally for the research and medical community. Participants have maintained contact with conveners and utilized community partners for cancer presentations, as well as health fairs or educational sessions and screenings. There is a reported increase in referrals to breast and cervical screening programs. A more structured and documented tracking method needs to be developed. Sessions should be shorter and pastors given a pre/post test to validate their increased knowledge. Pastors will continue promoting regular screenings that will reduce deaths associated with cancer. They hold the status of “shepherd” of their flocks, who can and will make difference because of their influence on their members.

Cancer and Tobacco: Awareness Programme for the Youth in Rural High Schools – Viji Venkatesh, Country Head and Regional Coordinator, The Max Foundation (Mumbai, Maharashtra, India)

In order to reach out to high school children in the rural areas of India who are not exposed to educational elements outside their routine curriculum, the patient group support arm Friends of Max and the Max Foundation team in Mumbai embarked on a different sort of Awareness Programme. Knowing that the youth would greatly benefit from an awareness lecture on cancer,
organizers also planned to speak to them about the harmful effects of tobacco on health and about tobacco consumption as a risk factor for one of the most common of all cancers in India. Oral cancer is the number 1 cancer in Indian men and is number 3 in Indian women. The socioeconomic and demographic attributes of our country have made it a fertile ground for the tobacco habit, and in recent years a noticeable rise in tobacco consumption has been seen, especially in the young adults. More than 20 lakh youngsters each year join the ever-growing community of tobacco users in India without fully comprehending that this habit will result in a chemical dependency on nicotine that is no different from addiction to heroin or cocaine. Young adults who pick up this habit are at risk of dying prematurely, not necessarily in their old age but in the prime of their lives, losing 20 to 25 years of their productive adult life. It is essential to reach out to the young and especially amidst their peers as it is during this period, in the company of their friends, that they make lifestyle choices that become compulsive, long-term habits detrimental to their well-being. The resulting disfiguration and loss of life is something that can be prevented. Keeping in mind the facilities available and the sociocultural factors influencing lifestyles, a simple, nonintimidating awareness lecture with a nonelectronic audio visual was devised and taken to the target audience. Attended by a large number of motivated youngsters and their teachers, the lecture cum testimonial sessions evoked encouraging responses and has become an effective tool in our campaign for tobacco-related cancer awareness.

A Multidisciplinary Educational Model Supporting Development of Children's Cancer Services Throughout the State of Queensland, Australia – Linda Ewing, RN, Nurse Educator, Paediatric Haematology/Oncology, Queensland Children's Cancer Centre, Royal Children's Hospital (Herston, Queensland, Australia)

The state of Queensland, Australia, has a land mass of approximately 1.7 million sq km which is approximately 15 times larger than that of the state of Tennessee in the USA. This geographical area is serviced by one tertiary children's hospital and is supported by the Queensland Pediatric Hematology/Oncology Network (QPHON), which is responsible for the development of pediatric oncology multidisciplinary services throughout the state. To ensure children with cancer and their families in Queensland receive the best possible care, ten centers for paediatric oncology shared care have been identified across the state. Each center is supported by a pediatric oncology regional case manager, funded by QPHON, and a local team consisting of a pediatrician with an interest in pediatric oncology and a variety of allied health staff. The state educator for pediatric oncology and the network clinical coordinator are also funded by QPHON and provide direct support to the pediatric oncology share care centers. Quality education supports the development of the pediatric oncology service across the state and is underpinned by an education model that considers various disciplines and levels of practice. Annual reviews of educational and service needs are undertaken and inform the multidisciplinary educational model and strongly influence program content, resource, and policy development. Educational strategies that address the needs of nursing, allied health, and medical staff have been developed and include a videoconference series, a pediatrician's seminar, plus a series of multidisciplinary workshops held at either the tertiary center or locally at share care centers. Specific programs, strategies, and resources to support the development of chemotherapy administration skills, central venous access device management skills, psychosocial care of the child and family, and resilience and self-care of staff have also been developed. These initiatives along with ongoing analysis of educational needs are working towards consistent principles of practice and
provision of patient care across the state. Facilitation of greater family-centered care and recruitment and retention of staff are additional benefits. In 2010, approximately 420 people attended QPHON workshops, and approximately 390 people dialed in for videoconferences. This paper will provide a summary of the challenges, achievements, and future directions of multidisciplinary educational strategies used to support the development of pediatric oncology share care services across the state of Queensland, Australia.

**Filling the Gap: Providing Primary Care to Pediatric Oncology Survivors in the Community** – Deborah Diotallevi, MS, RN, CPNP, Elaine Pottenger, MS, RN, CPNP Roseann Tucci, RN, CPNP, ANP, Amelia DeRosa, RN, CPON, Memorial Sloan-Kettering Cancer Center (New York, NY, USA)

