

GENERAL STUDIES COURSE PROPOSAL COVER FORM

Course information:

Copy and paste **current** course information from [Class Search/Course Catalog](#).

College/School College of Health Solutions Department/School _____

Prefix: NT Number: 355 Title: Eating for Lifelong Health Units: 3
R

Course description: **Examines dietary choices throughout the life span and how they impact personal health and wellness. Prepares health and wellness team members to evaluate consumer and professional materials on dietary choices.**

Is this a cross-listed course? No If yes, please identify course(s): _____

Is this a shared course? No If so, list all academic units offering this course: _____

*Note- For courses that are crosslisted and/or shared, a letter of support from the chair/director of **each** department that offers the course is required for **each** designation requested. By submitting this letter of support, the chair/director agrees to ensure that all faculty teaching the course are aware of the General Studies designation(s) and will teach the course in a manner that meets the criteria for each approved designation.*

Is this a permanent-numbered course with topics? No

If yes, all topics under this permanent-numbered course must be taught in a manner that meets the criteria for the approved designation(s). It is the responsibility of the chair/director to ensure that all faculty teaching the course are aware of the General Studies designation(s) and adhere to the above guidelines. _____ (Required)

Requested designation: Literacy and Critical Inquiry–L **Mandatory Review:** No

*Note- a **separate** proposal is required for each designation.*

Eligibility: Permanent numbered courses **must** have completed the university’s review and approval process. For the rules governing approval of omnibus courses, contact Phyllis.Lucie@asu.edu.

Submission deadlines dates are as follow:

For Fall 2019 Effective Date: October 5, 2018

For Spring 2020 Effective Date: March 8, 2019

Area(s) proposed course will serve:

A single course may be proposed for more than one core or awareness area. A course may satisfy a core area requirement and more than one awareness area requirements concurrently, but may not satisfy requirements in two core areas simultaneously, even if approved for those areas. With departmental consent, an approved General Studies course may be counted toward both the General Studies requirement and the major program of study.

Checklists for general studies designations:

Complete and attach the appropriate checklist

- [Literacy and Critical Inquiry core courses \(L\)](#)
- [Mathematics core courses \(MA\)](#)
- [Computer/statistics/quantitative applications core courses \(CS\)](#)
- [Humanities, Arts and Design core courses \(HU\)](#)
- [Social-Behavioral Sciences core courses \(SB\)](#)
- [Natural Sciences core courses \(SQ/SG\)](#)
- [Cultural Diversity in the United States courses \(C\)](#)
- [Global Awareness courses \(G\)](#)
- [Historical Awareness courses \(H\)](#)

A complete proposal should include:

- Signed course proposal cover form
- [Criteria checklist](#) for General Studies designation being requested
- Course catalog description
- Sample syllabus for the course
- Copy of table of contents from the textbook and list of required readings/books

It is respectfully requested that proposals are submitted electronically with all files compiled into one PDF.

Contact information:

Name Christina Scribner E-mail christina.scribner@asu.edu Phone 3039491177

Department Chair/Director approval: (Required)

Chair/Director name (Typed): _____ Date: _____

Chair/Director (Signature): _____

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Criteria	Ratings
<p>Identifies and understands issues in childhood weight</p>	<p>5 to >4 pts Exemplary Identifies weight status according to the Center for Disease Control. Considers numerous factors relevant to childhood weight gain.</p> <p>4 to >3 pts Effective Identification of weight status and/or understanding of factors that affect weight is proficient.</p> <p>3 to >2 pts Minimal Mis-identifies and/or poorly communicates understanding of issues related to childhood weight.</p> <p>2 to >0 pts Deficient Grossly inadequate or incorrect response</p>
<p>Complete Analysis of Needs and Role of the Health Coach</p>	<p>5 to >4 pts Exemplary Uses evidence-based recommendations for Tony's care related to his nutritional status. Appropriately describes topics within the professional boundaries of the HWC. Provides insightful strategies for addressing potential concerns.</p> <p>4 to >3 pts Effective Thorough analysis of most of the needs, issues and approach by a Health Coach.</p> <p>3 to >2 pts Minimal Superficial analysis of some of the needs and issues and/or does not fully recognize professional boundaries.</p> <p>2 to >0 pts Deficient Incomplete and/or erroneous analysis of the needs, issues, approach and professional boundaries.</p>

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Criteria	Ratings
<p>Resource Identification view longer description</p>	<p>5 to >4 pts Exemplary Well documented, reasoned and appropriate resources to support solutions to a variety of issues in the case study.</p> <p>4 to >3 pts Effective Appropriate, well thought out solutions, reasoned and appropriate resources to support solutions to most of the issues in the case study.</p> <p>3 to >2 pts Minimal Limited and/or inappropriate resources to support solutions to potential issues related to the case study.</p> <p>2 to >0 pts Deficient Grossly inadequate presentation of resources that are appropriate solutions to the multitude of complex issues in the case study.</p>

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Criteria	Ratings
<p>Health Coach Scope of Practice and Referral to Nutrition Specialist: view longer description</p>	<p>5 to >4 pts Exemplary Well documented, reasoned and pedagogically appropriate comments on solutions, or proposals for solutions, to all issues in the case study based on professional boundaries. Supports whether a referral to a nutrition specialist is/is not warranted at this time with reasoning.</p> <p>4 to >3 pts Effective Solutions, or proposals for solutions, to most of the issues in the case study are supported and based on professional boundaries. Basis of whether a referral to a nutrition specialist is/is not warranted at this time could be stronger with reasoning.</p> <p>3 to >2 pts Minimal Limited solutions, or proposals for solutions, to issues in the case study without evidence to support them or not clearly based on professional boundaries. Lacks recommendation regarding a referral to a nutrition specialist with reasoning.</p> <p>2 to >0 pts Deficient Grossly incomplete response to potential solutions by a health coach or recommendation for referral to expert nutrition care; lacks evidence for recommendations made.</p>
<p>Cites Course Readings and Additional Research in AMA Format</p>	<p>5 to >4 pts Exemplary Excellent research into the issues with accurately documented citations (in-text citations and full reference in AMA format used)</p> <p>4 to >3 pts Effective Good research and accurate source citations (in-text citations and full reference in AMA format)</p> <p>3 to >2 pts Minimal Limited research and/or inaccurate source citations (in-text citations and full reference in AMA format not correct or complete)</p>

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Criteria	Ratings
	2 to >0 pts Deficient Incomplete research and source citations (in-text citations and full reference in AMA format not used)

SCORING:

* **Individual group member scores** will be determined near the end of the semester based upon one evaluation by group members as follows:

Group assignments are scored based upon your collaborative effort as a group.

Your instructor will score the group response to the case study as shown above (group score). After all case studies are complete, you will self-evaluate your own contribution and peer-evaluate group members using the criteria below.

You will submit a Google Doc form (provided for you) for each member of your case study group; only your instructor will have access to the scores submitted.

Each student's score for the case studies will be determined from the group score multiplied by a factor for individual participation and contribution as determined by the group evaluation. The Google Doc form contains the following criteria for scoring:

Attendance at scheduled meetings

0-2 pts unsatisfactory, 3-4pts minimal, 5-7 pts effective, 8-10 pts exemplary

Preparation for the discussions, understands the problems

0-2 pts unsatisfactory, 3-4pts minimal, 5-7 pts effective, 8-10 pts exemplary

Contribution to research & analysis of issues

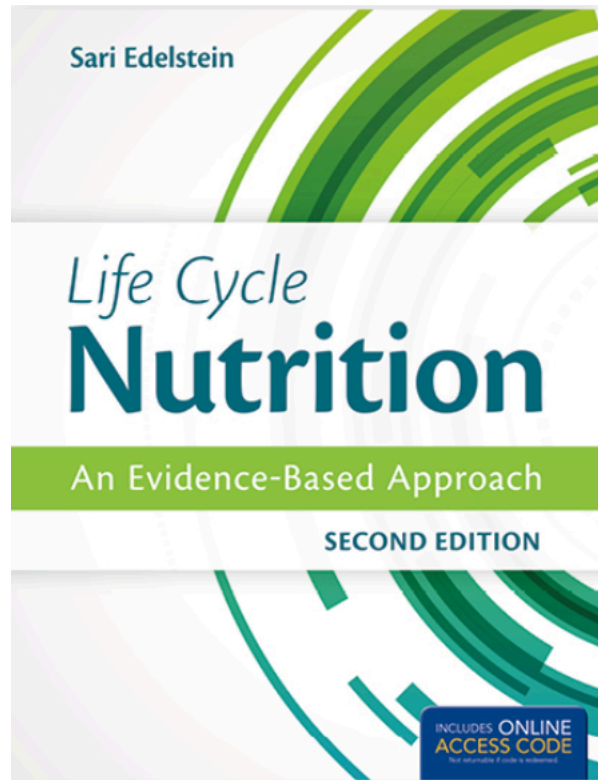
0-2 pts unsatisfactory, 3-4pts minimal, 5-7 pts effective, 8-10 pts exemplary

