

Positive Pulse Wellness Newsletter



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"Promote and protect the wellness of our community through education, programs, and services."

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October 2016 Monthly Challenge Options:

- * Option 1: Pick from the "12 Delicious and Health Snacks" while choosing a snack at least 3X a week, for the entire month of October 2016.
- * Option 2: Walk at least 30 minutes over your lunch break at least 3X a week, for the entire month of October 2016; Modification—15 minutes

What You Need to Know About Getting a Mammogram

A mammogram is an important step in taking care of yourself and your breasts. A mammogram is a low-dose x-ray that allows specialists to look for changes in breast tissue that aren't normal. The American Cancer Society recommends that starting at age 40 women at average risk should have the choice to begin yearly mammograms. Women should begin yearly mammograms at age 45, and they can switch to every 2 years at age 55. And all women, no matter their age, need to let their doctor know about any changes to their breasts.

When to schedule: It's best to schedule your mammogram for the week after your menstrual period. Your breasts won't be tender or swollen, which means less discomfort during the x-ray and a clearer picture.

What (and what not) to wear: Wear a 2-piece outfit because you will need to remove your top and bra. Do not apply deodorant, antiperspirant, pow-

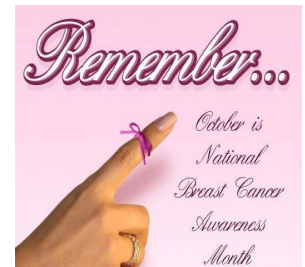
der, lotion, or ointment on or around your chest on the day of your mammogram. These products can appear as white spots on the x-ray.

What to expect: The entire procedure takes about 20 minutes. The breast is compressed for a few seconds while an x-ray picture is taken. The breast is repositioned (and compressed again) to take another view. This is then done on the other breast. Flattening the breast tissue, while uncomfortable for some women, provides a clearer view of the breast and lessens the amount of radiation needed to take an x-ray picture.

Getting the results: You should get your results within 30 days. If you don't, you should call to ask about them. If doctors find something suspicious, you'll likely be contacted within a week to take new pictures or get other tests. But that doesn't mean you have cancer. A suspicious finding may be just dense breast tissue or

a cyst. Other times, the image just isn't clear and needs to be retaken. If this is your first mammogram, your doctor may want to look at an area more closely simply because there is no previous mammogram for comparison.

What you pay: Under the Affordable Care Act, Medicare and almost all private insurance plans now cover annual mammograms, with no co-pay or other out-of-pocket costs. Medicaid also covers mammograms. For uninsured or low-income women, free or low-cost programs are available. Some programs are held during Breast Cancer Awareness Month in October, while others are offered year-round. Call the American Cancer Society at 1-800-227-2345 to find a program near you.



Risk Factors of Breast Cancer

What are the risk factors for breast cancer?

Most women who have one or more breast cancer risk factors never develop breast cancer, while many women with breast cancer have no known risk factors (other than being a woman and growing older). Even when a woman with risk factors develops breast cancer, it's hard to know just how much these factors might have contributed.

Some risk factors, like a person's age

or race, can't be changed. Other risk factors are linked to cancer-causing factors in the environment or to personal behaviors, such as smoking, drinking, and diet. Some factors affect risk more than others, and your risk for breast cancer can change over time, due to things like aging or lifestyle.

The main risk factors for breast cancer are things you cannot change: being a woman, getting older, and having certain gene changes. These make your risk of

breast cancer higher. But having a risk factor, or even many, does not mean that you are sure to get the disease.

Simply being a woman is the main risk factor for breast cancer. Men can have breast cancer, too, but this disease is about 100 times more common in women than in men. This might be because men have less of the female hormones estrogen and progesterone, which can promote breast cancer cell growth.



As you get older, your risk of breast cancer goes up. Most invasive breast cancers (those that have spread from where they started) are found in women age 55 and older.

It's important to note that most women (about 8 out of 10) who get breast cancer *do not* have a family history of the disease, but:

- Women who have close blood relatives with breast cancer have a higher risk of the disease.
 - Having a first-degree relative (mother, sister, or daughter) with breast cancer almost doubles a woman's risk. Having 2 first-degree relatives increases her risk about 3-fold.
 - Women with a father or brother who have had breast cancer also have a higher risk of breast cancer.
- Overall, less than 15% of women with breast cancer have a family member with this disease.

A woman with cancer in one breast has a higher risk of developing a new cancer in the other breast or in another part

"About 5-10% of breast cancer cases are thought to be hereditary, meaning that they result directly from gene defects passed on from a parent."
~www.cancer.org~

of the same breast. (This is different from a recurrence or return of the first cancer.) This risk is even higher for younger women with breast cancer.

Overall, white women are slightly more likely to develop breast cancer than African-American women, but African-American women are more likely to die of this cancer. In women under 45 years of age, breast cancer is more common in African-American women. Asian, Hispanic, and Native American women have a lower risk of developing and dying from breast cancer.