There are approximately 270,000 survivors of pediatric cancers in the United States. Survival for children with cancer has improved greatly over the past 20 years and now approaches 80%. Recognizing the need to provide essential treatment-specific follow-up care to the growing number of pediatric cancer survivors, our institution established the Pediatric Long-Term Follow-Up Program in 1991. This program is coordinated by a team consisting of a pediatric endocrinologist, two pediatric nurse practitioners, one registered nurse, and a social worker. The purpose of the program is to assess, educate, counsel, and screen survivors for potential and actual long-term effects related to their individual cancer treatment. The long-term effects may include cardiopulmonary dysfunction, renal dysfunction, hepatic dysfunction, endocrine dysfunctions, secondary malignancies, musculoskeletal problems, cognitive dysfunction, and infertility. A treatment summary is given to each patient during the initial long-term follow-up visit. This summary outlines the patient’s individualized cancer treatment with specific recommendations for screening and follow-up. This treatment summary is a critical tool used to communicate between the oncology team and the primary care providers. The treatment summary is an effective strategy to disseminate information to and between the patient and their health care providers. The recommendations for follow-up are supported by guidelines developed in 2006 by The Children’s Oncology Group. The purpose of these guidelines is to provide recommendations for screening and management of late effect that may arise as a result of cancer treatments. These guidelines represent a statement of consensus from a panel of experts. The recommendations are based on a review of the literature as well as the clinical experience of the panel of experts. Implementation of the guidelines can enhance the follow-up care provided to survivors of pediatric cancers throughout their lifetime. Health links were also developed for each potential and actual late effect to reinforce the teachings provided by the team. These health links are available to all pediatric cancer survivors at www.survivorshipguidelines.org. These guidelines and health links can be used as a resource for primary care clinicians in the community to help guide them in the care of their pediatric cancer survivors.

**Transcending the Boundaries in Teenager/Young Adult Cancer Care: An Online Postgraduate Programme** – Maria Cable, MA, RN, Senior Lecturer, Nurse Educator, Faculty of Health and Life Sciences, Department of Nursing, Midwifery and Health Care, Coventry University (Coventry, UK) and Linda Ewing, RN, Nurse Educator, Paediatric Haematology/Oncology, Queensland Children’s Cancer Centre, Royal Children’s Hospital (Herston, Queensland, Australia)

Identifying a gap in national and international provision of education for the health care profession,
Coventry University partnered with the charity Teenage Cancer Trust UK and an international curriculum development group to develop this online learning course to address the specific needs of Teenagers and Young Adults with Cancer (TYAC). This evaluation presents findings from four student cohorts on a postgraduate on-line course for international and interprofessional students in this emergent health care field. This work reports on student-centered evaluation incorporating the viewpoint that any e-learning curriculum needs to balance androgogic, technical, and organizational aspects for success. The student body spanned the professions (medicine, nursing, occupational therapy, social work, and counseling) and the globe (UK, USA, Canada, Australia, New Zealand, Sweden). Well-planned instructional design from the outset was realized through student evaluation and is evident through teaching and learning processes (including an international online facilitator) and technologies. Examples can be demonstrated. Students report positively in respect to interprofessional and international learning from, with, and about each other. Student work-based learning projects resulted in real changes in the specialty, reaffirming the androgogic principles underpinning the instructional design. Coventry University bestowed the Teaching Excellence Award to the team for their innovation and development of the course, and their experience has been transferred across the University in other programmes. Online learning, drawing on the expertise of global clinical and subject expertise has become a reality and capitalizes on reaching colleagues in emergent health specialties where traditional classroom teaching is not viable. Without the balance of instructional design, organization, and technical support in equal measures, true androgogical principles may not be met and the student experience disappointing. Central to this interprofessional e-learning course lies the subject matter and by the virtue of e-learning many traditional boundaries and assumptions have been transcended.

An Interactive Way of Learning About Cancer and Healthy Living in a Multicultural Setting – Lic. Juan Betancourt, Lic. Lucia Funtes, Ana Maria Caceres, MA, Federico Antillon, MD, Unidad Nacional de Oncologia Pediatrica (Guatemala, Guatemala)

Health education is essential not only for preventing illnesses but also for knowing how to act when disease comes. In countries where the education system is inefficient for most of the population and where health issues are often ignored or mistreated due to ignorance or to the well-intended but ineffective belief in nature’s energy and esoterism, it is important that people can get access to truthful information about health issues, thus enabling them to act on adequate knowledge and also to learn ways to avoid illness by changing their daily habits into a “healthy way of living.” Approaching the young population is a way to do this. This program considers the education of both majority (indigenous) and minority (ladino, other) populations. It approaches the communication of information in such way that it involves the participants in the “making” of the education. The participants actively interact with didactic material that allows them to experience “hands on” issues about cancer and healthy living. This is intended to have a more profound impact on the participant, so that he/she will remember the “education” not only as information but also as an experience. The program includes specific material for the indigenous population, which is based on their idiosyncrasy (corn plants) so that they can understand more easily the concepts. In Guatemala, UNOP (Unidad Nacional de Oncologia Pediatrica) is the only institution that provides a quality integral service for the majority of the entire population of children with cancer. With the aim of approaching cancer from all its angles, UNOP and the Psychology Department are interested in the
development and implementation of education programs such as this where the participant not only learns but also experiences the information about this rare disease and its prevention.

