

HEALTH PROMOTION QUARTERLY

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DR. MARJORIE ESTIVILL in a
corn field in Iowa.



Opioid Epidemic: The rise and fight

By Dr. Lynn Anidi



Opioids are highly addictive narcotics that stimulate the brain's opiate receptors and are commonly prescribed to treat pain. Some are made from opium, and some are entirely artificial. In the United States, hydrocodone and oxycodone are the opioids that are most frequently prescribed according to the Centers for Disease Control (2018). A commonly known semi-synthetic opioid is heroin. The influences of hydrocodone and oxycodone on the brain are minimal compared to the effects formed by heroin. In the medical industry, when treating patients for palliative care opioids are an essential medicine. Other possible reasons to use opioids are during a person's post-operative or post-care after a severe surgery or significant accident and only for a couple of days under the care of a licensed doctor (CDC, 2018).

Regrettably, in the U.S. much of the opioid use is for common pain treatment like back pain. In these circumstances, opioids are to be expected to impair patients more than helping them because of the danger of long-term use and addiction that both outweigh the possible assistance. For effective daily long-term use opioids have not demonstrated to be functional. Literature indicates that chronic usage of opioids has the potential to make pain worse and lead to a condition called hyperalgesia which is a disorder causing a person to produce an increased sensitivity to pain. Over the last twenty years, rates of addiction and overdose deaths increased equivalently, as prescriptions for opioids soared. The intensification in opioid prescriptions was said to be fueled by a multi-layered campaign endorsed by the pharmaceutical industry (Cicero, Ellis, Surratt, & Kurtz, 2014).

By the late 1990s, pharmaceutical establishments practically guaranteed the medical community that consumers would not develop addictions to prescription opioid pain medications, and medical providers started to prescribe them at an increased rate (Rosenblatt, Andrilla, Catlin, et al. 2015). This increase later led to widespread deviation and mismanagement of these medications before it became clear that these medicines could undeniably be incredibly addictive. Doctors received information from their professional organizations, hospitals, as well as from state medical boards indicating that consumers were unnecessarily suffering due to an exaggerated fear of addiction. The campaign trivialized the risks of using opioids and embellished the benefits of utilizing opioids for chronic pain maintenance for long-term care (Rosenblatt et al., 2015). Based on the role opioid manufacturers have played regarding the opioid addiction epidemic, numerous states and counties have filed lawsuits against them indicating they have misled the medical community.

The rise of heroin

Up until 2011, prescription opioids were the cause of many opioid overdose deaths. Progressively, Fentanyl, a potent and cheap synthetic opioid, was mixed with heroin or was falsely sold as heroin. Subsequently, prescription opioid overdose losses diminished, while overdose deaths relating to heroin started to increase U.S. Department of Health & Human Services (2016). Why did this happen? A standard narrative is that alleged "drug abusers" unexpectedly switched from prescription opioids to heroin because of a federal government "restriction" on painkillers. This narrative is ambiguous; however, it is true that the vast proportion of individuals who began using heroin after 1995 converted to heroin because prescription opioids were too hard to obtain. Nevertheless, since before 2011, there has been an increase of heroin use among young whites (DHHS, 2016). This increase and epidemic has primarily affected the white community in unusually high numbers. The question is why? The answer is highly complicated. However, evidence suggests that in the medical office, when non-white patients were treated, they were under-treated for pain. Consequently, they were not getting prescriptions in the same amount as white patients visiting medical centers. Therefore, it had a protective effect for the non-white patients. Of course, this is only one theory. The evidence did not suggest that non-whites were not affected by this epidemic, just not at the same proportions.

Treating the crisis

Socioeconomic and demographic information such as age, education, ethnicity, and gender are reasons not to believe the narrative about a "crackdown" on painkillers leading to an unexpected shift to opioids abuse. The crackdown on the prescription of opioids became a hot-button political issue during the 2016 presidential election with each candidate promising to bring an end this public health issue. After the election and despite some setbacks, members of the medical community continued to overprescribe opioids. Prescribing fluctuates across states and counties, which means the more significant the population, the more likely there would be a more substantial opioid abuse among residents.