Listens, respects, and cooperates with group mates

0-2 pts unsatisfactory, 3-4pts minimal, 5-7 pts effective, 8-10 pts exemplary

Contributes to synthesis and posting of group response

0-2 pts unsatisfactory, 3-4pts minimal, 5-7 pts effective, 8-10 pts exemplary



- Section 1** Evidence-Based Nutrition in the Life Cycle: Prenatal to the Adolescent
- Chapter 1 Nutrition Requirements During Pregnancy (Lisa S. Brown, PhD, RD)
 - Chapter 2 Normal Infant Nutrition (Jennifer L. Bueche, PhD, RD, CDN, and Rachelle Lessen, MS, RD, IBCLC)
 - Chapter 3 Normal Nutrition for Toddler Through School-Aged Children and the Role of Parents in Promoting Healthy Nutrition in Early Childhood (Jennifer Sabo, RD, LDN, CNSD, and Barbara Robinson, MPH, RD, CNSC, LDN)
 - Chapter 4 Normal Adolescent Nutrition (Pamela S. Hinton, PhD)
 - Chapter 5 Special Topics in Prenatal and Infant Nutrition: Genetics and Inborn Errors of Metabolism and Failure to Thrive (Laura Harkness, PhD, RD, Sara Snow, MS, RD, Claire Blais, RD, CDE, LDN, Jessica Burfield, RD, LDN, Jennifer Blair, RD, CSP, LDN, Christie Husa, MBA, RD, LDN, and Rebecca Randall, MS, RD, LDN)
 - Chapter 6 Special Topics in Toddler and Preschool Nutrition: Vitamins and Minerals in Childhood and Children with Disabilities (Aaron Owens, MS, RD, Harriet H. Cloud, MS, RD, FADA, and Sharon Collier, RD, LD, M Ed)
 - Chapter 7 Special Topics in School-Aged Nutrition: Pediatric Vegetarianism, Childhood Obesity, and Food Allergies (Reed Mangels, PhD, RD, LD, Inger Stallmann, Ms, RD, LD, Edna Harris-Davis, MS, MPH, RD, LD, Shideh Mofidi, MS, RD, CSP, Anne R. Lee, MS Ed RD, Stefani A. Giampa, MS, RD, LDN, and Ashley Smith, DVM, MS, RD, LD)

- Chapter 8 Special Topics in Preadolescent and Adolescent Nutrition: Dietary Guidelines for Athletes, Pediatric Diabetes, and Disordered Eating (Pamela S. Hinton, PhD, and Karen Chapman-Novakofski, RD, LDN, PhD)

Section II Adult Evidence-Based Nutrition in the Life Cycle

- Chapter 9 Special Topics in Adult Nutrition: Chronic Disease Nutritional Assessment (Jennifer L. Bueche, PhD, RD, CDN)
 - Chapter 10 Special Topics in Adults and Chronic Diseases: Nutrition and Public Health (Judith Sharlin, PhD, RD, and Amy Sheeley, PhD, RD, LDN)
 - Chapter 11 Special Topics in Adult Nutrition: Physical Activity and Weight Management (Kristen Kochenour, BS, and Stella Lucia Volpe, PhD, RD, LDN, FACSM)
 - Chapter 12 Special Topics in Nutrition and the Older Adult: Diet, Lifestyle, Disease, and Pharmacologic Considerations (Roschelle Heuberger, PhD, RD, and Ronni Chernoff, PhD, RD, FAND, FASPEN)
 - Chapter 13 Special Topics in Age-Related Risks: Unique Nutrition Issues in the Older Adult (Karen M. Funderburg, MS, RD, LD, Migy K. Mathews, MD, and Courtney Moskal, MS, RD)
 - Chapter 14 Special Topics Related to the Registered Dietitian and Older Adults: Roles and Responsibilities of the Registered Dietitian in Long-Term Care (Victoria Hammer Castellanos, PhD, RD, and Angela Sader, RD, LD, MBA)
 - Chapter 15 Special Topics in Nutrition and Ethics: Feeding and Ethical Issues at the End of Life (Judith Sharlin, PhD, RD, I. David Todres, MD, and Julie O'Sullivan Maillet, PhD, RD)
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- Appendix 1 Centers for Disease Control and Prevention Growth Charts
 - Appendix 2 Dietary Reference Intakes (DRIs)
 - Appendix 3 Body Mass Index for Adults
 - Appendix 4 Review for the Registered Examination for Dietitian (Karlyn Grimes, MS, RD, LDN)

ASU “L” Criterion Overview

Criterion 1: At least 50% of the grade in the course depends upon writing.

There are 795 points in this course of which 525 (66%) depend upon writing.

Individual writing assignments total 400 points. $400/795 = 50\%$

Group writing assignments total 125 points. $125/795 = 16\%$

An Overview of Major Assignments is provided in document C-1.1.

Individual Writing Assignments (400)

Discussion on Bias and Stereotype -50 points 700 word count minimum

Case Study Peer Evaluation – 10 points

Nutrition and Physical Activity Assessment (NPAA): 140 points

NPAA Part 2 involves approximately 1,500-2,000 words of individual student writing

NPAA Part 5 involves 1,000 -1,500 words of individual student writing

In The News Project: 150 points Involves 2500-3000 words of student writing

In The News Project Peer Evaluations: 50 points

3-4 Members per Group Writing Assignments (125 points)

Group Charter -25 points

4 Case Studies: 25 points each (100 points total) 700 word count minimum/case study

Attachments C-1:

C-1.1 Overview of Major Assignments

C-1.2 Case Study Example

C-1.3 Group Charter

C-1.4 Discussion with Examples of Student work

C-3.2 Overview of the Nutrition and Physical Activity Assessment

C-3.3 In The News Project

C-3.4 In the News Project Handout Example

C-3.5 In the News Project Presentation Example

C-3.6 Example of Student NPAA-Part 2

C-3.7 Example of Student NPAA-Part 5

Criterion 2: The composition tasks involve a gathering, interpretation, and evaluation of evidence. Describe the ways in which this criterion is addressed in the course design.

As described in Criterion 1, each of the assignments included as writing assignments require students to engage in nutritional science research, citing their sources according to the American Medical Association, and to participate in the written review and evaluation of the work of others.

Criterion 3: The syllabus includes a minimum of two substantial writing or speaking tasks, other than or in addition to in class essay exams.

Attachment C-3.1 NTR 355 Syllabus

Provide relatively detailed descriptions of two or more substantial writing or speaking tasks are included in the course requirements.

The Nutrition and Physical Activity Assessment (NPAA) and Project are very involved assignments. The NPAA is a written assignment. It involves data collection and analysis, personal reflection and scientific application.

For a more detailed description please refer to C-3.2 Overview of the Nutrition and Physical Activity Assessment .

The In The News Project is a written assignment (development of a slideshow presentation with optional voice over) and a handout for the audience. Voice is encouraged, but not required, due to the length of the assignment and depending on the application used the potentially large file size may be prohibitive for many students to download and view.

Case Studies require groups of 3-4 students to utilize course readings and engage in research of the scientific literature to respond to case studies across the life span. I have included an example submitted from Fall 2019, Session B, C-1.2

Criterion 4: Writing or speaking assignments are arranged so that the students get timely feedback from the instructor on each assignment in time to help them do better on subsequent assignments.

The 6-week course schedule (Attachment C-4) depicts the typical sequence of literacy assignments.

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C-1.2 Case Study Example

Explanation: Students are assigned topic options. The current topics include:

- Case Studies in Early Childhood (e.g. picky eating or childhood obesity)
- Food and Activity Apps
- Chronic Disease in Adulthood
- Body Image and Disordered Eating

Professor Evaluation Rubric for Small Group Case Studies (25 points)

Each case study is evaluated using a specific rubric. The minimum word count for a case study is 700-800. An example of student work is provided below, illustrating approximately 1500 words for this specific case study response:

Case Study #1: Childhood Weight

NTR 355 Fall B

Professor Scribner

Team 2

Project Start Date | 10/21/19 Finish Date | 10/26/19

Description |

Tony is an 11-year-old male whose favorite activity is his gaming system. He loves to come home from school and start playing right away. He will usually grab a large bag of potato chips and a soda from the fridge and snack while he plays. He will take a break for dinner, but then he heads right back to the game. Tony has always plotted around the 50th percentile for weight and height for age, but lately he has been gaining weight and is now greater than the 95th percentile for weight. His father is not concerned, reporting that he was the same way at his age but “thinned out” as he got older. Imagine that Tony’s father’s employer offers service of a health and wellness coach and Tony’s parents decided to discuss the situation with the coach.

Questions |

Is Tony’s weight gain a health concern? Despite his family history, why or why not?