**Nutrition Program to Promote Healthy Eating Habits** – Karen Ringwald-Smith, MS, RD, LDN, Teresa Shurley, Dietetic Intern, Hope Shackelford, Dietetic Intern, Department of Clinical Nutrition, St. Jude Children’s Research Hospital (Memphis, TN, USA)

Children undergoing treatment for catastrophic illnesses often experience nutrition-related problems during therapy and often miss learning healthy nutrition habits as a result of the intensive therapy. The 5-year survival rates for children with cancer exceed 80%, and almost 75% will be living 10 years after their diagnosis. This will result in over 250,000 individuals who will be survivors of pediatric cancers in the United States, but the aggressive multimodal therapy (chemotherapy, surgery, radiation, hematopoietic cell transplant) used to improve survival is associated with significant side effects and long-term health complications. Immediate complications include both malnutrition and weight gain, altered physical function, as well as other complications that can have an effect on patient well-being. Long-term health issues include increased risk for cardiac, pulmonary, endocrine, musculoskeletal, and psychological problems. Although cancer survivorship programs have begun to address long-term health issues, there are no data on how early nutrition interventions and education can lead to diet and lifestyle changes associated with healthier lives and fewer long-term medical problems. Nutrition education aimed at both the beginning and end of therapy for the pediatric patients diagnosed with catastrophic diseases provides an excellent time point to change the health focus to one of maintaining a healthy lifestyle. The education program is designed to provide nutrition information that will promote healthy eating habits both during and after completion of therapy. The aim is to empower patients and their families with nutrition information and guide them in maintaining proper nutrition. In an effort to address these concerns the clinical nutrition specialist designed and initiated a series of healthy eating classes offered in two hospital locations three times each week. After collaborating with clinical nutrition team members, the program was opened for patient scheduling through the MILLI PowerChart system. The clinical nutrition staff and graduate nutrition students provide 30-minute classes for both patients and their families on topics such as nutritious snacks, planning a healthy meal, and increasing intake of “super foods,” among others. Future directions for the program include expanding hospital-based classes to serve the various housing facilities; developing monthly cooking classes that will highlight cooking with spices and herbs, immune-boosting foods and healthful cooking; and offering nutrition “quick tip” sessions in strategic areas of the campus to promote the nutrition program and obtain feedback from patients and their families. This will serve to provide ideas for additional course material for future classes. To date there have been 48 classes offered with an average attendance of three per class. The members of the clinical nutrition staff are currently developing outcomes measures that will help give valuable information and direction for future efforts.

**Juntos Podemos Contra El Cancer (Together We Can Fight Cancer) A Latino Education Campaign on Breast and Colorectal Cancer Awareness and Prevention** – Maite Arce - Hispanic Access Foundation (District of Columbia, District of Columbia, United States of America)
The “Juntos Podemos Contra El Cancer” is a 5-year, CDC-funded program designed to increase awareness of and access to cancer prevention and early detection services in Hispanic communities. Our goal is to ensure that Hispanics aged 50 and older are screened for colorectal cancer and Hispanic men and women aged 40 and older speak with their doctor about the most appropriate breast cancer exam. Our program includes the development of an innovative scalable and cost-effective model for 1) changing Latino attitudes and behaviors about cancer prevention and awareness, 2) forging a stronger link between community health service providers and Spanish-speaking individuals, and 3) increasing US Hispanic educational fluency about cancer prevention and early detection. Hispanic Access Foundation (HAF) is a 501(c) national organization that works to promote responsible citizenship, educational attainment, and active engagement in the improvement of the health, environment, and financial well-being of Hispanic families throughout the United States. We design and implement data-driven initiatives that combine the strength of new and traditional forms of media with grassroots outreach to transform information into action.

**International Patient Advocacy: Best Practice Guidelines in the Era of Global Communications** - Ann Kim Novakowski - The Max Foundation (Seattle, Washington, USA)

The Max Foundation Global communications played an unprecedented role in the historical evolution of CML and GIST treatment 12 years ago, opening early channels of access to imatinib, speeding up clinical trial recruitment, and giving a voice to patient advocates. Since then advocates from around the world have become the focus of requests for help from patients diagnosed with these and other types of cancer who are searching for resources. Individual patient needs are often quite complex, crossing geographical boundaries, relying on third parties for communication with the patient, and representing diverse cultural beliefs. The Max Foundation’s International Patient Helpline is one such resource, providing free advocacy services to around 5,000 families from over 50 countries each year. Through experience, we have identified key challenges and developed robust solutions to provide patients with efficient, well-established protocols aimed at (1) assessing the need, (2) identifying options, (3) protecting patient privacy, and (4) respecting cultural values of the communities we serve. The result has been a set of guidelines that today represents the core structure of our patient services. These guidelines could serve as a baseline to build on and share as a best practice tool for anyone wishing to engage in international patient advocacy.