Compared to other developing countries per capita, the United States opioid consumption is much higher even though oxycodone use is in decline but still higher than the amount of oxycodone use in all the countries in Europe (CDC, 2018). The perception few people still have with the opioid epidemic is that it will never happen to them, but statistics show that some addicts in close families would go to any length to conceal their addiction (Krisberg, 2017). While efforts are made at the federal level to combat and bring the opioid dependency and overdose under control, the health professionals need more cautionary measures when prescribing opioids (Krisberg, 2017). Today, the public health leaders are calling both the federal and state governments to guarantee millions of citizens battling the opioid addiction to have easy access to suitable drug treatment.

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Disaster Preparation 101—Wildfires and Wildfire Prevention

By Dr. Wayne Briner

When I was first asked to write about disasters, and how to plan and prevent them, I was going to go straight to the typical article about what to have on hand in case of an emergency. But then the first day of spring came, the weather warmed up, and, as a firefighter, my thoughts turned not only to love, but to wildfires. Last year was one of the worst on record for wildfires with nearly 9000 homes lost and 23 deaths across the nation. Those of you who live on the west coast are probably painfully aware of these statistics.

The west coast and mountain states are those that we think of the most often when it comes to wildfires, but, in truth every state has a risk of wildfires. In fact, that is why we no longer refer to them as forest fires. Grassland and crop fires are also common, cause substantial losses of property, and occasionally, deaths. These fires are fought and managed the same way forest fires are, but obviously have no trees, hence the term wildfire is used. It is also why forest fire prevention strategies are used even in the plain states.

Wildfires can only be prevented by using a number of strategies. Some of the obvious ones are things like putting camp fires out, not throwing lit cigarettes out of a car window, and not setting off fireworks when it is very dry outside. But often the cause is difficult to manage; lightning strikes, cars that drift off the road and ignite grass with a hot exhaust system, and unfortunately, arson.

What you can do to manage your own risk of wildfire is substantial and more direct. True, if you live in an urban area your risk of a wildfire is pretty low. But, if you live in more rural areas, or urban areas that are next to forested areas or fields, the risk is real and you need to take tangible steps to reduce your risk of fire.

First, your roof. Cedar shingles are very attractive but are exactly the kind of fuel a drifting ember from a fire is looking for. Embers from a fire can drift over a mile, and if it lands on a dry cedar roof it can certainly set your house on fire. Wetting your roof in the event of a fire can help, but, wetting an entire roof enough to fire proof it is difficult to do. Asphalt shingles are a better choice with a metal roof being the best. You not only reduce the risk of fire but often save on insurance. Also, don't forget to clear the junk out of your gutters; that can burn too.

Next, the yard. You should not have any vegetation up against your house. Bushes and trees should be no closer than 5 feet from your house. And that means the outermost edge of the tree not the tree trunk. You need to take that into account when planning where to plant trees. The space should be 10 feet since the radiant heat from a combusting tree is tremendous and will certainly damage, if not ignite, your home.

Mow your lawn and do not let it dry out. In arid regions you may well want to plant succulents or go with a rock garden, rather than a typical yard. Clear any vegetation from around any fire hydrants; if firefighters cannot see the hydrant it makes fighting the fire much more difficult. Again, in some areas you get a reduced insurance rate for taking these steps. Remove wood furniture from your deck or patio and sweep away any pine needles or other debris. And remember **do not** deep fry a turkey in your garage or on your wooden deck!

During wildfires firefighters are stretched thin. When a fire starts to approach a cluster of homes the firefighters are often forced to choose which homes to protect and which not to; and the choice is often easy. Firefighters choose the homes that do **not** have firewood growing up against them. You put your time and effort and resources into homes that have trees and brush cleared away. Those homes that have not done basic fire prevention are nearly impossible to save. If a tree right next to a house catches on fire no amount of flame retardant will save it, and the house will be lost.