Yes, Tony’s weight gain is a health concern. Tony is now considered obese since he started in the 50th percentile and now is in the 95th percentile for weight. ¹ Therefore, this puts him at greater risk of developing diseases such as high blood pressure, high cholesterol and diabetes as an adult. ¹ Even though his family may not have a history of obesity and the issues associated with it, the fact that he is inactive and constantly consumes highly processed foods for snacks means these issues will only get worse with time. Even though Tony’s father “thinned out” with time, he didn’t have access to video games throughout the day and thus was much more active, doing things like biking with friends or playing at the park. There also wasn’t such an abundance for processed foods. While they were available, they weren’t as cheap and weren’t consumed as frequently. Eating high-calorie foods that are laden with salt and sugar and fat while also playing video games (or other screen time), can increase the amount of food consumed, the duration of consuming the food, and distract one from realizing they are full or do not need or want to eat any longer. ² Therefore, Tony is not likely to “thin out” as his father did because there are different environmental factors at play.

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What additional information would be helpful to know in working with Tony and his family so that you do not make assumptions?

Multiple additional questions could be asked of Tony's parents to obtain all pertinent information, including:

- How many hours per day does Tony have screen time (including gaming, TV, tablet or phone)?
- How many snacks does Tony eat daily?
- What is the family's mealtime routine (does the family eat breakfast and dinner at the table as a family, or individually as they come and go, or in front of the TV, etc.)?
- How many fruits and vegetables does Tony eat on a daily basis?
- Is Tony a picky eater?
- Does Tony partake in any type of physical activity (sports, etc.)?
- What are Tony's interests (aside from video games)?
- How is Tony doing in school?
- What does a typical meal composed of (breakfast/lunch/dinner)?
- What other types of snacks does Tony eat?
- Are there any recent stressors (school, friends/family, bullying)?
- Does the family have access to healthy foods?
- Does the family have a restricted budget or rely on government assistance?
- Does Tony rely on school breakfast/lunch?
- Is Tony (and the family) educated on food and nutrition?
- What are Tony's sleep patterns like?

What would you, as a health and wellness coach, like to see happen on Tony's behalf?

As a health and wellness coach, the goal is to see Tony and his parents make daily, small adjustments to work toward a more balanced and nutritious diet with increased physical activity in order to improve Tony's health. This could include exchanging one hour of video games for one hour of outdoor play. An increase of whole foods in Tony's diet and a decrease in the processed foods and drinks would be a huge improvement as well. Swapping potato chips and soda for some fruit or hummus with veggie sticks would greatly increase his nutrient consumption and stabilize his blood sugar. ³ The fiber in these whole, plant foods, would also help keep Tony satiated and make him less likely to snack between meals. ³ Getting Tony to eat his meals and snacks at the dinner table with family instead of in front of the screen would also be a positive behavior change. This would help to keep the focus on the meal and make Tony more mindful when eating. Since he won't be distracted by video games or television, he will be able to better acknowledge the cues his body gives when it's time to stop eating. ²

What topics would a health or wellness coach be in a position to discuss? Who would you have discussions with and why?

A health and wellness coach is able to help Tony's parents create goals for Tony and the family to improve health and nutrition. ⁴ Therefore, they can talk with the family about what outcomes are desired (e.g. eating less junk food, more physical activity, less snacking, etc.). Once the goals are determined, the coach can help motivate the family and find solutions to obstacles that may arise. ⁴ The coach could discuss reasons why Tony and the family might want to make changes (e.g. Tony might want to have more energy to play outside with friends, have more self-esteem, etc.). The coach could also discuss reasons behind some of Tony's eating, whether it's emotional or triggered by playing video games. Acknowledging the intention behind the eating can be a big hurdle to face before being able to make those changes. ⁵ Finally, the coach can give the family strategies to make behavioral changes. ⁴ They can make suggestions

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to Tony and his parents that can be implemented in small increments (e.g. no snacking before dinner, decreasing the amount of screen time, only eating at the dinner table, etc.). It's also important to note that perfection is not the goal, but it is critical to be honest with the reasons behind implementing the lifestyle change.

Discussions should be made with Tony's parents as well as Tony. Since Tony is still so young, his parents' involvement in his lifestyle change is vital. Ultimately, Tony's lifestyle won't change if his parents do not implement changes as well. This means they have to be on board with buying and preparing healthier food, making time for sit-down family meals, and ensuring he spends more time being active. ⁵

Identify 3 or more credible websites as sources of reliable nutrition information that you would suggest to Tony's parent(s) and explain why you would recommend them?

Knowing which websites have credible nutrition information is important for Tony's parents. One website they can use is nutrition.gov. This website is updated by registered dietitians and utilizes experts to evaluate all extra content (including potential external links and advertisements) to verify accuracy. ⁶ Furthermore, there is specific nutrition information geared toward different audiences. ⁶ Tony's parents can use the children's page now to learn about healthy nutrition, physical activity, food safety, and weight management for his age group, and in a few years, they can utilize the teen page.

Another website for Tony's parent to refer to is choosemyplate.gov. This website is similar to nutrition.gov in that it has a page geared specifically toward children as well as teens. ⁷ On the kids page, Tony can play informative games, which he enjoys, that will help him learn about healthy nutrition. ⁷ The website also includes detailed information for Tony's parents to learn about what nutritious foods they should be eating in each food group (fruits, vegetables, protein, etc), including cheaper options like frozen or canned, if needed. ⁷

A third website Tony's parents can use for nutritional information is NutritionFacts.org. This website has a plethora of information that is still easy to navigate through. Dr. Michael Greger makes videos breaking down scientific studies and makes it easier to understand. ⁸ He discusses a wide range of topics in everything nutrition related, including preventive heart care, the impacts of certain protein on children, and the latest in children's health. ⁸ While there is plenty of information specific for children, Tony's parents can also use this website to help understand more about nutrition and its effects on the body. Dr. Greger also has tips and tricks to help parents incorporate more vegetables into their children's diet as well as other helpful resources. ⁸

4 This case study could potentially lead you to go beyond the scope of the health and wellness coach. What specifically would a health coach not want to do that would be considered breaching professional boundaries?

In Tony's case, a health and wellness coach would not pass judgement or make comments that would ultimately hinder Tony's progress. They would not let their own biases or personal issues impact their client's wellness. If there were any kind of conflict of interest or sponsorships involved, that would have to be disclosed immediately. ⁹ The focus for Tony at this time should not be about losing weight. The focus should be about behavioral changes to live a healthier life. A health coach should not give Tony a specific diet/meal plan or diagnose him with any medical problems. ¹⁰ It's important to focus on a healthy lifestyle change, rather than a specific "diet" or "plan", because that implies that it will end. Rather, the goal is to have a healthier lifestyle for the rest of their lives. It is also important to not label foods as "good" or "bad", but it is important to educate on how the different foods impact the body and how that can help Tony make healthier decisions.

Is referral to a nutrition specialist warranted? Why or why not? If not" at what point

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would you make a referral?

A referral to a nutrition specialist is not warranted at this time. A referral would be warranted after lifestyle changes were made and there still wasn't improvement in health. While working with Tony, if any signs of nutritional deficiencies, digestive issues, or other medical illness become concerning, then the coach has a responsibility to refer Tony to a nutritionist or a medical provider. ¹⁰

References |

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2. Robinson TN, Banda JA, Hale L, et al. Screen Media Exposure and Obesity in Children and Adolescents. *Pediatrics* . 2017;140,S97-S101.
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https://nbhwc.org/wp-content/uploads/2019/04/FINAL-Code-of-Ethics-4_15_19.pdf. Published February, 1, 2017. Accessed October 25, 2019.
10. Nutritionist vs Health Coach vs Dietician. SharisseDalby.com.
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Comments:

Individual Participation Factor: points ____/50 divided by 100 (to convert participation to a percentage.)

Individual scores are determined by multiplying the group CS score by the participation factor.

Example:

The group posting was scored as 25 points. Your participation factor is 45.

$$45 \times 2 = 90$$

$$90\% \times 25 = 22.5 \text{ individual points for the Case Study.}$$

You will see your group score for each case study topic posted to the grade book. However, the group score is not necessarily your individual score. After your instructor collects self and peer evaluations of each group member's participation, a "participation factor" will be used (e.g. 100%, 95%, 80%, etc.) to multiply your group score to generate your individual score for each case study. Each case study will be multiplied by the *same factor* and so you only complete the self and peer evaluation once. Following your Group Charter will help clarify group member expectations.

Instructor's Response:

Team 2,

You appropriately identified Tony's dramatic and rapid change in weight as a concern. Your team also identified and cited health concerns related to his weight.

In thinking about additional information that would be helpful to know in understanding this case, it was important to show awareness and sensitivity regarding Tony's parents' values, their familial eating and physical activity behaviors and their resources. You want to discuss how Tony's growth is and is not similar to his parents, as well as how their food and activity when they were young was similar or different from their son. Furthermore, knowing if Tony comes home from school to an empty house, whether it is safe to play outside, and whether Tony or his parents have experienced trauma that could be related to the weight change would be helpful. Consider barriers to change and be aware that many thinner-bodied children may have behaviors very similar to Tony's; be very cautious about any weight bias you may have.