**Immersion: Collaboration of Public Health Nursing and a Food Desert Community** - Marion Donohoe, DNP, APN, CPNP-PC with Trimika Bowdre, MPH & Patricia M. Speck, DNSc, APN, FNP-BC, FAAN

BACKGROUND: Public health nursing (PHN) offers challenges to both the novice and expert nurse. Nursing care of populations involves leadership, communication, and collaborative skill sets not always found in nursing care of individuals. Transforming the focus of doctor of nursing practice (DNP) students from nursing the individual with disease to addressing poor health outcomes in populations involves knowledge, experience, and proficiency in PHN core competencies. Multiple educational modalities integrate public health concepts, knowledge, public health language, leadership principles, collaboration skills, systems thinking, cultural awareness, and personal perceptions during the process. Introducing the “immersion” educational process into a food desert community provides an opportunity for PHNs to experience the population challenges within the
community while collaborating with the community to improve child health outcomes. METHODS: Immersion is a focused practicum that presents the language and concepts of public health within the framework of a group process throughout a 5-day face-to-face on-campus experience. Focus group activities and analysis integrated with community assessment, interactive sessions, and synthesis of observational experiences in community, agency, and organizational stakeholder environments, logic model development, and partnership with the community present a kinetic, tactile, health literate, visual, and creative approach to creative health programs. RESULTS: The results of immersion experiences through a focus group process demonstrate collaboration of community and academia. School and home child activities and eating change over time following the results and program planning of the Child, Caregiver and School Staff focus groups. Evaluation surveys, child health outcomes over 6-month and 1-year intervals, and behavioral change demonstrate communal and student change favorable health outcomes. IMPLICATIONS: Immersion experiences for DNP PHN students transcend traditional curriculum presentations by exposing the adult learners to the application of PHN principles, group dynamics, professional socialization and leadership skills in real-world applications using multiple intensive educational modalities. Replication of this immersion model promotes a public health approach to the multidisciplinary challenges of a food desert community. Immersion speeds the acclimation process to population health and promotes proficiency of the PHN doctoral student to the collaborative challenges in a food desert community.

How Was It for Us? Reflections from a UK-funded e-Learning Development for Health Professionals in the Field of Child Health – Laura Strumidlo, Maria Cable, with Collette Clay, Dr. Lynn Clouder, Professor Jane Coad

In June 2010, the Department of Health (DoH) in the UK released a call to apply for funding to support projects focused on benefiting the lives of children and young people with palliative and complex health care needs. The Faculty of Health & Life Sciences (Professor Jane Coad) was awarded £1.4 million to lead nationally in developing and delivering an innovative accredited blended e-learning programme in conjunction with the Centre for Education and Learning Excellence (CELE) (Dr. Lynn Clouder and team). This innovative program for nurses, doctors, and allied health and social care professionals has the potential to have a national and international impact on postgraduate learning in this field. Applicable for all health and social care professionals, the seven new modules can be taken as stand-alone units of learning or a PG certificate. Blended learning includes a combination of new e-learning materials including video films, trigger case studies, and second life avatars. Materials were developed and piloted by a new partnership approach of academics, expert clinical staff, and learning technologists. The poster will focus on the challenges and opportunities encountered by the team during the development of this course. One such challenge was to develop learning resources applicable to many conditions/diseases to enable progression for students working with children and young people in understanding both complex and palliative health care needs. Broad principles were used for theoretical content, but many of these originated in the field of cancer care due to the availability and existence of an evidence base and research. An example of this would be the utilization of communication theory involved in training clinicians involved in cancer care for children in the UK. The ethos of interprofessional learning essential to child health and evident in other existing courses at Coventry University such as the Teenagers and Young Adults with Cancer course was adhered to throughout. At the heart of every module was the input of service
users throughout the development of learning resources involving children, young people, and their families. The poster will share some of the new materials but will focus on our learning to work together in order to make progress in this field.

**A Description of the Summer Student Sickle Cell Research Program: A Partnership Between St. Jude Children's Research Hospital and Local Memphis-Area High Schools** – Hoyle, Charlotte, MEd; Yvonne Carroll, RN, JD; St. Jude Children's Research Hospital

**BACKGROUND:** According to the Science and Engineering Indicators in 2006, “About 78% of science and engineering doctorates worldwide were earned outside the United States. The numbers of natural sciences and engineering (NS&E) doctoral degrees awarded in China, South Korea, and Japan have continued to rise. In the late 1990s and early 2000s, the numbers of NS&E doctoral degrees leveled off or declined in the United States, the United Kingdom, and Germany.” Minorities were also underrepresented in this group. In 2006, the National Institutes of Health, National Heart Lung and Blood Institutes (NHLBI) initiated a program for high school students in the United States to encourage them to pursue careers in science by participation in laboratory science research with an emphasis on sickle cell disease (SCD). St. Jude Children’s Research Hospital (SJCRJ) was one of the sites selected to participate in the program.

**METHODS:** The program was created by the NHLBI to expose students to laboratory research. Each year, the NIH funds three or four high school students per site for 8 weeks during the summer. The NIH provides a $3,000 stipend to each student for program participation. The program is competitive, and to be considered eligible the students must submit a high school transcript, an essay, and references. After application submission, the students are ranked by a selection committee. The top students are interviewed by the committee members, and three applicants are selected to participate in the program. The students are assigned to a St. Jude lab and a mentor. The students attend educational sessions throughout the program and must participate in a community-based project during their internship. The students work on sickle cell disease-related research projects. At the end of the program, the students make a presentation on their summer research and community projects, which is given to the SJCRJ hematology staff.

**RESULTS:** From 2008 to 2011, 13 students participated in the program: 9 completed the program and 4 students are currently enrolled. These students were assigned to laboratories as follows: 4 students - Vector Development Laboratory; 1 student - Hematology Laboratory; 2 students - Immunology Laboratory; and 6 students - Experimental Hematology Laboratory (in three different labs). The students participated in research projects ranging from “Factors Promoting Invasiveness of Streptococcus Pneumoniae Infection in Sickle Cell Patients” to “Use of an In Vitro System for Testing the Safety of Vector Components Important to Gene Therapy.” All of the students participated in community projects. Since 2008, all of the summer student participants have attended college with science as an area of concentration.