The National Fire Prevention Program is FireWise! FireWise is a great community-based program that will greatly reduce the chance of a wildfire taking over your neighborhood. One of the things to understand is that wildfires rarely take out a single home, they take out communities, and the reason is simple. Neighbors share territory, homes are close together, as are our neighborhood habits. So, if a wildfire takes out one home in the neighborhood, it will likely take out others. Firewise is a program that encourages neighbors to use the same property care practices to reduce the chance of fire all the way around. See: <https://www.nfpa.org/Public-Education/By-topic/Wildfire/Wildfire-safety-tips>.

Be aware. Is there a wildfire near you? That may seem like an obvious question, but, fires that seem far away can be closer in less than a day, and you do not want to be caught off guard. I have the app Wildfire Info installed on my smart phone to alert me of these dangers. Other apps to think about are the FEMA app and the Red Cross

emergency app. With just a few minutes work you can set your phone to get important alerts.

Be ready to evacuate. In reality, there are few emergencies that catch us unaware. We know when we live in a flood plain, fire area, or earthquake zone. Yet, many people still seem taken by surprise when the fire department drives by announcing an evacuation order on a megaphone. In this instance, you may have no more than 20 minutes to evacuate.

For this situation, you will need an emergency backpack. For the official list, I will refer you to <https://www.nfpa.org/Public-Education/By-topic/Wildfire/Wildfire-safety-tips>. But in warm weather urban areas the essentials are, for each person: 1 bottle of water, a protein bar, a change of clothes, tissue pack, sunglasses, some cash, your prescription meds, and a cell phone charger (both car and outlet; a charged powerpack is not a bad idea), and a written paper list of emergency phone numbers (if your phone is lost or dead you will need this list).



Be sure to take any laptops or other electronic devices that may contain digital pictures and documents you cannot replace. Same with paper documents such as deeds and insurance papers. Take only the essentials; you need graduation pictures, not refrigerator art. Do not take monitors, keyboards, mice and the like from a desktop, all you need is the hard drive.

I cannot emphasize enough the importance of sturdy shoes! In these events, you need footwear that will cover your entire foot. NOT sandals. You may need to hike so dress appropriately.

Do not forget your pets. If you have pets, bring them with you. Do not just let them out thinking they will figure it out for themselves. You must take them with you. Add to your evacuation list a liter of water for each animal and at least two serving of their regular allotment of food. ◆

Homeless and online: What resources would help these students?

By Dr. Maureen Lienau

Introduction

In every online course the Principal Investigator (PI) taught in 2016, at least one or two students confided that they were homeless or soon to be evicted. There were little to no resources available at this online university to help these students; most of whom were at a critical point of their lives, both personally and academically. This lack of resources seemed unacceptable, which initiated the PI's research on this issue. In spring 2017, this researcher created and administered a 31-question survey on the university portal to assess demographics, finances, and housing needs of students at this online university.

Purpose of the study

The first step was to determine the extent of student homelessness at this university and if it was as widespread as the investigator thought, or non-existent.

The second step was to ask students what types of resources would benefit them most in their academic success and course completion. As a result, this PI and co-PI, Dr. Jeral Kirwan, decided to conduct a study to answer two issues:

- 1) the extent of student homelessness and/or housing issues
- 2) what resources would help these students?

Limitations

This university offers online courses only and with no campus, the opportunity to provide resources such as a food bank, emergency housing, bus passes, gas/food coupons, and book loans to meet student needs is not an option. In addition, as a proprietary institution, there are legal issues that need to be explored to determine if a development campaign from staff and alumni to fund student scholarships, grants, and emergency loans would be allowable.

Literature Review

Students face many barriers receiving federal financial aid such as filling out FAFSA forms (to declare homeless on the FAFSA form one must be under 21 and have documentation of homelessness from their high school, foster placement, or homeless shelter) and Pell Grants without a permanent address or changes in their lifestyle (under or unemployment, divorce, eviction, etc.).