In considering goals, remember that Tony's weight may in fact be constitutional. It is important to recognize that you are not just working with Tony, but also his parents; in fact, a coach might only be

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working with his parents due to the sensitivity of this topic and potential for iatrogenic damage. As you identify appropriate outcomes related to childhood weight concerns, weight loss is not a behavior, but rather a potential (but not guaranteed) consequence of behavior change.

I appreciate that you recognized that goals are set with Tony and his parents, not "for" them. You utilized principles of SMART goals in searching for relevance and considering barriers to change.

Your team did an excellent job with your Internet resources and justified your recommendations.

You also did an outstanding job of identifying issues related to professional boundaries.

While Tony may not need to see a registered dietitian straight away, I agree that if health coaching doesn't result in the behavior change or concerns arise that a referral is warranted.

You have cited your sources throughout your response using AMA format.

Team 2, you did an excellent job with this first case study!

Christina

C-1.3 Case Study Group Charter

Purpose of the Group Charter

To decrease team communication challenges, to work efficiently, and to keep team members focused on the assignment in a productive manner that reduces stress and helps all team members meet ASU Student Code of Conduct Policies

Objectives of the Group Charter and Strategy Guidelines

Identify planned and structured team goals, such as timelines, deliverables, checkpoints, tracking, review and completion.

- ✓ Be responsive to your team member(s). You should respond by the end of the day or within 24 hours (at most) to a message from your team member.
- ✓ Follow a plan for reviewing and communicating about the team assignment (at the end of my day, every morning at x time, twice a day at x time and x time, etc.; whatever works for you, but be considerate of others). Be professional and follow through with your commitment to the course, to check in, and work completion. Reminder: this online course requires a daily check in.
- ✓ When you make any updates or changes to a document or add comments to a document, share the document with your partner(s) (see blue share button/top right-hand corner of Google Doc) to make teammates aware of changes.
- ✓ Put the date next to any comments you make in a document.
- ✓ Read others' comments and put your initials next to the comment in the document to indicate you have done so.
- ✓ Google Docs track all changes to the document and provides times/dates of changes. There will always be a running record of when you or others are doing their work. This keeps everyone accountable.
- ✓ Reread, proofread, and revise (as necessary) your writing at least three times before submitting this assignment.
- ✓ The initiation of a team assignment can be completed by anyone on the team. DO NOT COMPLAIN or blame your partner if the assignment was not initiated according to your timeline. Take responsibility and initiate the assignment yourself if you want to get started on it.
- ✓ Discuss and decide how you will divide work within the Charter.
- ✓ Agree upon team portion assignment completion and due dates. Document this in the Charter (see examples provided in our Course Assignments Module).
- ✓ Have a final "team check" when this Charter and future Case Studies are completed, before submission. Identify a date and time for this in the Charter.

Engage in a process that includes presence of views and opinions for all team members. Some people are naturally more dominating/assertive than others. This particular objective requires that all team members have a voice and

share their perspective, so everyone has the opportunity to contribute. This is an important skill in both personal and professional settings.

- ✓ Focus only on the work required for the team assignment, and do not engage in complaining or any other unprofessional exchanges, as this negatively impacts the learning environment. Assume the best of intentions from others, and don't look for opportunities to be offended.
- ✓ Generally, avoid email exchanges beyond the initial team member connection.
- ✓ Communicate in a polite, collegial, but direct manner; don't take things personally. Remember this is a professional environment and treat it as such. Please keep personal statements, complaints, and personal problems or issues out of this work environment. If team working problems present, focus on the solutions outlined in your charter, and reach out to your instructor for assistance as necessary.

✓ .

Develop commitment to each individual case study. For example, every team member is expected to contribute ideas throughout the case study during brainstorming sessions, but the final assignment submission may not include all ideas.

- ✓ Distribute responsibility among team members so that everyone gains experience in research, decision making, and writing a quality final case study for submission
- ✓ Budget time and develop deadlines that are respected and kept. Consider time and availability. The person who will complete work earlier than other(s) may be assigned the earlier portions of the assignment. The person completing work later than the other(s) should be assigned the latter portions or half of the assignment, as well as the responsibility of submitting the team's assignment. This allows for convenience for both/all parties
- ✓ Once your team charter is complete, every team member should sign it. You might be tempted to skip this step, but it's very important. The act of signing the charter is very powerful in helping each of the team members commit to those items agreed upon by the team.

- As your team functions and completes its purpose, use the charter to help guide you along the path to success and make edits as necessary. Team members may change depending on course enrollment changes.

Assignment

1. Review the Group Charter Purpose and Strategies (above.)
2. Develop your [Group Charter](#) using the template provided which will guide your group work. There are 25 points associated with this activity so provide the necessary detail in developing your plan to complete the case studies. I have

provided examples of Group Charters from the past. You are encouraged to revise your charter as necessary for your use throughout the course. One member of your group will submit your Group Charter on behalf of the entire group.

You have an "open forum" within your Group Discussion area. You may want to get started by using that forum. Don't be shy about taking on a leadership role - *somebody* in your discussion group will need to! It is imperative that you begin communication with your group members toward developing your Charter, right away - your Charter is due this week.

Here are ideas for "meeting" with group members virtually:

- Create a Google Doc for the group to meet asynchronously
- Discussion Board within your Canvas Groups area
- Course Messages for asynchronous meetings, located within the course for correspondence within groups and instructor.
- Use Zoom.us for synchronous meetings (record meetings)

Group Charter Scoring:

0-5 points - Work is appropriately distributed

0-5 points - Deadlines are specified (e.g. Research due to Organizer by Tuesday; Discussion draft complete on Wednesday; Comments from each group member due by Thursday; Edit complete by Friday; Post by Saturday)

0-5 points - Method of group communication is well planned

0-5 points - Plan for conflict resolution is clearly stated

0-5 points - Charter is submitted according to deadline

NOTE: If there is a member of your group does not participate in developing your group charter, please include them in the Charter and when the Charter is submitted to me, please let me know that they did not participate (they will not get credit, but your group will have given them the opportunity to participate in the future).

It seems that each semester there is a student or two who gets a slow start and/or is challenging to reach. If there is a member of your team who has not responded to your efforts to contact them via ASU e-mail and Canvas Inbox to complete the Group Charter by noon ASU time on Friday, it seems logical that the rest of the team may need to complete the Group Charter without them in order to submit it by Saturday.

As you work with your charter over the course of our semester, if there is someone who is not meeting the expectations of the group, please communicate with them according to the guidelines of your charter. If that does not solve the issue, contact your instructor

using Course Messages (copy all member of your group). Do not simply score a fellow group member low on the peer evaluation at the end of the course; I believe everyone needs notice/feedback and an opportunity to make change prior to being penalized. If that group member does not respond, then their assigned tasks will need to be reassigned to active group members.

Discussion: Attitudes, Values, and Bias-Related to Food, Body Weight, Shape and Size

Course Learning Objective

- Evaluate the impact of family, friends, schools and other social/environmental factors on the food choices, nutrient adequacy and health of toddlers, children, and adolescents (CLO 4)

Assignment Objectives:

- Recognize potential bias in nutrition-related care
- Examine values and personality traits related to implicit bias.
- Demonstrate how to reduce implicit/unintentional bias

This assignment requires engagement in critical thinking and insight about how personal values and personality traits might be expressed as bias related to food choices and body weight, shape or size across the life cycle.

BACKGROUND:

Patients often tell me they are reluctant to share everything with their providers; they are afraid they will be judged. Have you felt that your weight or diet has ever been evaluated by someone else? Have people commented on what you eat, or do not eat, or the way you eat, or the size or shape of your body? You may be getting some ideas about why people sometimes do not feel 100% safe and secure with their providers. Perceptions of safety are frequently influenced by personality, attitudes, levels of anxiety, uncertainty, and vulnerability.

Personality is defined as “those characteristics of the person that account for consistent patterns of behavior.”¹ One’s personality helps distinguish one person from another and is stable over time. Personality affects our attitudes and behaviors. The importance of perceived **attitudes and behaviors** from all involved in the health care process is supported by social cognitive theory and the notion of social support.¹ Expression of personality traits often depends on the context, situation or environment. For example, we may express attitudes and behave differently with close friends than we might in a customer service role. Furthermore, our attitudes about various health conditions may change in the context of what one believes regarding control and responsibility (e.g. adults are held to a different level of control and responsibility than children).²

The way interpersonal interactions are perceived by patients/clients is a critical determinant of how patient care is experienced. Health care has been described as “. . . arguably the most personal and important service that consumers buy, yet many studies document variation in the quality of care delivered.”¹ In other words, patients rating of their experience in the provision of

care is influenced by the perceived attitudes of every individual they encounter in the health care setting.

Read and Complete the Following:

- [What are Values?](#) by Mind Tools
- [Discover Your Personality Type](#) by Quistic.com
- [How to Reduce Implicit Bias \(Links to an external site.\)](#) by the Institute for Healthcare Improvement, Sept. 2017
- [Conscious & Unconscious Bias in Health Care \(Links to an external site.\)](#) from the National Center for Cultural Competence
- Take Harvard's [Project Implicit Test:](#) to identify your implicit associations.