**CONCLUSION:** A collaborative approach between SJCRH and Memphis-area high schools successfully exposes teenagers to science and laboratory research. The summer SCD students had the benefit of using state-of-the-art equipment and one-on-one mentorship to guide them through
research projects and to introduce them to new scientific techniques. That the goal of the program was achieved is evidenced by the summer projects and the career paths chosen by the summer program graduates.

WORKSHOP ABSTRACTS — SATURDAY, JUNE 11TH

Workshop 1A: Cure4Kids Cells and Cancer Education: An Overview of the Lab Activities for Elementary, Middle, and High School Students – Aubrey Van Kirk, Coordinator, Cancer Educational Outreach, International Outreach Program, St. Jude Children’s Research Hospital (Memphis, TN, USA)

The school-based St. Jude Cancer Education for Children program (Cure4Kids for Kids) teaches about cell and cancer biology, healthy living practices for reducing the risk of cancer, and science and health-related careers. Come learn about our new teacher’s kit with hands-on lessons and interactive Web site!! Participants will learn how to use the three lab activities designed for students in grades 3-5, 6-8, and 9-12. Teachers will become pupils and learn to diagnose cancer like a pathologist in one of our hands-on microscope activities. Participants will receive a CD-ROM with lectures on related topics and a teacher’s kit with additional teaching resources. After completing this session, teachers will be aware of the Cure4Kids for Kids program and available resources and be able to use some of the tools to introduce cancer biology and healthy living education in their own classrooms.

Workshop 1B: The Why and How of Fitting Nutrition Education into an Already Full School Day – Deborah Slawson, PhD, RD, LDN, Assistant Professor, Department of Community Health, College of Public Health, East Tennessee State University (Johnson City, TN, USA)

A wealth of nutrition education curricula and programming options are available for the K-12 environment, but how to fit them in? Why should we make doing so a priority? In this workshop session, Deborah will answer these questions while sharing a variety of nutrition education strategies and tools that are available at low or no cost. Come to the session for some hands-on practice and discussion with peers about the best ways to address children’s nutrition education needs while still meeting your district’s expectations.

Workshop 1C: Best Practices for Designing Online Learning Environments – Trey Martindale, EdD, Associate Professor, Instruction Curriculum Leadership, Program Coordinator, Instructional Design and Technology (IDT), College of Education, University of Memphis (Memphis, TN, USA)

Online learning is in what I call the “wild frontier” phase of development. In these formative years we see the good, the bad, and the ugly. There are, in fact, proven, practical, research-backed principles for how to best arrange and present online content and media for optimal learning. I will explain these principles and include several examples of courses and e-learning modules that follow these guidelines. I will also highlight examples of violations of these design principles. I will provide an extensive resource list and direct participants to key resources and rubrics for designing interactive online courses.

Workshop 1D: Campaign Development Tool Kit: A Guide for Planning and Implementing Effective Stop Smoking Campaigns – Karen K. Gutierrez, Director, Global Dialogue for Effective Stop-Smoking Campaigns and Social Marketing Consultant (Minneapolis-St. Paul, MN, USA)
This session will provide participants with a comprehensive resource for planning, implementing, and evaluating campaigns designed to reduce tobacco use and exposure to secondhand smoke. The content of the tool kit will be discussed, as well as a few examples of campaigns and how they were developed. The workshop will also touch on digitally based tobacco control campaigns, a topic that is not covered in the campaign tool kit. Each participant will receive a CD of the tool kit to take home.

**Workshop 2A: Workshop on Return to School After Pediatric Cancer** – Justin Gardner, MEd, K-12 Teacher, School Program, St. Jude Children’s Research Hospital (Memphis, TN, USA), Arli Pedrosa, Psicologia/Educação, IMIP/CEHOPE (Recife, Pernambuco, Brazil)

This workshop will provide an overview of the St. Jude School Program, childhood cancer, and the educational impact of treatment. When patients return to school following treatment, they may need extra supports in place to ensure success. Myths and misconceptions about children with cancer still exist. It is important for teachers and administrators to be aware of the types of childhood cancer, the type of treatment involved, and the subsequent side effects. Public school systems are mandated by federal laws to provide these services to students who meet certain criteria. The St. Jude School Program staff can assist parents and patients in seeking such services and can provide information regarding pertinent federal laws.

About the St. Jude School Program

Many patients undergoing treatment for cancer or other catastrophic diseases at St. Jude must leave their hometowns, friends, and schools for months or years at a time. Children often fear that their classmates will surpass them academically. The St. Jude School Program helps patients continue their normal educational activities. For children who are thrust into an unfamiliar hospital environment, school offers regular routines, achievable goals, a feeling of control, and a sense of normalcy. School Program services do not cease when a student finishes treatment and prepares to return home. Because of fatigue or other side effects of treatment, children may need to ease back into a regular school environment. When the student does return to the classroom, employees from the School Program and Child Life Services may present a school re-entry presentation for the patient’s classmates. They plan the presentation with input from the patient. The program can include discussions of diagnosis, treatment, and side effects. If a patient lives more than an hour away from Memphis, St. Jude employees can still assist school officials in organizing a re-entry presentation. The program mails books and films and talks by phone to guidance counselors or school nurses who will be using the materials.

