

Okizu Camper Evaluations for Summer 2012

Data for this report was collected during the summer of 2012. In total, 577 evaluable survey questionnaires were completed across all seven weeks of camp. This report includes information for demographics and the Pediatric Camp Outcome Scale (PCOS), as well as both positive and constructive comments that campers offered in a free-text section at the end of the questionnaire.

Camper Demographics:

		N(%)
Gender	Female	305 (52.9%)
	Male	272 (47.1%)
Camper Status	First Year Camper	133 (23.4%)
	Returning Camper	436 (76.6%)
Camper Type	Patient (Onc)	231 (40.0%)
	Sibling (SIB)	346 (60.0%)
Cancer Treatment	Onc campers reporting they are on treatment:	36 (15.9%)
	Sibling reporting their brother/sister on treatment	72 (21.9%)
Cancer Relapse	Onc campers reporting relapse	26 (12.0%)
	Sibling reporting their brother/sister relapsed	63 (20.5%)
Bereavement	Siblings report being bereaved	64 (19.2%)
		Mean (SD)
Age		12.6 (2.8)
Previous attendance (years)		3.2 (2.9)

Demographics by Camper Type:

Camper Type	Female N (%)	Male N (%)	1 st Year N (%)	Want to Return (%)	Age Mean
ONC	114 (49.4%)	117 (50.6%)	49 (21.6%)	99.1%	12.76
SIB	191 (55.2%)	155 (44.8%)	84 (24.6%)	98.5%	12.41

PEDIATRIC CAMP OUTCOME SCALE (PCOS):

Interpreting PCOS Scores:

The PCOS consists of 29 questions that measure children's self-reported perception of their camp experience. Participants answered each question on a five-point Likert scale (e.g., ranging from 1 = almost never to 5 = almost always). Total scores could range from 29 to 145.

Additionally, scores were calculated for the following subscales: Self-Esteem, Social Functioning, Emotional Functioning, and Physical Functioning.

Emotional Functioning Subscale

Eight questions were asked to determine the child's perception of their emotions during their camp stay. The maximum score on this scale was 40. Higher scores indicate better perceived emotional functioning (e.g. were happier, not worried, not feeling blue, weren't homesick, and liked camp). Lower scores mean that participants were more often feeling adverse emotions (e.g. feeling sad, feeling homesick, worried, or not liking camp).

Social Functioning Subscale

This subscale consisted of nine questions that determined children's perceived social functioning. The maximum score that could have been attained for this subscale was 45. Higher scores on this subscale indicate that a child perceived they were effectively socializing with other participants (e.g. making friends, had someone to talk to, felt included, and getting along with other campers). A lower score indicated that participants felt they weren't adequately socializing (e.g. Felt lonely, felt left out, and didn't have someone to talk to).

Physical Functioning Subscale

The Physical Functioning Subscale consisted of five questions that asked camper's perceptions on their physical abilities while at camp. A maximum score of 35 could have been attained on this subscale. A higher score indicated that a camper felt they had good physical functioning at camp (e.g. had energy, was able to exercise, and was able to do sports activities). A lower score meant that campers did not feel they had good physical functioning at camp (e.g. felt tired, wasn't able to participate in sports activities, and didn't have energy).

Self-Esteem Subscale

This subscale consisted of five questions that asked campers about their perceived worth. The maximum score for this subscale was 25. A higher score indicates that campers had higher self-esteem (e.g. felt good about themselves, were proud of themselves, and liked themselves). A lower score indicates that campers had lower self-esteem (e.g. did not like themselves at camp and felt bad about themselves).