Optional Supplemental Reading

- Hahn A, Gawronski B. Facing one's implicit biases: From awareness to acknowledgment. *Journal of Personality and Social Psychology*. 2019; 116 (5): 769-794. <http://dx.doi.org/10.1037/pspi0000155>

Post to the Discussion Forum (15 pts)

1st- Post to the Discussion Forum (30 points)

1. Introduce yourself to your case study group by posting the following in approximately 300-400 words: (10 pts)
 - A) Your Name, including preferred nickname if any.
 - B) Include a picture or image that tells something about you.
 - C) Distinguish yourself as an individual by telling about your personality traits, passions, hobbies, physical characteristics, positions at work or place in education, or career aspirations.
2. D) Describe a time when you witnessed someone experiencing bias (implicit or explicit) related to food choice, style of eating (e.g. pace of eating, pattern of eating), body weight, body shape or body size. Be clear: If the bias you described was implied, exhibited, or expected. In others words, explain if the bias was expressed in words, body language, other behavior, or that the person experiencing the bias assumed the bias for some reason. Explain why you think a verbal comment or physical gesture was experienced as bias (judgement) rather than a neutral observation? (10 points)

3. E) Describe one of your personal values *and* one personality trait and how each might involuntarily lend itself to bias or stereotyping. (10 points)
For example, a value could be honesty and a behavioral trait/style could be outspoken. Commitment to honestly sharing your attitude along with being outspoken could result in sharing thoughts that are not helpful and in fact, downright disrespectful of others' experience and feelings as you express that your view is "right."

Respond to the Discussion Forum (20 pts)

1. Respond to a group member (someone who has not had a response to their post in about 300-400 words.)
A) Identify the bias in your group member's experience and analyze it by explaining how the scenario of bias might exist in the provision of health care. Critically analyze where you would expect to see implicit bias in nutrition-related care, and how it might differ in the stage(s) of the life cycle relative to either the patient or the provider. For example, would you expect provider bias related to body weight or food intake to change depending on the patient age, level of functioning, education, social status? Why? (10 pts)
B) Describe a potential strategy to reduce the bias described. (10 pts)

*Cite at least one source of credible scientific evidence to support your critical analysis of bias and reducing bias in health care. Remember to use AMA format for your in-text citations and references. Please review the resources for using AMA format and take the AMA format practice quiz to check your understanding.

ACCESS SCORING RUBRIC by clicking on the 3 vertical dots at the upper-right of this page.

1. Lanjananda P, Patterson P. Determinants of customer-oriented behavior in a health care context. *Journal of Service Management*. 2009; 20(1): 5-32. <https://doi.org/10.1108/09564230910936832> ([Links to an external site.](#))
2. Hilbert A, Rief W, Braehler E. Stigmatizing attitudes toward obesity in a representative population-based sample. *Obesity*. 2008; 16:1529-1534. doi:1038/oby.2008.263.

Scoring Rubric

Criteria	Ratings			
<p>I. Introduction:</p> <p>Your Name, including preferred nickname if any. Include a picture or image that tells something about you. (10 pts)</p>	<p>10 pts Exemplary All elements complete: Name; Nickname if any; Relevant picture or image.</p>	<p>6 pts Effective All elements are present, but relevance of the picture or image is not completely clear.</p>	<p>4 pts Minimal One or more elements are missing or very unclear.</p>	<p>0 pts Deficient deficient or not completed</p>
<p>I. Bias:</p> <p>Describe a time when you witnessed someone experiencing bias or stereotype related to food choice, style of eating (e.g. pace of eating, pattern of eating), body weight, body shape or body size.</p>	<p>10 pts Exemplary Bias or stereotype is clearly described and supported by communicating all relevant information necessary for full understanding.</p>	<p>6 pts Effective Bias or stereotype is described, and clarified so that understanding is not seriously impeded by omissions.</p>	<p>4 pts Minimal Description leaves some lack of clarity, is ambiguous or lacks context for understanding.</p>	<p>0 pts Deficient Grossly deficient or not completed</p>

Criteria	Ratings			
<p>I. Personal Values and Personality Traits:</p> <p>Describe one of your personal values and one personality trait that might involuntarily lend itself to bias or stereotyping. Range</p>	<p>10 pts Exemplary Both a value and personality trait are described. Relevant information is synthesized and analyzed to explain why a value and a trait that could result in bias or stereotyping.</p>	<p>6 pts Effectivve Both a personal value and personality trait are identified. Some relevant information is presented to explain why a value and a trait that could result in bias or stereotyping.</p>	<p>4 pts Minimal Either/both a personal value and personality trait are identified, but application to bias or stereotype is poorly developed.</p>	<p>0 pts No Marks Grossly deficient or not completed</p>

Criteria	Ratings			
<p>II. Identify bias/stereotype and analyze relative to nutritional care across the life span:</p> <p>Identify the bias in your group member's experience and analyze it by explaining how the scenario of bias might exist in the provision of health care. Critically analyze where you would expect to see implicit bias in nutrition-related care, and how it might differ in the stage(s) of the life cycle relative to both the patient and the provider.</p>	<p>10 pts Exemplary Thoroughly analyzes bias/stereotype described by peer and carefully evaluates the potential relevance of it in nutritional context across the life span.</p>	<p>6 pts Effective Developing analysis of bias/stereotype described by peer and with potential relevance in nutritional context across the life span.</p>	<p>4 pts Minimal Cursory analysis of bias/stereotype described by peer with shallow description of relevance in nutritional context across the life span.</p>	<p>0 pts No Marks Grossly deficient or not completed.</p>

Criteria	Ratings			
<p>Strategy to Reduce Bias:</p> <p>Describe a potential strategy to reduce the bias described.</p> <p>Range</p>	<p>10 pts Exemplary Thoroughly described a strategy to reduce the bias/stereotype that is logical and imaginative, taking into account the complexities of the issue and reflects scientific evidence.</p>	<p>6 pts Effective Describes emerging ideas toward a strategy to reduce the bias/stereotype that is logical and reflects scientific evidence.</p>	<p>4 pts Minimal The strategy to reduce the bias/stereotype is not well developed or does not take into account the complexities of the issue and/or support by scientific evidence.</p>	<p>0 pts No Marks Grossly deficient or not completed.</p>
<p>AMA Format Style Used for References</p>	<p>10 pts Exemplary Correctly used the AMA format in referencing credible scientific sources within the text and in the reference list at the end.</p>	<p>6 pts Effective Cited credible sources with errors in AMA format</p>	<p>4 pts Minimal Missing citations either in text on the reference list or using incorrect format or reference(s) not credible.</p>	<p>0 pts No Marks Grossly deficient use of references</p>

EXAMPLE 1 of Student Work

from [Attitudes, Values and Bias - Team 2](#)

Oct 17, 2019 4:01pm

Kristin XXXXX

My name is Kristin, and I am getting my Healthy Lifestyles Coaching degree. I already have my master's in physician assistant studies and have worked as a PA in the intensive care unit for the past 11 years. I chose to take more classes and obtain this degree to improve my knowledge of exercise and nutrition in order to help coach my patients in leading healthier lives (and hopefully not end up in the ICU again!). In my free time, I love to travel and partake in outdoor activities or adventures such as backpacking, hiking, swimming, boating, kayaking, and walking my two dogs. Below is a picture of me this past year backpacking in the Wind River Range of Wyoming.



Since I work in healthcare, you may think everyone would eat mostly healthy and support that effort. Unfortunately, I have witnessed and felt bias against eating healthy while at work. I have always been an overweight, yet healthy and active person. At work, I have taken a prepared healthy meal to eat for lunch, and when I decline a dessert offering, I have felt not only pressured to consume it, but also judgement for saying no. For example, my peers ask repeatedly, not taking “no” for an answer and question my choice. I try to rationalize the way that I am treated; it almost feels like my co-workers are thinking ‘you’re not skinny, so obviously eating a healthy salad isn’t working and you might as well eat this cookie’. I realize that they are not exactly saying this and some of the bias I am experiencing may come from the way I experience cultural expectations. Never-the-less, the experience is extremely frustrating!

Many areas in my life reflect my personal value of determination and my personality trait of being hardworking. I have used these values and traits to improve my sports skills, do well in school, travel to beautiful countries, become a successful PA, and build a wonderful life. However, these same values and traits can also involuntarily lend itself to bias and/or stereotyping. For example, if a patient of mine, or even a friend or family member, is having a difficult time reaching a goal (weight loss, promotion at work, etc.), I might make the assumption or stereotype that it is because they are lazy or don’t want it enough to fight for it. It might prevent me from considering all other possible reasons someone isn’t successful in their endeavors (e.g. family stressors, socioeconomic reasons, etc.).

from [Attitudes, Values and Bias - Team 2](#)

Oct 20, 2019 2:07am

Kristin XXXXXX

The bias that Sarah described with her coworker is a weight bias, although it differs from the typical weight bias of the obese. In this case, the coworker is being judged for how small she is despite her eating. The comments almost seem to mock her nutritional choices. It also makes an assumption that she is “healthy” because she is “skinny” despite frequently eating the large portions of processed foods. Body shaming can lead to disordered eating.¹ Maybe this girl feels self-conscious that she is so small due to the comments of others, and this leads her to need to eat more to potentially gain a little weight. This scenario leads to the implicit bias or overgeneralization that weight is the major factor in being “healthy.” Being “skinny” is assumed to be healthy, as opposed to a healthy lifestyle including nutrition and exercise.