What's most daunting is where these students sleep each night; couch hopping with friends or relatives; motels; in their cars, parks, or shelters; or living with family and even ex-spouses. With an overwhelming focus on where to sleep, homeless students struggle with competing issues of hunger, work schedules, computer and internet connectivity, and completing their studies. This struggle is further complicated when dependents are involved and their safety and security is not guaranteed each night.

In addition, this University enrolls a significant number of military and veteran students. "The U.S. Department of Housing and Urban Development (HUD) estimates that 39,471 veterans are homeless on any given night" (retrieved from: http://nchv.org/index.php/news/media/background_and_statistics/). It is likely that some of this university's veteran students are homeless. Many of these students have been increasingly displaced through natural as well as human-caused disasters. Some have been evacuated to emergency/temporary shelters only to return to their homes which were uninhabitable or required massive clean-up. It is possible some of these students became homeless because of these disasters.

Further problems arise when defining what homeless is. Many students would not think staying with their spouse and children at their parents' home or in a motel would be classified as homeless but according to the US Department of Housing and Urban Development's Final Rule Defining Homeless, the first two categories define homeless as:

1. Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution.
2. Individuals and families who will imminently lose their primary nighttime residence. USHUD, September, 2013. Expanding opportunities to house individuals and families experiencing homelessness through the Public Housing (PH) and Housing Choice Voucher (HCV) Programs. (Retrieved from: www.hud.gov/sites/documents/PIH2013-15HOMELESSQAS.PDF).

Using these criteria, a survey was constructed using Qualtrics to assess student demographics, finances, barriers to academic success, health and housing issues, and resources that would help them in their pursuit of a degree.

Methodology

The survey contained 31 multiple-choice and short answer questions asking students their demographics, housing, financial, health, and related issues while attending this university and administered in the summer of 2017. Participation was voluntary and students were informed that their participation was an agreement of implied informed consent at the introduction to the survey. Since some homeless students may not consider themselves homeless or wish to self-identify as homeless, the PI's used a bit of deception in titling the questionnaire "Financial and housing needs of students." In this way, students would not self-select out of taking the survey.

Institutional Review Board (IRB) approval for a minimal risk survey was granted June 2017. Participants were invited to take the self-report survey through an announcement posted in the Student Online Portal and to complete online via Qualtrics. The survey went live on the Student Portal in July and was open for student participation until the end of October.

The PI was optimistic that a minimum 200 students would respond to this survey; however, when the survey ended in October, over 1700 students had completed all or part of the questions.

Questions and Discussion

Table 1 is representative of our current student population which is majority female. Almost equal numbers stated they were married or single, if they had dependent children – most had one child, attended the university less than one year, and were enrolled for a bachelor's degree. The majority work full-time and almost 50% earn at or below the poverty level \$24,300; 64% earn less than \$32,000/year. For many of our students, especially single parents, budgets are extremely tight.

Table 1: Demographics

Demographics 1711 respondents			
• How long a student:	<one-year	56.98%	975/1711
• Academic level:	Bachelor's	75.62%	1290/1706
• Gender:	Female	85.67%	1465/1710
• Marital Status:	Single	39.10%	667/1706
	Married	38.69%	660/1706
• Dependent children -live with you	Yes	39.10%	667/1706
	One child	43.60%	521/1195
• Work	Full-time	51.25%	861/1680
• Gross income	\$24,300	48.27%	797/1651
	 Poverty level		

When asked about any barriers to complete courses, students indicated the top three barriers to successfully complete their courses are financial resources, lack of WiFi, and lack of textbooks (Table 2). Since this university, is online, lack of WiFi can impact the completion of weekly assignments and successfully completing courses. With limited budgets, students may lack the funds to purchase books for their courses.

Students were asked where they had lived in the past five years to obtain some idea of the different types of housing (or lack thereof) they faced. In Table 3, using HUD's definition, twenty percent indicated

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some form of homelessness in the past five years. These data clearly indicate that students facing eviction or in unsafe housing without WiFi connectivity may struggle to do their best work in their courses or complete assignments on time.

