

# HEALTH PROMOTION QUARTERLY

*A publication from the College of Health, Human Services, and Science*



JANUARY — MARCH, 2017



N. Bell 14:27:12  
H. Mesharafa 14:21:00

**DR. NINA BELL** competing in the Ironman in Barcelona.



## My Race to the Finish Line

By Dr. Christine McMahon

### Goals can help you achieve your dreams

Did you know that if you write down your goals, you are 80% more likely to achieve them (Reid, n.d.)? I create daily, weekly, monthly, and yearly goals. I have occupational, financial, and fitness goals. One of my most recent fitness goals was to run a 5k. I decided to train and complete my first 5K at the age of 40. I used to run track in school, but never in my life have I ever ran 3.1 miles at one time so I had some work to do. I had to set specific, measurable goals. "From our earliest days, teachers, coaches, and parents advise us to set goals and to work mightily to achieve them- and with good reason. Goals work" (Pink, 2009, p. 48). Goals can help us transform our dreams into reality and give us a step by step plan in achieving them.

### How do I start?

You want to create goals, but you may not know where to begin. Goals can be easy to create if you follow the SMART principles which stands for Specific, Measurable, Attainable, Realistic, and Trackable. However, before you do that, you need to know what you want to accomplish. My goal was to run a 5K so I knew what I wanted to do; now I needed to devise my plan with step by step goals. To create goals, you should follow the SMART principles. The first part of the SMART principles is that they must be specific. My goal was specific: run a 5K. The second part of the SMART goals is to be measurable. How was I going to measure my journey to running a 5K? I decided I wanted to run my first 5K in less than 35 minutes. Therefore, I downloaded a running app called RunKeeper that kept track of each of my runs, the total time of each run, and the time for each mile.

The next part of the SMART principles is to make your goals achievable. I knew that I could run 3.1 miles in 36 minutes; therefore, running a 5K in less than 35 minutes could be achievable. It is important not to set yourself up for failure. I know that I could not run a 5K in less than 30 minutes, at least not yet. According to Anspaugh, Hamrik, and Rosato (2011), it is important to set modest goals in the beginning to promote self-confidence and success. "Nothing breeds success like success," (Anspaugh, Hamrik, & Rosato, 2011, p. 20). After setting an achievable goal, that brings me to creating a realistic goal. Was my goal realistic? Yes. I know that realistically I could run a 5K in less than 35 minutes.

Finally, the last part of the goal setting strategy is that it should be trackable. How can you track your goal to make sure you are making progress? As I previously noted, I decided to use a fitness app. This is an excellent method because it tracks each and every mile that I run, and it informs me when I am behind my average pace or ahead of it. I can be in the middle of my run, and know how I am performing. I can also review how I performed all week and all month. I can also compare how I was running last year to this year. Here is a review of my SMART goal:

S= I want to run a 5K on June 24, 2016.

M= I want to run a 5K in less than 35 minutes.

A= My goal is attainable.

R= My goal is realistic and within my physical capabilities.

T= I will track my goal my using a fitness app called RunKeeper.

### Additional tips on achieving your goals

After you have created your SMART goals, there are additional things you can do to improve your success. First, write down why you want to achieve this goal. Why is it important to you? Keeping a daily or weekly journal to note your progress can keep you motivated and help you stay on track. Visualize yourself completing the goal. Visualization, also known as mental rehearsal, can help train the brain for performance and action (LeVan, 2009). You can tell your brain what you want to do and imagine it happening. Visualization has been shown to improve motivation, increase self-efficacy, improve confidence, improve motor performance, and increase flow patterns (LeVan, 2009).

Positive self-talk is another important step in achieving your goals. The internal thoughts and conversations that you have with yourself can be uplifting or damaging to your goals. Remind yourself that you can do it. You can be successful in achieving your goal. Avoid telling yourself that it is not possible or you will never make it. According to Krauss (2013), negative self-talk can be damaging to your goals and cause you to doubt and question your ability to be successful. Therefore, whenever you begin to have a negative thought, tell yourself to stop and revert that language into something positive.



The next suggestion is to have an accountability partner. Sharing your goals with a friend or loved one can help you stay on track and be accountable for your actions. When I started running with my husband, he made me realize that I could be working much harder than I was. He helped me stay on track running 4 days a week and pushing myself to improve my times.