This same bias is evident in healthcare when a person’s weight or nutritional status is not addressed appropriately by the provider. For instance, the provider may choose not to address an overweight person because they feel nothing will change if it seems there is a strong genetic component. Or, the provider may choose to not address the nutritional status of an underweight or normal BMI patient because

they *appear* healthy. As shown by Sarah's colleague, a small or normal weight individual may be severely lacking a healthy diet and therefore be malnourished of certain essential vitamins, minerals or protein.

This bias might be different depending on age. A younger person who becomes over- or under- weight might be flagged by their pediatrician for leaving their growth trajectory and enter into conversation, rather than having assumptions about their health made as is often done with adults. Bias might also be exacerbated in certain populations such as people with a lower socioeconomic status or functional status. Assumptions that the patient can't afford healthy food or have the understanding to make healthy choices can deter the provider from discussions with these groups.

It is important to take action or at least begin to recognize these weight biases. Some countries have proposed training to healthcare providers and others who may have weight biases (such as teachers or health coaches).¹ Some research suggests that providers should not only learn cultural competence (as this may reduce bias), but they should also learn about implicit bias and how stereotypes can affect care.² Other actions include offering incentives for healthcare providers to promote positive body images and a healthy lifestyle.¹ Understanding our own biases can lead to improved treatment throughout the health care field.

Reference List

1. Alberga AS, Russell-Mayhew S, von Ranson KM, and McLaren L. Weight bias: a call to action. *J Eat Disord.* 2016;4:34. doi: [1186/s40337-016-0112-4](https://doi.org/10.1186/s40337-016-0112-4) ([Links to an external site.](#))
2. Stone J, Moskowitz GB. Non-conscious bias in medical decision making: what can be done to reduce it? *Medical Education.* 2011;4(8): 768-776. [org/10.1111/j.1365-2923.2011.04026.x](https://doi.org/10.1111/j.1365-2923.2011.04026.x) ([Links to an external site.](#))

EXAMPLE 2 of Student Work

from [Attitudes, Values and Bias - Team 27](#)

Oct 16, 2019 9:34am

Rachael XXXXX

1. My name is Rachael. Most people call me Rachael or Rach. I currently live at USMA (United States Military Academy) at West Point, NY in on-post housing. I am originally from Reno, NV, but after multiple moves Reno no longer feels like home. My husband is a math instructor here at the academy. This teaching assignment has been a much-needed break from the infantry. We have two

children (5 and 4) and they light up our lives! I love to cook, hike, cycle, lift weights, and go bowling (I used to bowl competitively). I enjoy playing/watching all types of sports. I am happy outside doing just about anything!

2. A good friend of mine, Jamie, is a traveling nurse in California. Prior to becoming a nurse, and for a year or so into her career, she battled with over-weight. She told me she felt like her patients didn't take her seriously and that if she mentioned anything about health and wellness they would "look her up and down." Eventually, Jamie had surgery that reduced her stomach size and she was able to successfully lose weight. Since the surgery she feels like her patients are more receptive about what she has to say and the care that she offers.
3. A value I hold in high regard is my faith. I am also an introvert. Unfortunately, my Christian faith and introversion can come off as being both deliberately silent and critical of people with different beliefs and backgrounds. The form of bias is not true for me, but through this experience I have gained awareness and learned to show grace to others, especially when their values and personality traits show some form of bias. It is important for all to remember that perception is not always reality.

from [Attitudes, Values and Bias - Team 27](#)

Oct 17, 2019 6:57pm

Rachael XXXXX

Hi Aimee!

It's so nice to meet you and I love your enthusiasm! Congratulations on "almost" graduating. May will be here before you know it and the example you are setting for your children will leave a lasting impression. I can understand why you didn't want to leave North Carolina. We lived in Raleigh before moving to West Point in May. It was a difficult place to leave. I love your story about personally experiencing weight bias prior to your gastric bypass. I can only try to imagine how it might have felt to have someone tell you that your body shape was not what others want.

Your attitude serves as a great example of someone who continues to change for the better despite adversity. I also appreciate the way that you used a horrible comment as fuel for change and ended up raising your self-worth despite of it. A search of the literature suggests that you are not alone, and that weight bias is common among medical professionals.

A study was conducted on medical students who harbored negative emotions towards overweight patients. The bias was manifested in blaming the patient for their obesity. Intervention consisted of watching a 17-minute video on weight bias in healthcare. The study concluded that the intervention worked-- weight bias was reduced. ¹ I believe that these types of interventions should be mandatory in medical schools and for all providers and staff interacting in patient care settings.

I believe a provider must deliver the same quality healthcare to all patients no matter the patient's background. Bias due to age, education, social status, or level of functioning should not exist, but I understand how and why it does. In terms of bias across the

lifespan, someone that is older may be presumed to be "set in their ways" or less likely to make changes to their nutrition. The provider may forgo discussing diet changes with the patient because he/she believes it will be no use. On the other end of the spectrum, children and adolescents who are in the overweight BMI category may not be held responsible for their food choices as adults are. As a result, patients receive different levels of care regardless of what the standard of care is. If providers are not first made aware of their bias and then trained to curb it, they may fail to recommend the proper intervention, resulting in patients experiencing sub-optimal outcomes.

From the sound of it, your provider team was ultimately able to get you the care that you were seeking and certainly deserve! I wish it could be the case for every patient.

Thanks for sharing your story, Aimee!

References

1. Poustchi Y, Saks NS, Piasecki AK, Hahn KA, Ferrante JM. Brief intervention effective in reducing weight bias in medical students. *Family medicine*. 2013;45(5):345-348. <https://www.ncbi.nlm.nih.gov/pubmed/23681687> (Links to an external site.).

ASU “L” Criterion Overview

Criterion 1: At least 50% of the grade in the course depends upon writing.

There are 795 points in this course of which 525 (66%) depend upon writing.

Individual writing assignments total 400 points. $400/795 = 50\%$

Group writing assignments total 125 points. $125/795 = 16\%$

An Overview of Major Assignments is provided in document C-1.1.

Individual Writing Assignments (400)

Discussion on Bias and Stereotype -50 points 700 word count minimum

Case Study Peer Evaluation – 10 points

Nutrition and Physical Activity Assessment (NPAA): 140 points

NPAA Part 2 involves approximately 1,500-2,000 words of individual student writing

NPAA Part 5 involves 1,000 -1,500 words of individual student writing

In The News Project: 150 points Involves 2500-3000 words of student writing

In The News Project Peer Evaluations: 50 points

3-4 Members per Group Writing Assignments (125 points)

Group Charter -25 points

4 Case Studies: 25 points each (100 points total) 700 word count minimum/case study

Attachments C-1:

C-1.1 Overview of Major Assignments

C-1.2 Case Study Example

C-1.3 Group Charter

C-1.4 Discussion with Examples of Student work

C-3.2 Overview of the Nutrition and Physical Activity Assessment

C-3.3 In The News Project

C-3.4 In the News Project Handout Example

C-3.5 In the News Project Presentation Example

C-3.6 Example of Student NPAA-Part 2

C-3.7 Example of Student NPAA-Part 5

Criterion 2: The composition tasks involve a gathering, interpretation, and evaluation of evidence. Describe the ways in which this criterion is addressed in the course design.

As described in Criterion 1, each of the assignments included as writing assignments require students to engage in nutritional science research, citing their sources according to the American Medical Association, and to participate in the written review and evaluation of the work of others.

Criterion 3: The syllabus includes a minimum of two substantial writing or speaking tasks, other than or in addition to in class essay exams.

Attachment C-3.1 NTR 355 Syllabus

Provide relatively detailed descriptions of two or more substantial writing or speaking tasks are included in the course requirements.

The Nutrition and Physical Activity Assessment (NPAA) and Project are very involved assignments. The NPAA is a written assignment. It involves data collection and analysis, personal reflection and scientific application.

For a more detailed description please refer to C-3.2 Overview of the Nutrition and Physical Activity Assessment .

The In The News Project is a written assignment (development of a slideshow presentation with optional voice over) and a handout for the audience. Voice is encouraged, but not required, due to the length of the assignment and depending on the application used the potentially large file size may be prohibitive for many students to download and view.

Case Studies require groups of 3-4 students to utilize course readings and engage in research of the scientific literature to respond to case studies across the life span. I have included an example submitted from Fall 2019, Session B, C-1.2

Criterion 4: Writing or speaking assignments are arranged so that the students get timely feedback from the instructor on each assignment in time to help them do better on subsequent assignments.