Table 2: Barriers to complete

#	Answer	%	Count
1	Financial resources	31.74%	353
2	Lack of textbook	6.38%	71
3	Incomplete policy	1.53%	17
4	Attendance policy	4.77%	53
5	Lack of computer	4.77%	53
6	Lack knowledge of computer technology (software)	4.68%	52
7	Lack of Wi-Fi	7.91%	88
8	Recycling policy	0.72%	8
9	Dismissal policy	0.99%	11
10	Student billing	4.41%	49
11	Other (please specify)	32.10%	357
	Total	100%	1112

Table 3: Living arrangements

#	Answer	%	Count
1	Apartment/townhome/condo I rent	20.82%	566
2	House I rent	21.44%	583
3	House I own	17.95%	488
4	Living with parent(s)	7.28%	198
5	Living with my parent(s) and siblings	3.71%	101
6	Living with children at parent(s) or relatives	3.49%	95
7	Living with spouse/partner and/or children at parent(s) or relatives	4.41%	120
8	Living with my spouse/partner and/or children not at my parents or relatives	5.44%	148
9	Living with friends	3.90%	106
10	Couch surf with relatives or friends	2.32%	63
11	In a motel/hotel	2.35%	64
12	Free housing	1.07%	29
13	At emergency or housing shelter	1.10%	30
14	In car/van/trailer	1.58%	43
15	Sleeping in a park or campground	0.77%	21
16	Other	2.35%	64
17	TOTAL	100%	2719

In Table 4 below, it was quite eye-opening to see the extent of services that our students used for meals or housing in the past five years. Almost 57% had used food banks, church meal/pantries, social services, and emergency shelters for housing or meal needs. These findings may be partially explained by the limited earnings of some of our students and the many natural and human-made disasters around the country that could have impacted their housing, among other issues.

Table 4: Services used

Which of the following services have you ever used for housing or meals (*could answer more than once)?			
#	Answer	%	Count
1	Emergency shelter	4.61%	109
2	Food bank	22.67%	536
3	Soup Kitchen	3.34%	79
4	Church - meal or food pantry	17.94%	424
5	Hostel	0.47%	11
6	American Red Cross	2.12%	50
7	Local social services	11.55%	273
8	Veteran's Affairs	1.14%	27
9	Other (please specify)	3.89%	92
10	None	32.28%	763
	TOTAL	100%	2285*

The top three resources on a blog or website students would find helpful are scholarships, jobs, and free WiFi as indicated in Table 5. Not surprisingly, students with limited budgets would want assistance paying for their tuition and locating free WiFi to complete their assignments and to successfully complete their courses.

Table 5: Helpful resources

Check which resources on a website or blog of community and national resources you think would be helpful for students to access (check all that apply).			
#	Answer	%	Count
1	Housing	6.51%	96
2	Jobs	16.68%	246
3	Scholarships	26.78%	395
4	Food banks or pantries	1.42%	21
5	Emergency shelters	0.27%	4
6	Help with utilities	5.56%	82
7	Free Wi-Fi	10.92%	161
8	Free/reduced medical or veterinary care	1.69%	25
9	Veteran's Services	1.76%	26
10	Counseling	4.75%	70
11	Community health agencies	1.76%	26
12	Advocacy group	2.03%	30
13	Other, please add below.* Most of these responses were all of the above	19.86%*	293
	Total	100%	1475

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Results

Table six shows that each of the predictor variables was significantly correlated with the statement, “The quality of my housing situation affects my ability to succeed in school.” Each predictor is correlated with the criterion at the 0.01 level except for “How long have you been a student at Ashford University?” ($r = 0.49$) which is correlated at the 0.05 significance level. Particularly noteworthy are the strong correlations between the predictor and “My housing affects my physical health.” ($r = .803$) and “My housing affects my mental health.” ($r = .819$).