### **The last lap**

I was nervous that evening before the race started, but I also knew I was prepared. I had been running for months with my husband before the 5K event. Prior to the start of the race, I practiced visualizing myself crossing the finish line and telling myself that I could do it. I knew that I was not a fast runner, but I wasn't there to beat anyone. I was there for myself just to finish in less than 35 minutes. The weather was hot, but it was a beautiful evening for a race. As the gun went off, I followed 500 people onto the track and out onto the road. I pushed myself along the way and tried to pace several other runners. Throughout the race, I reminded myself how much I enjoyed running and that I had to forge ahead and keep going to meet my goal. The time was now. I had to be strong and keep going. I came in strong that night with a time of 33:50. No, that is not a record setter for anyone but myself. I was proud of my accomplishment. I set a goal, and I achieved it. ♦

## Family Fitness: How to be a Good Role Model and Form Healthy Lifestyle Behaviors Early

By Sandra Rebeor

A new year has arrived that is full of new opportunities for a healthier lifestyle for both yourself and your children. While countless adults and youth already engage in a sufficient amount of physical activity and consume a healthy diet, more than 80 percent of adults and adolescents do not meet current guidelines for physical activity (Office of Disease Prevention and Health Promotion, 2016). Unfortunately, 36.5 percent of U.S. adults and 17 percent of our children and adolescents are considered to be obese (Centers for Disease Control and Prevention, 2016a; Centers for Disease Control and Prevention, 2016b). Obesity, a chronic disease, also increases the risk for conditions, such as cardiovascular disease, stroke, certain types of cancer, hypertension, and type II diabetes (Centers for Disease Control and Prevention, 2016a). However, additional consequences may result from being overweight and obese, such as bullying, stigma, depression, anxiety, low self-esteem, and a lower quality of life (Harvard T.H. Chan School of Public Health, 2016; American Academy of Pediatrics, 2016).



Obesity among all age groups is a public health concern, but we can be proactive in reducing these statistics and dire consequences. Let's start with our personal health behaviors and those of our loved ones. By incorporating sufficient physical activity and a nutritious diet within our own family unit, we will gain increased health, well-being, and a higher quality of life. As you read this, you may have some reservations about exercising with your children or spouse due to differing interests or time constraints; however, the following facts may help you in overcoming your feelings of hesitation. Did you know that children and adolescents, ages four to 18, relate parental support, the support of friends and family, parental education, and the belief in their capability to be active, among other factors, directly to physical activity (Office of Disease Prevention and Health Promotion, 2016)? Additionally, physically active children are increasingly likely to carry on their healthy lifestyle habits as they grow older. Hence, caregivers play a crucial role in forming healthy habits (McGill, 2016).

While the opportunities and resources for being healthier as a family are endless, here are a few options you may want to consider and integrate. Walking, hiking, bike riding, swimming, playing basketball or soccer, are just a few ideas for staying active. We can also stay physically active in the winter or during inclement weather by bowling, walking the mall, or going indoor rock climbing (McGill, 2016). Obstacle courses or circuit training are especially enjoyed by children and these can be set-up indoors or outdoors (i.e. push-ups, jumping rope, climbing the stairs,

jumping jacks, crunches, wall squats, pull-ups). Using common household items, such as cans or milk jugs filled with water, can add some resistance to your at-home training sessions. Children and adolescents also enjoy competitions (i.e. kids vs. parents) while dancing to music, sprinting down the driveway, hula hooping, and more. Let your imagination flow free! Even technology can be used to our advantage in keeping families active and healthy. Numerous health and fitness applications exist, such as Super Stretch Yoga HD (teaches various yoga poses for children), Strava (maps your distance while walking or biking), Iron Kids (focuses on fitness, balance, and strength), Smash Your Food HD (teaches nutrition-related skills: i.e. healthy food choices, dietary needs, nutrition labels), and Fitness Kits (teaches exercises for children, accompanied by interesting backgrounds and music) (SPARK, 2015). Don't forget about the local library as they may carry various exercise DVD's or your cable provider's exercise on-demand selections. Numerous and free exercise videos are also available online. No matter your family's preferences for physical activity, you are sure to find some great options for staying healthier in 2017 and beyond.