The 6-week course schedule (Attachment C-4) depicts the typical sequence of literacy assignments.



NTR 355: Eating for Lifelong Health

This syllabus and all other course materials (PowerPoint slides, handouts, assignments, quizzes, exams, digital recordings, etc.) are intellectual property of Arizona State University and are not to be publicly distributed or otherwise commercialized since these materials are copyright protected. Publishing, uploading, linking, redistributing, and/or downloading course material may subject students to penalties for academic misconduct. Such materials are for sole use in that designated semester. It cannot be used in any other form unless via a written statement of approval from the instructor of record. Commercial note taking services are prohibited without written permission from the instructor of record in accordance with ACD 304-06 available at <http://www.asu.edu/aad/manuals/acd/acd304-06.html>. This includes PowerPoint slides and PowerPoint slides with audio.

Course and Faculty Information

Course Description: Examines dietary choices throughout the life span and how they impact personal health and wellness. Raises awareness of thoughts and behaviors related to food and physical activity. Recognizes potential behavioral and social factors that impact participation in wellness programs. Evaluate the accuracy of consumer materials related to nutrition and wellness.

Credits: 3 Credit Hours

Prerequisites: NTR 100 or NTR 241, ENG 101

Instructor: Christina Scribner MS RDN CSSD CEDRD NBC-HWC

Contact Info: Christina.Scribner@asu.edu (Use **Canvas Inbox**, e-mail with the online course, for classroom-related correspondence)

Office Hours: By appointment; by phone

Course Learning Outcomes

At the completion of this course, students will be able to:

1. Identify sources of reliable nutrition information for consumers and professionals, determine the credibility of contemporary nutrition information and use this information to make evidence-based decisions.
2. Identify the impact of maternal dietary choices and nutrient adequacy on the lifelong health of her offspring
3. Compare the short and long-term health implications of breastfeeding vs. formula feeding infants
4. Evaluate the impact of family, friends, schools and other social/environmental factors on the food choices, nutrient adequacy and health of toddlers, children, and adolescents

5. Identify the unique nutrient needs of adolescents and how their dietary choices impact their short and long-term health
6. Explain the relationship between dietary choices and other factors in maintaining optimal health throughout adulthood
7. Recognize the physiologic and emotional changes that occur with aging and the interplay between these factors and dietary choices

Textbook

Life Cycle Nutrition (Access Code not required), 2nd Edition, 2014,
 Author(s): Sari Edelstein, Judith Sharlin
 Publisher: Jones & Bartlett Learning
 ISBN-13: 9781284036671 ISBN-10: 1284036677

Course Access

Your ASU courses can be accessed by both my.asu.edu and myasucourses.asu.edu; bookmark both in the event that one site is down.

Computer Requirements

This is a fully online course; therefore, it requires a computer with internet access and the following technologies:

- Web browsers ([Chrome](#), [Mozilla Firefox](#), or [Safari](#))
- [Adobe Acrobat Reader](#) (free)
- [Adobe Flash Player](#) (free)
- Webcam, microphone, headset/earbuds, and speaker
- Microsoft Office ([Microsoft 365 is free](#) for all currently-enrolled ASU students)
- Reliable broadband internet connection (DSL or cable) to stream videos.
- Note: A smartphone, iPad, Chromebook, etc. will not be sufficient for completing your work in ASU Online courses. While you will be able to access course content with mobile devices, you must use a computer for all assignments, quizzes, and virtual labs.

Grading

Methods of Instruction

Activities in this course include discussion/presentations; textbook and supplemental readings; individual and group activities; and case scenarios.

Your grade will be determined based on the following grading schema:

Grade	Percentage	Points Range	Grade	Percentage	Points Range	Grade	Percentage	Points Range
A+	98 – 100%	779-795	B+	87 – 89%	692-715	C+	77 – 79%	612-632
A	93 – 97%	739-778	B	83 – 86%	660-691	C	70 – 76%	557-611
A-	90 - 92%	716-738	B-	80 – 82%	636-659	D	60 – 69%	477-556
						E	Below 60%	0-476

Note: An overall grade point average of 2.0 is required in the undergraduate programs. Final grade fractions between .5 and .9 will be rounded up.

Submitting Assignments

All assignments, unless otherwise announced, MUST be submitted to the designated area of your Online Course. Do not submit an assignment via email.

Assignment due dates follow Arizona Standard time*. Click the following link to access the [Time Converter](#) to ensure you account for the difference in Time Zones. Note: Arizona does not observe daylight savings time.

Methods of Evaluation

Activity	Number in Course	Points (Percentage)
Syllabus Quiz	1 @ 10 points	10 (1.2%)
Discussion - Attitudes, Values, and Bias	1 @ 50 points	50 (6.1%)
Case Study Group Work Charter*	1 @ 25 points	25 (3%)
Group Case Studies*	4 @ 25 points	100 (12.2%)
Nutrition and Physical Activity Assessment	1 @ 150 points	140 (16%)
In The News Project	1 @ 150 points	150 (16%)
In The News Project Self and Peer Reviews	1 @ 50 points	50 (6%)
Worksite Wellness Case Study	1 @ 30 points	30 (6.3%)
Quizzes	12 @ 20 points	240 (30%)
CS Peer Evaluation of Group Participation	1 @ 10 points	10 (1.3%)
Total Points		795

* This upper-division course involves a significant amount of **group work***. At the end of the semester, your group case study scores will be multiplied by a peer evaluation factor to determine your individual scores. The "In The News Project" is self- and peer-evaluated.

Summary of Assignments

Group Assignments (Discussion & Case Studies): To encourage class participation, an in-depth understanding of the material, and skill for problem solving, you will be required to work with a case study group. You will engage in research and critical analysis, citing sources in AMA format.

Discussion on bias in nutrition-related care (minimum of 700 words)

4 Case Studies on selected topics in nutrition across the life span (minimum of 700 words each case study, submitted as a group document)

Project: Analyze a current nutrition-related health news article found in print form or on the Internet. Evaluate the accuracy of the information provided in the article relative to the likely conclusions that a reader might take away from the article as compared to the evidence available in the scientific literature. Make recommendations for how to respond to a patient/client. Present your evaluation to a group of your peers. You and your peers will evaluate your presentation using a rubric. Your instructor will determine your final grade.

Project involves 2500-3000 words of individual student writing

Case Study: Recognize barriers to participation in wellness programs. Use tools for prediction of weight loss based on diet and physical activity behavior change. Utilize background information from articles about caloric intake and physical activity monitors as you work through a case study related to a worksite wellness program.

Nutrition & Physical Activity Assessment (NPAA): Collect data throughout the course to analyze and assess attitudes and behaviors related to diet and physical activity that influence well-being. From this assessment, you develop and implement a plan for behavior change toward improving health, and then write a conclusion.

NPAA Part 2 involves 1,500-2,000 words of student writing

NPAA Part 5 involves 1,000 -1,500 words of student writing

Quizzes: Quizzes are designed to support a growth mindset. Take timed quizzes over assigned readings. If you would like to improve your score, review topics missed to take a second attempt at the quiz content. Your quiz score will be the highest of two attempts. Questions are multiple-choice or true/false format.

Scoring Rubrics

Rubrics are provided for all assignments. Rubrics provide explicit and descriptive assignment grading criteria. Utilize the rubrics to avoid guessing what your instructor is looking for in an assignment. When rubrics are used correctly they provide a consistent assessment tool with the least amount of subjectivity for students and instructors.

Late or Missed Assignments

Due Dates: Assignments, Discussions, Quizzes, and Exams are generally due Saturday nights by 11:59 pm, Phoenix Time, unless otherwise noted*. NOTE: Arizona does not change time like the rest of the US for daylight savings time. Most of AZ (including ASU) is on MST all year long.

Note changes to the due dates, especially in Unit 1 & Unit 7*. Plan accordingly.

Notify the instructor BEFORE an assignment is due if an urgent situation arises and the assignment will not be submitted on time. Published assignment due dates (Arizona Mountain Standard time) are firm.

Late policy: All work must be received by 11:59 pm on the due date. In order to avoid a grade penalty, students must submit assignments on time. You will lose 10% of the total possible points per day for every day your assignment is late past the due date. No late work will be accepted beyond 3 days after the due date.

- Late work is not accepted for the Project due to the associated timely peer review process.
- Late work is not accepted the last week of class.

No make-up quizzes or exams will be given except under documented emergency, extenuating circumstances, or when written advance notice is given during the first two weeks of the semester. Extenuating circumstances include:

- Serious ill health for yourself or a dependent.
- Personal accident or injury of a significant nature.
- Bereavement due to the loss of a close family member - a parent, grandparent, guardian, sibling, child, or partner.
- Victim of crime.

In the event of an illness or emergency (such as hospitalization) the student is required to provide specific written documentation, identifying the dates the student was unable to participate in the course (e.g., a doctor's note written on professional letterhead).