Table 6: Correlations

	How long have you been a student at Ashford University?	What is your marital status?	Do you have any dependent children living with you?	Are there any barriers at Ashford to successfully completing your courses?	My housing affects my physical health.	My housing affects my mental health.	Cost of School Resources	Lack of Resources
The quality of my housing situation affects my ability to succeed in school.	.049*	.076**	.077**	-.198**	.803**	.819**	.318**	.308**

*denotes significant at the 0.05 level; **denotes significant at the 0.01 level

Conclusions

Many of these students live paycheck to paycheck and if an emergency happens, such as a health issue or a blown tire, it can impact their employment, rent/mortgage payment, WiFi connectivity, and putting food on the table. Rental increases, unsafe housing, and buying course textbooks were frequently mentioned as problematic by these participants. All of these issues may impact students' ability to complete assignments which, in turn, has implications for course completion, retention, and persistence.

The quantitative data clearly indicate that barriers can inhibit student success. The fact that students indicated that housing is strongly correlated with mental and physical health shows the need for stability in that aspect of a student's life can be strongly related to retention and graduation rates.

The next phase of this research study will focus on finding national, state, and local agencies and organizations that can provide assistance for housing, food, scholarships, jobs, emergency grants, and WiFi to create a blog or website with a social media component for students to access (and add to). Faculty and staff will be asked for their recommendations to contribute to these resources as well as to refer their students. ♦

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By Dr. Lynn Anidi

Recommendations

1. Using prescriptions to solve the issue of the opioid epidemic rests on policy because weaning addicts of opioids would take the cooperation of everyone from the medical community and the society to have success. Early education and campaigns are necessary to inform the community on both the economic and psychological impact brought forth by the opioid epidemic (Marshall et al. 2017).
2. Equally significant is speaking out about the humiliation caused by opioid addiction, support public health programs assisting in fighting overdose, strengthen prevention, and expand training for prescribers.
3. Methadone and buprenorphine are preferred treatments for opioid dependency and if correctly implemented could be the remedy that helps to improve the quality of lives of addicts (Krisberg, 2017).
4. With buprenorphine safer than methadone, health professionals should consider prescribing methadone but need to supervise outpatient daily visits to clinics (Marshall et al. 2017).
5. Disturbing and prevalent is that too many people in the country without proper treatment die daily to prescription drug and overdoses (Krisberg, 2017). Regrettably, there are addicts lacking access to medicines in spite of sharp increase in opioid dependency in the past twenty years. Equally disturbing is that there is only a slight increase in referrals for medication-assisted therapy in most state-licensed opioids treatment programs and this must change (Marshall et al. 2017). Finally, addicts who receive buprenorphine as a measure of opioid treatment must commit to the regular office visits to medical doctors.

Conclusion

In conclusion, the opioid catastrophe is a public health disaster that is devastating communities across America with approximately 100 Americans dying every day from opioid- correlated overdose (CDC, 2018). Devastating statistics are growing. In 2015, more than 33,000 Americans died as a result of a related opioid overdose. That exact year, a projected 2 million individuals in the United States were overcome from prescription opioid pain relievers. Other statistics show that, in 2016, deaths relating to fentanyl exceeded deaths concerning prescription opioids and heroin (Kochanek, Murphy, Xu, Tejada-Vera, 2014).

Many necessary steps can be taken to confront the crisis. Discuss the matter with the teens and young adults in your life to ensure they comprehend the risks of abusing medicine and the dangers of opioid addiction. If you have a family member battling with prescription pain pills or other opioids, find treatment centers and local support groups. Safeguard your home by securing medications and appropriately disposing of unused medications (National Institute of Health, 2018). The time for implementing action to counter the opioid epidemic in our communities and nation is now. ♦

We're proud to announce that the College of Health Human Services and Science (CoHHSS) official Facebook group is now live! Please join us here: https://www.facebook.com/groups/AUCollegeofHealthHumanServicesAndScience/?source_id=145734272112425.

All CoHHSS students, alumni, and faculty are welcome to join. The group's mission is to foster continuous learning in health care, health promotion, psychology, human services, and so much more in the health world! The goal is to further learning and success by sharing ideas, advice, and information. Everyone has a voice and can participate in the dialogue. We are committed to furthering the success of adults who enjoy lifelong learning.