Here are some additional resources that you may find useful:

- ACSM Exercise Guidelines for Adults: <http://acsm.org/about-acsm/media-room/news-releases/2011/08/01/acsm-issues-new-recommendations-on-quantity-and-quality-of-exercise>
- AHA's Recommendations for Physical Activity in Children: [http://www.heart.org/HEARTORG/HealthyLiving/HealthyKids/ActivitiesforKids/The-AHAs-Recommendations-for-Physical-Activity-in-Children\\_UCM\\_304053\\_Article.jsp#.WC9eY6Mo5es](http://www.heart.org/HEARTORG/HealthyLiving/HealthyKids/ActivitiesforKids/The-AHAs-Recommendations-for-Physical-Activity-in-Children_UCM_304053_Article.jsp#.WC9eY6Mo5es)
- Choose MyPlate.gov for Families: <https://www.choosemyplate.gov/families>
- Kids and Food: 10 Tips for Parents: <http://kidshealth.org/en/parents/eating-tips.html>
- Let's Move: <http://www.letsmove.gov/active-families> ♦

College of Health, Human Services, and Science Associate Faculty Member Rikkisha Gilmore-Byrd earned her Certified Health Education Specialist (CHES) in October. Rikkisha has been teaching for Ashford since 2012 and has worked in the health and human services field as long as she can remember. Her first job was as a medical assistant at 16 years old!

She later attended a medical magnet high school and was awarded a CNA license after graduation. She went on to college and completed her Community Health Education degree while working in child welfare and social services. She holds an MPH from Kaplan University focusing on Public Health Program Development. In addition to work, she has three children, a 15-year-old son, an 8-year-old daughter, and a 6-year-old son.

Delivered through the National Commission for Health Education Credentialing, "The Certified Health Education Specialist" examination is a competency-based tool used to measure possession, application and interpretation of knowledge in the seven areas of responsibility for Health Education Specialists." Those seven areas are:

- Assess needs, resources, and capacity for Health Education/Promotion
- Plan Health Education/Promotion
- Implement Health Education/Promotion
- Conduct Evaluation and Research Related to Health Education/Promotion
- Administer and Manage Health Education/Promotion
- Serve as a Health Education/Promotion Resource Person
- Communicate, Promote, and Advocate for Health, Health Education/Promotion and the Profession

Rikkisha primarily teaches in the Health and Human Services major but will add several courses in the Health Education program to her roster thanks to her earning the CHES. Congratulations, Rikkisha! ♦

*Courtesy of Dr. Nina Bell*



## Embrace your age; don't run from it!

By Dr. Nina Bell

When you think about aging, most people think about losing their energy, physical and mental. But, my experiences throughout 2016 might show you that aging doesn't have to be about losing part of your being, but about gaining so much more. It's important to think about embracing your life as you grow and not focusing on the negatives of getting old. My experiences through 2016 may help inspire each of you to enjoy each birthday as you head toward what I think are the best years of your life. When I turned 49, I suddenly realized this was my last year in the first half century of my life. Thus, in order to kick off the second century, I thought I'd jump into something challenging yet fun and unique. As a six-time Ironman finisher, I thought about completing another Ironman – one that I hadn't completed before such as Ironman Arizona or Ironman Texas. An Ironman is a long-distance triathlon where competitors swim 2.4 miles, bike 112 miles and run 26.2 miles (yes, all in one day). A few hours later, I thought...why not celebrate all year long with some crazy stuff! Here is what eventually transpired.

The Ironman was definitely a "go." But, I wanted to do something more than just another Ironman in the states...why not do one overseas? I quickly began searching the databases for races in Asia, Europe, Australia, and New Zealand. The latter two countries are on my bucket list but considering that their summers take place during our winters, I would be riding my bike for long distances in Colorado in December and January. I believe if I get to Australia, it will be for touring, not an Ironman (maybe). That left the northern hemisphere containing Europe. Since I hadn't completed an Ironman since 2013, I knew I had my work cut out for me, so I looked for a flat course. I didn't want to kill myself trying to get through hills and choppy water! I wanted to have fun. So, I selected Ironman Barcelona, Spain!

OK, the BIG event was set and paid for. What now? I then looked at some iconic races and events that I really wanted to do but just didn't have the guts to try. That led to two other events that I signed up for in 2016: The Escape from Alcatraz Triathlon, a world-wide event that starts at Alcatraz; and The Horsetooth 10K swim. The Escape from Alcatraz Triathlon is an internationally known race where they boat you to Alcatraz in the San Francisco Bay and you swim back to shore, then bike 18 miles of hilly terrain in San Francisco, and run an insanely difficult 8-mile course that goes up and down stairs, one steep sand ladder and across the beach on both packed and loose sand.