**Workshop 2B: Using Thinking Routines as a Vehicle to Create Deeper Understanding for Students** – Susan Love, Teacher, Presbyterian Day School (Memphis, TN, USA)

Have you ever struggled to connect your students to deeper understanding? Find specific ways to have your students connect and apply what they learn with specific Thinking Routines taught at Harvard’s Project Zero. These routines can be used in all subject areas and with any concept. The possibilities are endless! These routines make your students’ thinking visible and nurture a language of thinking in your classroom.
Workshop 2C: Beyond Apps: Strategies for Making Teaching and Learning Mobile – Michael M. Grant, PhD, Associate Professor, Instruction Curriculum Leadership, Assistant Professor, Instructional Design and Technology, College of Education, University of Memphis (Memphis, TN, USA)

Much of the electronic press and hype dedicated to m-learning initiatives focuses on implementations with a single platform or device. However, one of the significant promises of mobile learning is the ability for teachers and students to use their own mobile computing devices. In this hands-on session, we’ll take a look at strategies for teaching and learning that are appropriate for a variety of mobile computing devices and platforms. This session is BYOM: Bring Your Own Mobile!

Workshop 2D: HealthWorks! Aha-Rah-Ew-Plah – Donna Loden, MEd, AAA, Education Coordinator, Kathy Tucker, BBA, SHAPE Coordinator, HealthWorks! North Mississippi (Tupelo, MS, USA)

Come test your health literacy HealthWorks! style! This interactive program will immediately engage your senses and energize your mind as you take a field trip through our core curriculum. Find out how HealthWorks! uses the Aha-rah-ew formula to combine wild props with high energy physical challenges to create knowledge-building experiences for pre-kindergarten through eighth-grade children at a unique children’s health education center in Tupelo, Mississippi. You WILL have infectiously contaminating fun!

Poster Presentations

A-B-C-1-2-3 Healthy Kids in Tennessee: Let’s Eat Well, Play, and Be Aware, Every Day – Cynthia Chafin, MEd, CHES, Middle TN Coalition Coordinator, Tennessee Cancer Coalition, Project Director and Consultant, Middle Tennessee State University (MTSU) Adams Chair of Excellence in Health Care Services/Center for Health and Human Services, Community Health Collaboratives, LLC (Nashville, TN, USA)

The “A-B-C – 1-2-3 Healthy Kids in Tennessee – Let’s Eat Well, Play, and Be Aware Every Day” project is a hands-on educational program emphasizing healthy living targeting childcare providers, the children they care for, and their families. The program was initially implemented as a pilot project in six middle Tennessee childcare centers. Materials were organized and developed by the Middle Tennessee Cancer Coalition’s childhood action team in conjunction with staff from MTSU’s Center for Health and Human Services and MTSU’s Center for Physical Activity and Health in Youth. The A-B-C-1-2-3 pilot study served as a feasibility study to inform the conduct of field operations on a full-scale project. Through MTSU’s Center for Physical Activity and Health in Youth, an expanded full-scale study took place during 2010 in two childcare centers.

The purpose of the “A-B-C-1-2-3 Healthy Kids in Tennessee – Let’s Eat Well, Play, and Be Aware Every Day” program is to educate childcare providers who, in turn, educate children and their parents in measures to promote healthy lifestyles and decrease the risk of developing cancer, obesity, and other lifestyle-associated diseases and conditions. The overall goal of the project is to decrease lifestyle and environmental cancer risk factors among Tennesseans by 2012 as detailed in the 2009-2012 Tennessee Comprehensive Cancer Control Plan 1 and to provide educational opportunities in healthy eating and
healthy weight to childcare providers as detailed in the 2010-2015 Tennessee Statewide Nutrition and Physical Activity Plan 2 using a "train the trainer approach." Educational opportunities in addition to those taking place in the classroom with children have included sharing weekly newsletters and other publications and handouts with parents, as well as planned 'challenge activities' where parents and children work together on activities that promote healthy living.

**Analyze, Create, Communicate: Science Is Great!** – Ginger Joe, EdD, Hospital School Teacher, Le Bonheur Children’s Hospital (Memphis, TN, USA)

Science plays a critical role in our nation’s competitiveness and economic future. Many researchers agree that students need a diverse set of competencies to be ready for and thrive throughout adulthood. Yes, students need to demonstrate content knowledge. Yes, students should master basic skills. Yes, students need to graduate from high school. And students must be able to communicate effectively, solve complex problems, produce creative solutions, work well in teams, make and follow through with plans, and so forth. To ensure that students are truly ready for college, careers, and citizenship requires more than preparing them to take and pass standardized tests, meet graduation requirements, and be eligible for postsecondary opportunities. George D. Nelson states, “As the roles of science, mathematics, and technology grow in our society, the corresponding school curriculums must emphasize depth of knowledge, not breadth of information.” In a classroom where science literacy is the goal, teaching should take its time. In learning science, students need time for exploring, making observations, taking wrong turns, and doing things over without reprimands; time for building things, calibrating instruments, collecting things, and constructing physical and mathematical models for testing ideas; time for learning whatever mathematics, technology, and science they need to deal with the questions at hand; time for asking around, reading, and arguing; time for wrestling with unfamiliar and counterintuitive ideas for coming to see the advantage in different approaches. Moreover, any topic in science, mathematics, or technology that is taught in only a single lesson or unit is unlikely to leave a trace by the end of schooling. To take hold and mature, concepts must not be presented to students just from time to time, but must be offered to them periodically in different contexts and at increasing levels of sophistication. This PowerPoint session will focus on what science inquiry has to offer and provide participants a bank of K-12 resources for their classrooms as they analyze, activate, and communicate science literacy.