Overall, group endeavors are to provide students and alumni with:

- ♦ Insightful articles we all share and post
- ♦ Career resources
- ♦ Monthly presentations from faculty and guest speakers
- ♦ Mentoring and student leadership opportunities
- ♦ Additional online resources

How to Join

Please use this link: https://www.facebook.com/groups/AUCollegeofHealthHumanServicesAndScience/?source_id=145734272112425, or go to Ashford's Facebook Page, and click Groups.

We look forward to working closely in the future to ensure the best possible outcomes for our group, students, alumni, and faculty.

We look forward to seeing you there! ♦

Watercress, cress, cress, cress...

By Dr. Roxanne Beharie

I always get a little anxious when I hear the name watercress. That is because the first thing that comes to mind is the water chestnut. Blech! But, then my brain kicks into gear and I calm down and remember that the watercress is my friend. This green, bitter, leafy vegetable is in fact family to kale, arugula, broccoli, and Brussels sprouts, so bring it on.

Way back in the day, watercress was a staple in the diet of Roman soldiers and it is even said that it was used by Hippocrates, the father of medicine, to treat his patients. Consider this, watercress sandwiches were a popular staple of the English working class diet. Watercress was widely available until the 19th century but as more varieties of salad leaves were cultivated over the next 100 years, watercress lost its popularity becoming labeled as a poor man's food and was relegated to the role of garnish on our plates.



Thank goodness Dr. Joel Fuhrman developed the Aggregate Nutrient Density Index (ANDI) which measures vitamin, mineral, and phytonutrient content in relation to caloric content. ANDI scored watercress, along with kale, mustard greens, and collard greens a perfect, and impressive, 1000 out of 1000; consider that spinach scored 707 out of 1000. Watercress has many health giving, potentially life-saving benefits to back up its ANDI score. For example, in addition to being the source of many vitamins and minerals, 2 cups of watercress provide 1.6 grams of protein, less than 1 gram of carbohydrates, and only 0.1 grams of fat. Other benefits include lowering blood pressure, cancer prevention and treatment, treating diabetes, and maintaining healthy bones. Go, watercress! I knew there was a reason I liked you.

There are a number of ways that you can include watercress in your meals. My favorite is in a salad, but watercress can also be incorporated into other dishes such as pastas and casseroles or in sauces. Keep in mind that watercress tends to cook faster than tougher greens like kale and collard greens. Therefore, the next time you visit the grocer, grab some watercress and add some into your favorite fruit juice or smoothie, or replace that lettuce on your sandwich with a handful of watercress. Watercress pesto. Yummm!

If you are not quite sold on substituting your regular greens for watercress, try this [Shrimp Salad with Watercress, Cannellini Beans and Mint](#) recipe from Food & Wine and see for yourself.

Enjoy! ♦

What Health Means to Me...

Heather Auger
Instructor of English &
English 121 Faculty Lead —
Division of General
Education

[Play video](#)



Nicholas Boehlke
Student Advising Manager—
Student Services

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Contributors



Dr. Lynn Anidi is an Associate faculty member in the College of Health, Human Services, and Science and has extensive experience in health care management, healthcare research and public health advocacy. Dr. Anidi's executive and educational expertise has allowed her to serve in many capacities such as a board executive, management, consultant, teacher and pastoral ministry leader at her church.



Dr. Wayne Briner is a professor in the College of Health, Human Services, and Science where he teaches in the Masters of Psychology program. He lives in rural Nebraska with his wife in a renovated dairy store turned home and art gallery. In his spare time he is a volunteer firefighter and board member of a disaster response group.



Dr Maureen K Lienau is the Chair of Cognitive Studies in the College of Education at Ashford University, where she has worked for ten years. She is a lifelong animal lover and four-legged family owner.



Heather Auger is the English 121 Lead Faculty for the Division of Gen Ed and has been with Ashford for 5 years. She lives in Southern California, where she earned her dual degree in English Composition & Rhetoric and Literature at CSUSB. She enjoys spending time with her family and can often be found outside in her garden or at one of the group exercise classes at the local YMCA.