The Horsetooth 10K swim took place locally at Horsetooth Reservoir where competitors swim 6.2 miles from end to end. I love to swim, but swimming for more than three and a half hours straight was exhausting. The GRAND finale was my 7<sup>th</sup> Ironman competition in Barcelona. While most Ironman competitions give you 17 hours to complete the event, this one was reduced to 15 hours and 40 minutes. So, you had to be fast to get it done. While this particular race wasn't my fastest Ironman, I did make the cut offs and finished in 14 hours and 27 minutes. There were 3,100 competitors representing 76 countries at this event, the largest Ironman event in the world. It was awesome being part of it. It was also quite fun hearing encouragement in all kinds of languages including Spanish, Catalan, French, German, Russian, and of course English.

We swam in the salty yet very clear Mediterranean Sea, cycled southbound along the coastline, and ran a trail northbound along the Sea. It was such a beautiful course, and we were always within view of the Mediterranean. Water can be so calming! Of course, I earned that coveted finisher's medal and later purchased finisher gear such as a jacket and shirt. My husband had tagged along with me as he had never been to Europe (my first trip was pre-9/11 in 1991). We decided to spend extra time there after the race and took the bullet train to Paris. The traditional travel time between Barcelona and Paris is about 10-11 hours. The train got us there in six. Of course, we visited the Eiffel Tower and the Champs Elysees. But we spent most of our Paris time in the Louvre, the largest Art Museum in the world (I believe so). The whole trip was fantastic, but the whole 50<sup>th</sup> birthday celebration was dynamic. 2016 will go into my record books as one of the best birthday celebrations I have ever had. The next milestone will be age 60...I have 10 years to get my plans in order! ♦



## What Health Means to Me...

**Dr. Jeral Kirwan**  
Program Chair—  
College of Health, Human  
Services, and Science

[Play video](#)



**Jana Mathieson**  
Regional Communications &  
Community Relations  
Manager—Denver

[Play video](#)

Talking Health

## Associate Faculty Award — Fall 2016

By Dr. Michelle Cranney



### Avi Stein, MPH, EMT-P, CHEP

I had the honor to interview Avi Stein, the Fall 2016 recipient of the Associate Faculty Award from the College of Health, Human Services, and Science. Professor Stein is an officer (Lieutenant Commander) in the United States Public Health Service. Here is what he has to say about his work there, “We are one of the seven Uniformed Services in the United States and our ‘commanding officer’ is the Surgeon General of the United States. I am detailed to the Centers for Disease Control and Prevention in Atlanta, GA.”

Here are my interview questions, along with Professor Stein’s enlightening responses:

**Dr. Cranney:** *What is your teaching philosophy?*

Professor Stein: My teaching philosophy is slightly unconventional. I believe that a quality education is accomplished when there is a commitment to learn between the student and the professor. The student is responsible for the desire to gain new knowledge, develop an understanding of new concepts, and act on the feedback from the professor. The professor is responsible for the desire to impart new knowledge, challenge students’ thoughts and views, and encourage critical thinking. This committed relationship is required from both parties to successfully challenge each other. Education is not simply about acquiring new knowledge, but developing new skills and abilities.

**Dr. Cranney:** *What do you see as being the biggest challenge you will face in the classroom over the next year or two? Why?*

Professor Stein: The challenges related to ‘for-profit’ schools will continue over the coming years. The best way to defeat the pessimism related to for-profit schools is to continue to uphold a high standard of academic rigor in the classroom. By continuing to challenge our students, uphold a high level of critical thinking and academic integrity, and sharing our combined experiences and passion in the classroom, we can demonstrate that a high level of education can be achieved in numerous types of settings.

Congratulations!!!

**Dr. Cranney:** [What is one of your favorite teaching memories so far at Ashford?](#)

Professor Stein: Despite being an online professor at Ashford, I feel completely connected to the University. I always have the opportunity to reach out to my Faculty Support and Development Associate but I am most grateful for the ability to reach out to the course leads and full time faculty. I have an outstanding relationship with a few other faculty members and really appreciate the ability to reach out to them and discuss my thoughts on classroom content, grading, and other suggestions or challenges. I always feel as if my professional background is appreciated and my input valued. Ashford has always been an outstanding place to teach!