PCOS SCORES OVERALL:

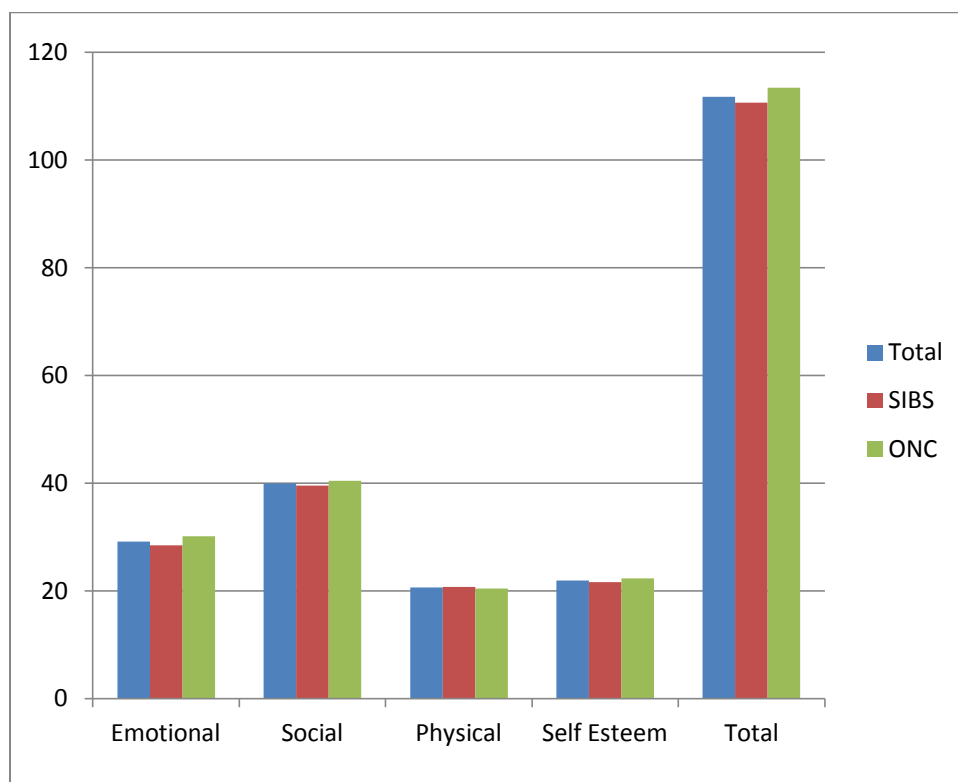
	Min	Max	Mean (SD)
Emotional Functioning	11	35	29 (5)
Social Functioning	14	45	40 (5)
Physical Functioning	9	25	21 (3)
Self Esteem	7	25	22 (3)
Overall Score	57	130	112 (13)

The mean scores are quite high and have a relatively small standard deviation, indicating self-reported good function for the large majority of the campers, but there are a few campers who report quite low function. This may indicate that our programming is perhaps leaving some of the campers less well served. Additional investigation will be necessary to determine which campers fall into that group, and how we might alter our program offerings to better serve that subset. In spite of the fact that some campers report low function in all of the measured

domains, the overwhelming majority (98.8%) report that they want to return to camp next summer, indicating that they still feel that the program is valuable to them. The final question asked before the comment section was “How much did you like or dislike your experience at Camp Okizu this summer?” Responses were on a 5 point likert scale with 1 = “really disliked,” 2 = “disliked,” 3 = “neither liked or disliked,” 4 = “liked,” and 5 = “really liked.” The mean score for all campers was 4.8 (SD 0.6), indicating that the large majority of campers “really liked” their experience at camp. This certainly correlates with the extremely high percentage who indicated that they would like to return next summer. There were no campers who reported that they “really disliked” the camp experience, only one who answered “disliked,” and very few who chose the neutral option.