**When a Student Is a Patient with Cancer: Integrated Actions Between the State Education Network and the House Support** – Arli Pedrosa, Helio Monteiro, Psicologia/Educação, IMIP/CEHOPE (Recife, Pernambuco, Brazil)

**INTRODUCTION:** The Support Center for Children with Cancer - NACC (Home Support) is a philanthropic organization that offers socioeconomic support for children with cancer in Recife, Brazil. It is also a learning space for the education of children and adolescents undergoing cancer treatment. This space is recognized by the Department of Education and Culture (SEeduc) in Pernambuco State, ensuring the maintenance of links between the patient/student and his or her school of origin, promoting a pleasant space for social interaction and promoting school rehabilitation after hospitalization. **OBJECTIVE:** To promote an interface between the NACC and the schools in the education process of children undergoing cancer treatment, housed in the House Support, as well
as to develop a training program for educators and administrators from public and private schools.

METHODS: In 2006, the classroom of the NACC was recognized by SEDUC as a room extension belonging to state schools. The room is structured with material and human resources: three teachers (provided by SEDUC) and volunteers for an effective process of appropriation of formal knowledge.

RESULTS: From 2006 to 2010 a pilot project was conducted in public and private schools and Regional Offices of Education in different cities of the state of PE, concerning the following themes: childhood cancer, signs and symptoms, treatment modalities, rights and duties of patients in the school/hospital. It distributed books entitled “The Child with Cancer and the School” and “When His Classmate Has Cancer.”

CONCLUSION: Based on the principle that “There is no date set for learning, you learn all the time and not just in the classroom” (Emilia Ferreiro), we hope to contribute to the transformation of social and educational users at the NACC classroom, as well as to provide conditions for a new vision of educators and administrators serving pediatric oncology patients.

**NanoZoo Connects! …Animals, Plants, and Technology**
Ericka Evans, Secondary Science Educator, Memphis Zoo (Memphis, TN)

The Memphis Zoo began a new education program called the NanoZoo that focuses on nanoscience, the study of the tiniest particulate matter. The NanoZoo program includes a project-based inquiry curriculum focusing on initiatives that draw connections between technology, plants, animals, and those things that exist in the “big” world. Biomimicry of nature and nanotechnology are leading the world in new product development and innovation in the fields of science, technology, engineering, and mathematics (STEM) disciplines. The NanoZoo is an exciting, fresh approach to science, electrifying students’ interest through hands-on and engaging experiences that offer them new ways of thinking about their environment. It is unique in that it provides classes that meet state and national standards in science and math. NanoZoo encourages youth of today to become prominent leaders in STEM disciplines while creating environmental awareness and advocacy.

**Workshop 3A: Cure4Kids Cells and Cancer Education: An Overview of the Lab Activities for Elementary, Middle, and High School Students (Repeat, see abstract p. 53) – Aubrey Van Kirk, Coordinator, Cancer Educational Outreach, International Outreach Program, St. Jude Children's Research Hospital (Memphis, TN, USA)**

**Workshop 3B: “Out of the Shadows”: The Sibling Survivorship Journey at School – Melanie Goldish, MA, Founder, SuperSibs! (Palatine, IL, USA)**

This session will highlight the existing evidence base regarding the profound psychosocial impact on siblings of children with cancer and the educator’s role in promoting post-traumatic growth and sibling healing. Participants will receive tools and resource guides to use in school to communicate with and support “the shadow survivors”—brothers and sisters of children with cancer. In this interactive, poignant, and enlightening workshop, teachers and educators will discover a deeper sense of empathy, public perception, stigma, and actionable, immediate implementation steps when there are siblings of a child with cancer in the classroom. When a child is diagnosed with cancer, everyone in the family needs healing, including the siblings. Public health professionals and educators will leave this session better aware, equipped, and motivated to ensure total family healing support.
**Workshop 3C: Teaching Science and Math with Music** – Felicia Peat, MBA, Director of Education and Programming, Children’s Museum of Memphis (Memphis, TN, USA)

This workshop will get you dancing to whole new beat as you explore science and math concepts by using music. From lullabies and nursery rhymes our musical journeys are never ending. Put a new spin on science as you plug in the iPod and turn on the music and learning excitement in your classroom. Open a whole new world of science and math stimulation as we present effective hands-on, musical approaches to science and math instruction. Who knows, you just may have fun too!