**Dr. Cranney:** [What are the biggest obstacles you have encountered teaching, and how have you overcome them?](#)

Professor Stein: I have always loved teaching. I have had the opportunity to teach adult learners in several environments throughout my career. Ashford allows me to continue to teach and challenge students despite a busy schedule, a great deal of travel, and a hectic household! I understand the challenges our students face with a busy lifestyle while attending school as many of us as professors face the same environment while providing an education to our students. I have found time to attend to my classroom duties while on vacation, traveling for work, and around family and personal responsibilities. Obtaining your education teaches our students not only course-based information, but also how to manage responsibilities which is a critical career related skill.

**Dr. Cranney:** [Now that you have a little time to reflect on this honor, what does this recognition from your peers mean to you?](#)

Professor Stein: The honor is quite humbling. Throughout my career, I've received awards based on accomplishments. As a Paramedic and Firefighter (in my prior life), I've received awards for lives saved or significant calls. As an officer in the United States Public Health Service, I've received numerous awards for significant accomplishments (such as the Commendation Medal and PHS Citation), unit awards (such as the Outstanding Unit Award and Unit Award), and several individual awards (such as Hazardous Duty, Special Assignment Award, Foreign Duty Award and others). However, this is the first award that I've received from my peers. I do not have a means to express how humbled and honored I am over this award. Most of us in the teaching arena feel pride when we watch our students succeed. I remember the first time I saw one of my EMT students transporting a patient into the Emergency Room, and he came up to thank me. However, this award is different. It shows me that my peers acknowledge not my accomplishments, but my passion. Again, the best word to describe this is humbling.

Professor Stein does a great job in the classroom! Now, let's get to know him on a more personal level.

**Dr. Cranney:** [What is your favorite vacation destination?](#)

Professor Stein: Our family are Disney addicts! There are few things our family loves more than a visit to Disneyworld in Florida. We are big enough addicts that my wife is a part time Disney vacation planner! Between the two of us, there are very few things we don't know about Disneyworld or other Disney properties. Some of our favorite Disney events include Epcot Food and Wine, as well as Mickey's Not So Scary Halloween Party!

**Dr. Cranney:** [What is your favorite movie? Genre?](#)

Professor Stein: I don't have a favorite genre. I lean towards more action based or comedy movies. A couple of my favorites are 'oldies but goodies' such as Blues Brothers, Airplane, and Animal House.

**Dr. Cranney:** [Favorite genre of music? Favorite artist?](#)

Professor Stein: I love all types of music and it varies depending on my mood. Typically I will listen to alternative, preferably 90s alternative music. However, I am also a fan of country music, especially more modern country. On occasion, I will also listen to Top 40 and 80s-90s pop or rap. I have a very eclectic style!

**Dr. Cranney:** [Would you like to share any information about your family?](#)

Professor Stein: I am married to my wife, Erica, of 11 years, and have an 8-year-old daughter, Dylan, and 5-year-old son, Devin.

**Dr. Cranney:** [Do you have any pets? What are their names?](#)

Professor Stein: I have two dogs. Simon is a 14-year-old English Springer Spaniel that we adopted at a year old. Storm is a 1½-year-old Plott Hound that we adopted in November this past year.

The faculty at Ashford are amazing, and Professor Stein is certainly no exception. Thank you, Professor Stein, for sharing some information about yourself and your accomplishments. It is wonderful getting to know you.

Congratulations, Professor Stein!! ♦



malnutrition. According to *Gonzales, Slaughter, DiMaria-Ghalili, Abeysekara, Resnick & Guenter (2015)* as cited in *Corkins (2016)*, statistical data recently accumulated by the *Healthcare Cost and Utilization Project (HCUP)* and the *Agency for Healthcare Research and Quality* found that in 2013, 1.95 million events of hospitalizations led to malnutrition diagnosis in the U.S.A. The highest occurrence rate for this diagnosis was among the elderly above 85 years of age, especially African-Americans of low income and patients residing in a rural community. These cases resulted in twice as long hospital stays than for patients without malnutrition (*Gonzales et al., 2015*). Another largely endangered group of patients are children, with 80,710 hospitalizations under the age of 17 diagnosed with malnutrition (*Corkins, 2016*).