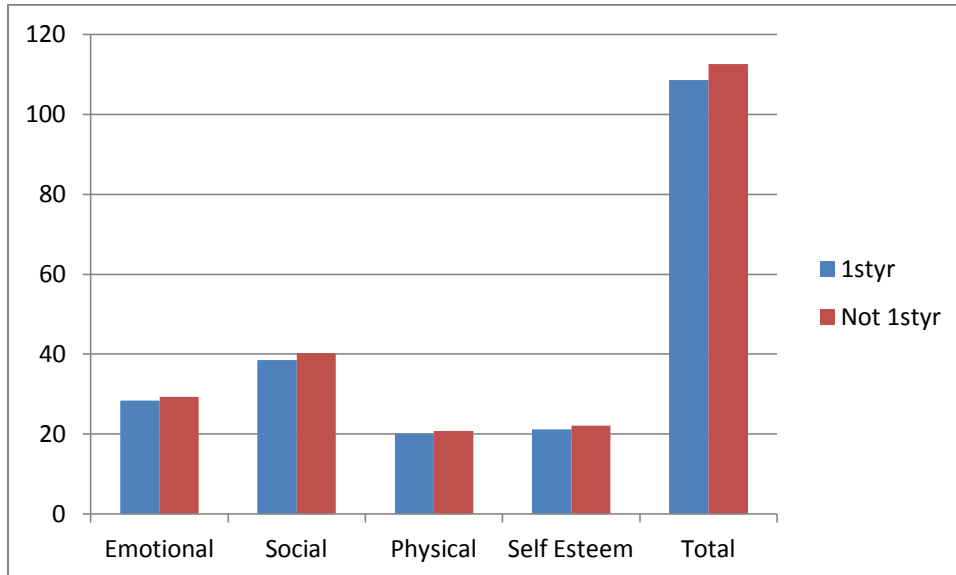
Following are graphs illustrating the results of the questionnaires analyzed in various demographic groups:

Overall results for the entire population broken down by ONC compared to SIBS campers:

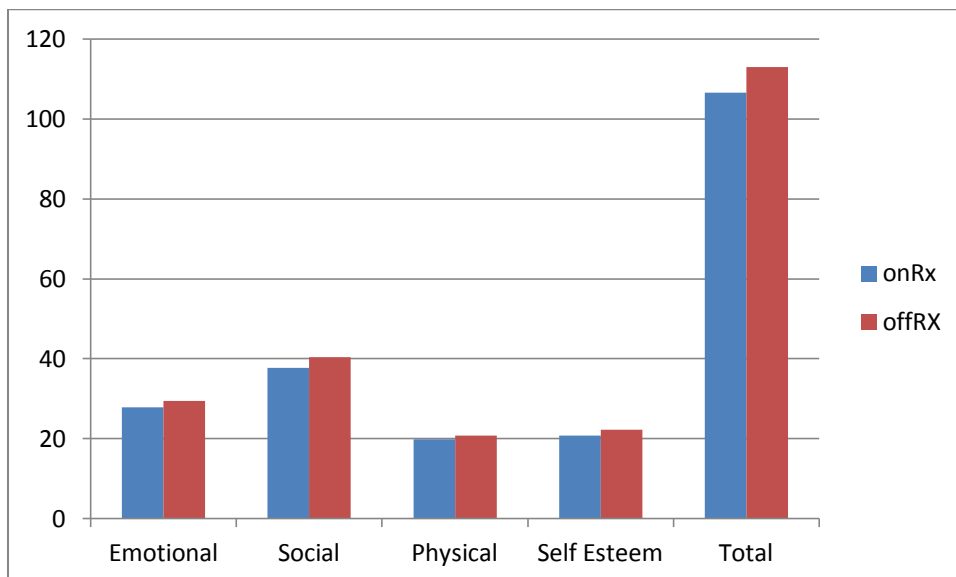


Siblings reported overall slightly lower emotional functioning and self esteem than the oncology campers, which is consistent with our 2001 study which showed that a high number of sibling campers come to camp with increased anxiety, lowered self-esteem, increased PTSD symptoms, and lowered quality of life as compared to normal populations. The siblings have the least access of any family members to mental health or counseling services during their cancer journey. While the patients may have more reasons to express these symptoms, they are offered a lot of help and support at the treatment centers and in the course of their daily routines.

First year campers had lower scores in all domains than returning campers, which could be related to more recent cancer diagnosis, younger age, higher likelihood of still being involved with active cancer therapy, or other factors. Effect sizes are all quite small, however, so the significance of this finding is uncertain.



Both patients and siblings who reported that the cancer was still being actively treated also had lower scores than those for whom the treatment was finished.