Nicholas Boehlke is a Student Services Manager at Ashford and is located in Denver, CO. He has two children and is engaged to be married. He loves cheese, brats, beer, and "Left of the Dial" college radio and is driven by adventure and achievement.



Dr. Marjorie Estivill is a cultural anthropologist from Indiana University focused on the anthropology of teaching and learning. She is starting her second decade with Ashford University, working in faculty development through the Center for Excellence in Teaching and Learning. Previous experiences include serving as an assistant professor at Zayed University in Abu Dhabi, UAE.



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Opioid Epidemic: The rise and fight

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Homeless and online: What resources would help these students?

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Your Health Calendar

July

- Cord Blood Awareness Month
- International Group B Strep Awareness Month
- Juvenile Arthritis Awareness Month
- National Cleft & Craniofacial Awareness & Prevention Month
- 16 - 22 National Youth Sports Week
- 28 World Hepatitis Day

August

- Children's Eye Health and Safety Month
- National Breastfeeding Month
- National Immunization Awareness Month
- Gastroparesis Awareness Month
- 1 - 7 World Breastfeeding Week
- 13 - 19 National Health Center Week
- 20 - 24 Contact Lens Health Week

September

- Childhood Cancer Awareness Month
- Fruits & Veggies—More Matters ® Month
- Healthy Aging @ Month
- National Childhood Obesity Awareness Month
- National Preparedness Month
- 9 - 15 National Suicide Prevention Week

Next Quarter Conferences

Public Health Law Conference 2018: Health Justice: Empowering Public Health and Advancing Health Equity
October 4-6, 2018 | Phoenix, AZ

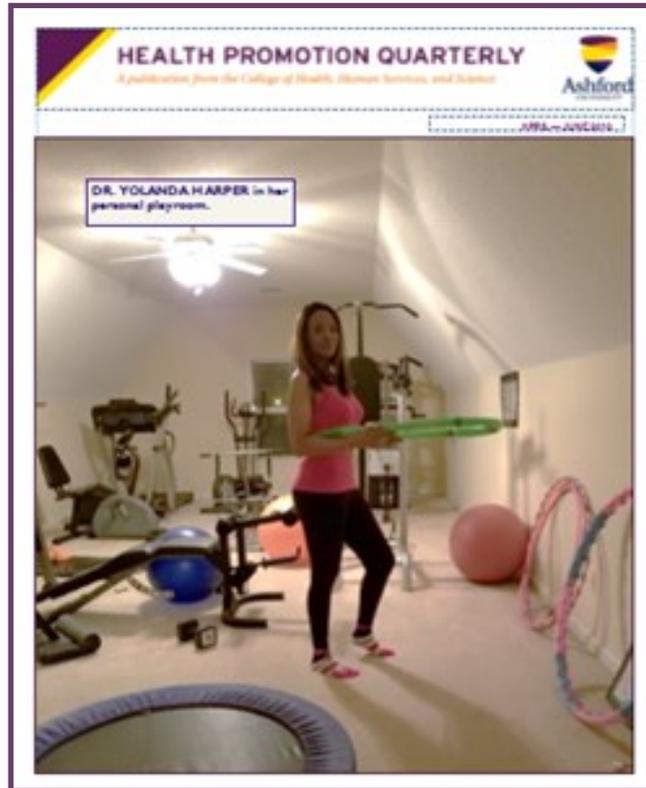
The Opioid Crisis: Strategies for Treatment and Recovery
November 8-9, 2018 | Bedford, MA

2018 National Ryan White Conference on HIV Care & Treatment
December 11-14, 2018 | Oxon Hill, MD

“Good health is not something we can buy. However, it can be an extremely valuable savings account.”

-Anne Wilson Schaefer

To view the April 2018 edition of the Health Promotion Quarterly newsletter, press the Ctrl key and click on the picture below:



Here's to your health!

If you would like to be a part of future editions of the Health Promotion Quarterly newsletter, including being featured on the cover, please email Dr. Roxanne Beharie, Editor-in-Chief, at healthpromotionquarterly@ashford.edu.