Looking at all hospitalizations that year, another alarming piece of information is that patients hospitalized and diagnosed with malnutrition (even if this was not their sole diagnosis) had a significantly higher likelihood of dying while in the hospital (up to 5 times higher than patients not diagnosed with malnutrition) (*Weiss, Fingar, Barrett, Elixhauser, Steiner, Guenter, & Brown, 2013*). *Corkins (2016)* points out that diagnosing malnutrition is difficult as the symptoms (unexplained weight loss, lack of appetite, feeling tired, having swollen limbs) are often mistaken for other conditions, or written down as “natural signs of aging.”

Even if one ignores the types of malnourishment that are caused by some illness or biological reason such as Crohn's disease, ulcerative colitis, dysphagia (a condition that leads to pain while swallowing food), various types of cancer, depression, eating disorders ([www.nhs.uk](http://www.nhs.uk), 2016), and celiac disease (*Anderson, 2016*), there are still many people, within the population of the U.S.A., who are malnourished for no other reason than not getting enough food, or enough healthy food, into their system.

The Department of Health and Human Services (HHS) and many local community governments offer *Meals on Wheels* programs, but not everyone who would qualify signs up for it. Many churches raise money and conduct food drives, there are food pantries and lastly, for those who qualify, there are food stamps. Many schools maintain a nourishment program for children. So then, why are so many people malnourished? Alcoholism, drug use, and cigarette smoking may result in loss of appetite for food. Alas, not all people who are malnourished suffer from addictions. So, what else could explain the alarming numbers? Perhaps psychological issues, like pride or anxiety may interfere with the wish of some people to seek help in difficult financial times. Perhaps some bad experience from the past that resulted in shame and guilt could explain why they do not gladly identify themselves as “someone with needs.” Social roles and cultural traditions may make it very difficult for men to show signs of weakness, such as having to rely on someone else for assistance. These social and cultural aspects are subject to very slow change, and could still linger many generations after the person's ancestors immigrated in the U.S.A. Then there could many who are depressed but never sought professional help for their depression. Elderly widows and widowers may be among them who are not coping well with their loss. Especially in rural areas, some people may try to grow their own food as they have always done before, but then are unable to take care of the crop due to loss of stamina. The reasons for why somebody is reluctant to seek help could possibly fill a book, as each person has his / her own unique life story and behaviors shaped by personality traits, culture, and social circumstances. What could society do to help the most endangered ones?

It should start by not looking “the other way” when we suspect someone could use our help. Children may be better off than the elderly patients suffering from malnutrition, because they are regularly seen by many professionals at the school they are attending, so they rarely slip through under the radar of watchful eyes guarding their health. While children and other age groups may also be affected by this condition, it is the elderly who need our support from strangers, because other age groups usually have a stronger support system, such as parents or spouses. The elderly are not always seen by other members of their community, particularly, during the winter months; hence they are more likely to suffer from undetected conditions. Asking respectful but thorough questions, offering food and produce from our own gardens to the elderly, offering help with tilling or watering the plants could go a long way, but it would not help all those who are already severely malnourished. Offering a ride to the clinic or hospital is a more effective step, especially when the ride includes picking up the meds on the way home, and if this gesture is repeated at regular intervals. We all need to be more mindful and look for alarming signs, such as not having seen our neighbor for a while, and inquire about their well-being.

In summary, masses of elderly people, especially those of racial and ethnic minorities, are suffering from malnutrition, caused by various reasons, from financial to social to cultural and personality factors. As the saying goes about holistic health: the mind, the soul, and the body are in constant interaction, therefore, malnourishment of the physical kind often harbors malnourishment of the soul and vice versa. As such, when the elderly feel loved and respected, their physical well-being improves and issues such as malnutrition can be greatly reduced in this population. When was the last time you have smiled at, and offered some help, to an elderly person in your neighborhood? A little bit of kindness can go a long way, and it often costs only a small amount of money to be invested. According to the motto that most of us will all become old one day, paying it forward toward a kinder society does not sound like a bad idea! ♦

## Kelp me!

By Dr. Roxanne Beharie

Who remembers when wheatgrass came on the scene? It was THE thing for a while, then the kale craze took over. Well, guess what? It seems kale has been dethroned and the newly crowned health craze is...wait for it... kelp. Yes, kelp. As in seaweed, kelp. The same seaweed (kelp) forests you may have heard about in the ocean. I know some of you are saying, "Seaweed, ewwww!" But, keep in mind that there are different types of seaweed e.g. Irish moss, which are used to make certain beverages.