The effect sizes in this comparison are also small, and it would have been interesting to have a score at the beginning of camp and another at the end of camp to see if participating in the camp experience (receiving peer support, having the opportunity to demonstrate success in new activities, being able to “forget” about the cancer for a while and focus on being a kid, having the

opportunity to engage with others who are further down the path and seem to be doing well, benefitting from the mentorship and encouragement of adult staff) has a significant impact on the self report of function in these domains. Our 2001 study would suggest that there is a significant impact, and future studies should explore a “pre-post” model or a control group of similar children who do not attend camp to more precisely document the impact. Camper comments certainly report a positive impact of the camp experience, however, as documented below!

Qualitative Comments for Camp Okizu

Positive Feedback

- “This year has been amazing and I feel really welcome!”
- “It is really fun. People always make you smile and have fun. You're welcome here and don't have to worry.”
- “It's a place to have an AMAZING TIME!”
- “I want to come back because of the water mat and boating.”
- “I look forward to coming here all year! The archery is so fun and the meals are so tasty and the counselors are really nice.”
- “I loved the dance.”
- “This camp is a vital support group for children with cancer, and can be a tremendous and fun way to heal one's self and each other.”
- “This place has changed my life for the better. The sense of community is awesome. I always feel welcome/accepted.”
- “Camp Okizu is a special place in my heart and always has been. There is a magical vibe that floats about. Camp Okizu is true happiness.”
- “Definitely, because I forgot about everything else and didn't think about CANCER!”
- “I like how people care about SIBS of people who had cancer!!!!”
- “I loved meeting all new and old friends here and I'm definitely coming back next year.”
- “It's so easy to make friends. At camp, you feel great and I realize that you're not the only one with a sister or brother that has cancer. Very fun too!”
- “Ropes course is the bomb.”
- “I will always remember this camp”
- “I love camp! I look forward to it every year and plan to be a part of it for the rest of my life!!”
- “I think this is a place where you get to let your feelings out without anyone making fun of you. Thanks Camp Okizu.”
- “This camp makes me forget all the bad times in my life. I love this camp and want to come back. Camp Okizu Rocks!”
- “Best week ever! Great meals! Lots of friendship going on!!!”
- “Everyone made me feel so comfortable about being here and really included me in everything, and I felt like I could just really let go and have fun and be myself”
- “Thank you so much! I'm pretty sure this week is the best week I've ever had in my life. I can't believe how caring, inclusive, and outstandingly enthusiastic all of the counselors and staff are. Thanks!!!!!!”
- “I love Okizu. It's so much fun! I like how there's people who had/have cancer, just like me.”

Some campers also offered suggestions for how they think we might improve the programs, and those are included below:

Constructive Feedback

- "You guys should think about adding horseback riding."
- "We should have horseback riding. Bring back POG!"
- "Less rules. The lake needs a hot tub and we should be able to bring a bow and arrow for archery."
- "I enjoyed a lot of the things at camp, but I wish, just like with the ropes course, the oldest cabins of harmony ridge and sugarloaf should be able to do casino night."
- "Bring back backwards lunch and Mission Impossible dinner."
- "Be less strict, especially on older cabin groups. We don't need to be treated like children."
- "I didn't have a lot of freedom."
- "I don't like rest hour, I'm 11 years old I don't need a nap."
- "Bring back Mission Impossible! And not enchiladas. Later bedtimes. More sleeping in!"
- "Later curfew. Go to the Ropes Course at a younger age."
- "Our counselors were super strict; made me not have fun. One of them was fun."
- "Wish I could get things off of my mind more often"
- "Need mosquito nets; got a lot of itchy bites"
- "I just think...that the food should be better!"
- "I hope it could be 2 weeks instead of 1 week."
- "I would say for Kalo my suggestion would be to allow a little more freedom. I know it's camp and we're under camp's supervision, but we should be allowed to have more choice in some activities. :)"
- "Rest hour is too long and boring. Don't like the buddy thing."
- "Make camp longer!!!!!"
- "I'm sure there are sensible reasons, but I don't think there is enough time for girls and boys to do activities together. Some girls get along better with boys than girls. Romance isn't a problem, please trust the campers to hang out with different genders without going past 'just friends.'"
- "More swimming"
- "A little more sports"
- "The food was better in 2011 than 2012. Camp should be a little longer (5-7 more days);