Breasts are made up of fatty tissue, fibrous tissue, and glandular tissue. Someone is said to have dense breasts (on a mammogram) when they have more glandular and fibrous tissue and less fatty tissue. Women with dense breasts on mammogram have a risk of

breast cancer that is 1.2 to 2 times that of women with average breast density. Unfortunately, dense breast tissue can also make mammograms less accurate.

A number of factors can affect breast density, such as age, menopausal status, the use of certain drugs (including menopausal hormone therapy), pregnancy, and genetics.

Women who have had more menstrual cycles because they started menstruating early (before age 12) have a slightly higher risk of breast cancer. The increase in risk may be due to a longer lifetime exposure to the hormones estrogen and progesterone.

Women who have had more menstrual cycles because they went through menopause later (after age 55) have a slightly higher risk of breast cancer. The increase in risk may be because they have a longer lifetime exposure to the hormones estrogen and progesterone.

~www.cancer.org~

October is Domestic Violence Awareness Month—What Is Domestic Violence

Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence, and emotional abuse. The frequency and severity of domestic violence can vary dramatically; however, the one constant component of domestic violence is one partner's consistent efforts to maintain

power and control over the other.

Domestic violence is an epidemic affecting individuals in every community, regardless of age, economic status, sexual orientation, gender, race, religion, or nationality. It is often accompanied by emotionally abusive and controlling behavior that is only a fraction of a systematic pattern of dominance and control. Domestic violence can result in physical injury, psychological trauma, and in severe cases, even death. The

devastating physical, emotional, and psychological consequences of domestic violence can cross generations and last a lifetime.

If you feel like you are in danger, call 911. For anonymous and confidential help please call The National Domestic Violence HOTLINE:

1-800-799-SAFE

Rape and Domestic Abuse Program (RDAP):

308-532-0624

Understanding Bullying

Bullying is a form of youth violence. CDC defines bullying as any unwanted aggressive behavior (s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm.¹ Bullying can include aggression that is physical (hitting, tripping), verbal (name calling, teasing), or relational/social (spreading rumors, leaving out of group). A young person can be a perpetrator, a victim, or both (also known as "bully/victim").

Bullying can also occur through technology and is called electronic aggression or cyber-bullying. Electronic aggression is bullying that occurs through e-mail, a chat room, instant messaging, a website, text messaging, or videos or pictures posted on websites or sent through cell phones.

Bullying can result in physical injury,

social and emotional distress, and even death. Victimized youth are at increased risk for depression, anxiety, sleep difficulties, and poor school adjustment. Youth who bully others are at increased risk for substance use, academic problems, and violence later in adolescence and adulthood compared to youth who only bully, or who are only victims, bully-victims suffer the most serious consequences and are at greater risk for both mental health and behavior problems.

Different factors can increase a youth's risk of engaging in or experiencing bullying, however, the presence of these factors does not always mean that a young person will bully others or be bullied.

Some of the factors associated with a higher likelihood of engaging in bullying behavior include:

- Externalizing problems, such as defiant and disruptive behavior
- Harsh parenting by caregivers
- Attitudes accepting of violence

Some of the factors associated with a higher likelihood of victimization include:

- Poor peer relationships
- Low self-esteem
- Perceived by peers as different or quiet

Bullying is widespread in the United States.

- In a 2015 nationwide survey, 20% of high school students reported being bullied on school property in the 12 months preceding the survey.
- An estimated 16% of high school students reported in 2015 that they were bullied electronically in the 12 months before the survey.

The ultimate goal is to stop bullying before it starts. Research on preventing and addressing bullying is still developing. School-based bullying prevention programs are widely implemented, but infrequently evaluated. Based on a review of the limited research on school-based bullying prevention, the following



Understanding Bullying (continued)

program elements are promising:

- Improving supervision of students
- Using school rules and behavior management techniques in the classroom and throughout the school to detect and address bullying by providing consequences for bullying
- Having a whole school anti-bullying policy, and enforcing that policy consistently
- Promoting cooperation among different professionals and between school staff and parents

CDC uses a four-step approach to address public health problems like bullying.

Step 1: Define and monitor the problem

Before we can prevent bullying, we need to know how big the problem is, where it is, and who it affects. CDC learns about

a problem by gathering and studying data. These data are critical because they help us know where prevention is most needed.

Step 2: Identify risk and protective factors

It is not enough to know that bullying is affecting a certain group of people in a certain area. We also need to know why. CDC conducts and supports research to answer this question. We can then develop programs to reduce or get rid of risk factors and increase protective factors.

Step 3: Develop and test prevention strategies

Using information gathered in research, CDC develops and tests strategies to prevent bullying.

Step 4: Ensure widespread adoption

In this final step, CDC shares the best prevention strategies. CDC may also

provide funding or technical help so communities can adopt these strategies.