Kelp, or kombu, is a type of seaweed that can be purchased at many health food stores and even some mainstream grocery stores in freshly cut, dried, powdered, and frozen varieties. Kelp offers quite the nutritional punch while it is also only about 34 calories per cup. One cup of kelp also provides 13 percent of the recommended daily intake of calcium (134mg) and 13 and 29 percent respectively of iron for women and men. Vitamin K, a blood clotting agent which also aids in bone and cartilage development, is also found in kelp. In fact, one cup of kelp provides 59 percent of the recommended daily intake of Vitamin K for women and 42 percent for men.

Still not sold on kelp? Here are a few more reasons to think about adding kelp to your diet:

1. Kelp is a great source of antioxidants, potassium, magnesium, and vitamins (about 70 such vitamins, enzymes, and minerals).
2. According to the National Institutes of Health (NIH), kelp is one of the best sources of iodine. **Keep in mind that too much iodine can cause serious health problems, therefore, it is important to only eat kelp in moderation.**
3. Kelp is a source of protein (between 2 and 9 grams per cup, depending on the type of kelp).
4. Kelp helps regulate thyroid function (energy levels, memory, weight loss, liver and brain function, digestion, and arthritis).

So, what do you think? Does kelp sound like something you want to try? If so, visit your grocer and ask for it in one or more of the varieties offered. For example, freshly cut kelp is an excellent addition in salads, while powdered kelp is great for smoothies and drinks. Dried kelp is also a great addition to soups or as flavoring for fish. Try them all and let us know which type was your favorite. :)

Here is a quick kelp (seaweed) salad recipe that was modified from <http://www.food.com/recipe/seaweed-salad-247035>.

### INGREDIENTS

¾ ounce slaw-cut kelp (seaweed)  
 3 Tbsps. un-seasoned rice vinegar  
 3 Tbsps. soy sauce  
 1 Tbsp. sesame oil  
 1 tsp. sugar  
 1 tsp. finely grated ginger  
 ½ tsp. minced garlic  
 2 thinly sliced scallions  
 ¼ cup shredded carrot  
 2 Tbsps. chopped fresh cilantro  
 Optional: 1 Tbsp. toasted sesame seeds, red pepper flakes

### DIRECTIONS

Stir together vinegar, soy sauce, sesame oil, sugar, pepper flakes, ginger, and garlic in a bowl until sugar is dissolved. Add the seaweed, scallions, carrots, and cilantro, tossing to combine well. Sprinkle salad with sesame seeds.



Enjoy! :) ◆

**January**

- Cervical Health Awareness Month
- National Birth Defects Prevention Month
- National Blood Donor Month
- National Glaucoma Awareness Month
- 30 World Leprosy Day

**February**

- American Heart Month
- National Cancer Prevention Month
- National Children's Dental Health Month
- 3 National Wear Red Day
- 4 World Cancer Day

**March**

- National Nutrition Month
- National Kidney Month
- Workplace Eye Wellness Month
- 9 World Kidney Day
- 24 World Tuberculosis Day

**Next Quarter Conferences**

8th Annual CUGH Conference: Healthy People, Healthy Ecosystems  
April 7 - 9, 2017 | Washington, DC

10th National Conference on Health Disparities  
May 3 - 6, 2017 | New Orleans, LA

National School-Based Health Care Convention  
June 18 - 21, 2017 | Long Beach, CA

# Contributors



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## Special Thanks

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On the front cover: Dr. Nina Bell, Program Chair, College of Health, Human Services, and Science

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*“Physical fitness is not only one of the most important keys to a healthy body, it is the basis of dynamic and creative intellectual activity.”*

- John F. Kennedy

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If you would like to be a part of future editions of the Health Promotion Quarterly newsletter, including being on the cover (see Dr. Nina Bell on the cover of this issue), please email Dr. Roxanne Beharie, Editor-in-Chief, at [healthpromotionquarterly@ashford.edu](mailto:healthpromotionquarterly@ashford.edu).