**Workshop 3D: “Healthier Students Are Better Learners”: A Coordinated School Health Approach** – E. Jean Massey, MSSW, LCSW, Kelley Greene, MS, and Vida McCray-Smith, Office of Coordinated School Health, Memphis City Schools (Memphis, TN, USA)

Coordinated school health focuses on promoting a healthier school environment to support positive academic outcomes for the youth of Memphis City Schools. Cumulative exposure to inadequate nutrition, physical activity, health education, and health services from early childhood to adolescence adversely affects youth in every segment of society, but consequences are especially harmful for urban minority youth. For example, the effects of diet on the brain are integrated with effects of other factors such as physical activity and sleep. A well-nourished, physically fit, well-rested child = advantages in learning. A poorly nourished, inactive, tired child = disadvantages in learning. Our focus is on the implication for positive educational outcomes for youth who have these challenges.

Objectives:
- Identify risky behaviors that often lead to poor health, poor academic and poor social outcomes
- Discuss options and resources to deter unhealthy behaviors by replacing them with acceptable options
- Discuss qualifications for mini grants and technical assistance to benefit teachers and staff

Participants will gain knowledge on the implementation of a coordinated school health model to promote support of the whole child by connecting health and learning.

**Workshop 3E: Fun and Innovative Ways to Teach Tobacco Prevention** – Linda J. Wallace, Mississippi Tobacco Free Coalition Project Director, DeSoto and Tate Counties and Darlene Cunningham, Senior Program Director, Olive Branch Family YMCA

This workshop will provide hands-on ways of teaching tobacco prevention, the dangers of tobacco, and the effects it has on your body in ways that can be shared in a classroom setting. Resources will be provided for use in elementary through high school classrooms. With these games, videos, and books, teachers will be armed with resources to share with children in order for them to combat the tobacco-filled world around them.
Workshop 4A: Lessons Learned from Children with Cancer: A Comprehensive Look at Challenges, Interventions, and Educational Programs – Alma Morgan, MEd, Educational Consultant, Virginia Commonwealth University Medical Center (Richmond, VA, USA)

This presentation discusses the many challenges children face when returning to school following the diagnosis, treatment, and late effects of childhood cancer. Various educational strategies and interventions are examined to assist with this transition. A range of educational programs such as the summer enrichment program, the young adult retreat, the school video project, and others are explored. Lessons learned from these pediatric patients over the past 20 years are shared.

Workshop 4B: Global Education for the 21st Century: Connecting and Collaborating – Julene Reed, MEd, Director of Academic Technology, St. George’s Independent School, Apple Distinguished Educator, Discovery STAR Educator and Leadership Council Member, Google Certified Teacher, CUE Lead Learner (Memphis, TN, USA)

Global education is a critical component of 21st century education. Today’s students face a future in which boundaries are abstract and global learning is critical. Tomorrow’s citizens must be global communicators, they must be able to participate successfully in challenge-based learning activities, and they must have collaborative skills. Technology is a tool that we can use to promote global learning, provide cultural understanding, and build relationships. Knowledge of other cultures around the world leads students to understanding and compassion. That, in turn, creates students who take action to make a difference in resolving problems and changing the world to be a better place. Standard curriculums can be transformed into engaging projects with real-world applications and service learning opportunities.

Workshop 4C: MERLOT – A Resource for Both Classroom and Online Teaching – Edward H. Perry, PhD, Co-Editor, Journal of Online Learning & Teaching, Professor, Mechanical Engineering, The University of Memphis (Memphis, TN, USA)

This workshop will describe the MERLOT repository and the Journal of Online Learning and Teaching (JOLT) and how they could be used as an open educational resource for classroom teaching. Special emphasis will be placed on health science resources that can be used in K-12.

MERLOT is a leading-edge collection of over 25,000 online learning materials, and JOLT is a peer-reviewed online journal addressing the scholarly use of multimedia resources in online education. Together they offer a unique resource for teachers. Even though both are aimed at higher education, there are ample opportunities for the K-12 teacher to learn from the many materials and case studies as well.

Of particular interest to those teaching in the health sciences, MERLOT has cataloged collections related not only to health science but also to biology, chemistry, and physics. In the workshop participants will be given the opportunity to explore some of the many resources that MERLOT and JOLT have to offer.

Workshop 4D: National Health Education Standards – Mary K. Waters, School Health Project Manager, American Cancer Society (ACS) (Atlanta, GA, USA)
The American Cancer Society supported the development and distribution of the National Health Education Standards (NHES) in the early 1990s. Originally released in 1995 and then revised and re-released in 2007, the NHES document serves as the accepted reference on health education. Designed to support schools in meeting the essential goal of enabling students to acquire the knowledge and skills needed to promote personal, family, and community health, the NHES has provided a framework for the adoption of standards by most states over the past decade. Attendees of this workshop will learn the basics about the NHES, how they came about, how they are utilized, and what they mean to the quality of health education in schools.

Attendees will gain an understanding of:

- the role of the American Cancer Society in support of the NHES
- the Joint Committee on the NHES and contributing authors
- the eight NHES statements with supporting rationale for each standard
- the performance indicators for four grade spans: pre-K–2, 3–5, 6–8, and 9–12
- the American Cancer Society and the Centers for Disease Control and Prevention, Division of Adolescent and School Health support for the implementation of the NHES
- the continued role of the American Cancer Society in support of school health education and the coordinated school health program
Notes