If you have a death in the family, please contact the instructor to make arrangements. Please note that documentation of the death in the family must be provided (e.g., a funeral announcement, obituary, etc. Facebook memorial pages will not be accepted).

Incomplete Grades:

A course grade of "Incomplete" will be given only in extreme situations and only to students performing at 77% or above in the course. Please visit <http://www.asu.edu/registrar/forms/regforms.html> under the Academic Record Forms section for the Incomplete Grade Request form.

Follow the appropriate University policies to request an [accommodation for religious practices](#) or to accommodate a missed assignment [due to University-sanctioned activities](#).

Communicating With the Instructor

Hallway Discussions

This course uses a discussion board called "Hallway Discussions" for general questions and comments about the course. Prior to posting a question, check the syllabus, announcements, and existing posts. If you do not find an answer, post your question. You are encouraged to respond to the questions of your classmates. Your instructor will check this Question Forum periodically, but not necessarily on a daily basis. If there is a question that is not answered by class members in a timely fashion, please reach out to your instructor via Canvas Inbox

Email questions of a personal nature to your instructor via Canvas Inbox. You can expect a response within 72 hours.

Email

Email is an official means of communication among students, faculty, and staff. Students are expected to read and act upon email in a timely fashion. Students bear the responsibility of missed messages and should check their assigned email regularly. This course utilizes the Canvas Inbox system for course-related e-mail so you will need to log in and check for messages regularly.

Course-related instructor correspondence will be sent via Canvas Inbox

Campus Network Outage

When access to Canvas is not available for an extended period of time (greater than one entire evening) you can reasonably expect that the due date for assignments will be changed to the next day (assignment still due by 11:59pm).

To monitor the status of campus networks and services, please visit the System Health Portal.

Course Time Commitment

Three-credit courses requires approximately 135 hours of work. For 7.5 week courses, please expect to spend around 18 hours each week preparing for and actively participating in this course; for 15 week courses, please expect to spend around 9 hours per week.

ASU Online Course Policies

View the [ASU Online Course Policies](#)

Student Success

To be successful:

- check the course daily
- read announcements
- read and respond to course email messages as needed
- complete assignments by the due dates specified
- communicate regularly with your instructor and peers
- create a study and/or assignment schedule to stay on track

Syllabus Disclaimer

This syllabus is a statement of intent and serves as an implicit agreement between the instructor and the student. Every effort will be made to avoid changing the course schedule, but the possibility exists that unforeseen events will make syllabus changes necessary. Remember to check your ASU email and the course site often.

C-3.2 Nutrition and Physical Activity Assessment

Overview of Nutrition and Physical Activity Assessment (NPAA)

NOTE: This is an “overview” – it is not the full assignment.

Alignment Standards:

Learning Objectives

- Recognize the physiologic and emotional changes that occur with aging and the interplay between these factors and dietary choices (CLO 7)
- Healthy Lifestyles Coaching (HLC) Objectives 8b, 8c, 8d, 8e, 8f, 8g, 8h

Assignment Objectives:

- Engage in critical inquiry to appraise attitudes and behaviors related to food and physical activity
- Identify potential underlying concerns which influence behaviors that impact health
- Analyze the functional relationship between diet and physical activity with other aspects of well-being
- Develop goals based on evidence-based behavior change strategies
- Examine potential barriers to meeting goals
- Plan strategies for support in overcoming barriers and meeting goals
- Evaluate and monitor a behavior change plan
- Critically analyze data and draw conclusions

BACKGROUND:

We are studying nutrition-related behaviors, including food and movement, that affect well-being across the life span. Research has shown that there is an increase in rates of stress and disordered eating for college students¹ especially for those studying subjects that emphasize food and nutrition^{2, 3} and even more so among collegiate athletes.⁴ Furthermore, the academic pressure together with stressors typical of starting and attending college may precipitate or exacerbate the first onset of mental health and substance use problems.⁵ It is important that you understand your own health and the multiple and complex relationship between diet, physical activity and other concerns of your life. Advisors of health care, from physicians to health coaches, supportive family and friends, need insight into their own wellness, health habits, and to experience the process of health behavior change in order to provide guidance and advice to patients that can be expected to be realistic and effective.

Engage in a critical analysis of thoughts and behaviors related to nutrition and physical activity, interpret conceptually and identify application in your future career. The “Indicators of a Healthy Relationship with Food and Activity” form is adapted from Reiff and Reiff.⁶ The topics covered in this form (Part 1) and in the evaluation and plan (Part 2) are utilized by professionals that work with individuals who struggle with energy balance.

Gather quantitative data using a rating scale of attitudes and behaviors, interpret the data, identify an area in need of change, develop a plan for change utilizing evidence-based strategies, track data and monitor progress related to goals, reassess attitudes and behaviors two more times, evaluate the data, and write a conclusion that includes current intrapersonal (within you) and interpersonal (between you and others) interactions, as well as those that you anticipate in the future related to the behavior change process.

This assignment is not an attempt to “call out” students but is an attempt to encourage you to identify both conscious and unconscious beliefs and behaviors. There is no substitute for having “stood in someone else's shoes” for facilitating empathy and coaching others, as long as personal experience is not projected onto others. Personal challenges with eating or activity level is not necessary in order to facilitate change within others, but an individual who has struggled and successfully engaged in their own behavior change may offer an exceptionally empathetic ear to clients.

**If you genuinely believe that all of your food and activity beliefs and behaviors are healthy, I encourage you to talk with your instructor about choosing another area of your health that warrants improvement and set SMART goals related to it.*

Instructions

NPAA Part 1. (5 points) Complete the “Indicators of a Healthy Relationship With Food and Activity” assessment form to self-assess current attitudes and behaviors. As shown in the example below, the client assessed their current attitudes and behaviors regarding food/eating and activity on a continuum from 0 (suggesting immediate attention) to 10 (suggesting healthy, but imperfect) by using an “X”. While this part of the assignment is “only” worth 5 points, I urge you to take your time with this, contact me for clarification as needed, and answer as honestly as possible. Part 1 sets the stage for the rest of the assignment. Self-assessment is empowering and promotes being honest and taking personal responsibility.

Indicators of a Healthy Relationship With Food & Activity

Indicator	0	1	2	3	4	5	6	7	8	9	10
	Immediate attention									Healthy, but "Imperfect"	
Body Symptoms											
Body temperature					O	X	@				
Normal pulse and blood pressure						O	X	@			
Episodes of dizziness				@	X	O					
Normal menstruation/reproductive function					O	@	X				
Hair growth and health					X	O	@				
Skin health					X	O	@				
Dental health							O	@	X		
Digestion, absorption and bowel function is normal/healthy						O		X	@		
I have a feeling of energy				X				O	@		
I think with mental clarity					X		O		@		
Food Consumption Pattern											
I have a regular pattern of eating that is healthful						X		O	@		
I eat meals and snacks at an appropriate rate								X	O	@	
I utilize medications, herbs and							X	O	@		

The form will be used more than once, which allows you (representing the client) to track change. You will use this form again to add for Part 3 and Part 4 to track changes.

Enjoy light – moderate activities without feeling a compulsion to engage in heavy, prolonged exercise as a way managing caloric intake				X	O						@
Take 1-2 days off from exercise or strenuous recreation weekly					O	X					@
Achieve adequate and restful sleep on a regular basis.		XO			@						
Practice stress management strategies	O	X			@						
Have a support system that I utilize					X					O@	

Adapted from Reiff and Reiff Indicators of Recovery: Normalized Food-, Weight-, and Activity Related Behaviors. Eating Disorders: Nutrition Therapy in the Recovery Process

Key: X Completed on 8/27/2019 (Date)

O Completed on 9/18/2019 (Date)

@ Completed on 10/7/2019 (Date)

Identify an area of concern that you a) believe warrants attention and b) are willing to set a goal toward achieving.

NPAA Part 2. (50 points) Develop a plan for change using the template provided.

Behavior change involves identification of a long-term health vision, development of short-term goals written as SMART Goals, a plan for tracking/monitoring change over time, identification of potential underlying concerns that influence behaviors, functional relationships between diet and physical activity, potential barriers to meeting goals, and identification and utilization of support in meeting goals. Writing should demonstrate depth of thought and reflection in assessment related to complex issues related to wellness and behavior change.

NPAA Part 3 & 4. (5 points each) Complete the “Indicators of a Healthy Relationship With Food and Activity” form *again* to re-assess attitudes and behaviors as behavior change strategies are applied and additional knowledge is gained related to nutrition and physical activity through the lifecycle. Use different colors or symbols to identify ratings for the 2nd and 3rd assessments. *Update the assessment form used in Part 1 to include data collected the 2nd and 3rd times *so that change over time is clearly identified* as time goes on.

NPAA Part 5. (75 points) Write a Conclusion

NPAA Part 5: Write a Conclusion

(75 points)

Assignment Learning Objectives:

- Summarize the data collected.
- Organize and synthesize thoughts to reveal insightful patterns, taking into account the complexities of behavior and behavior change.
- Draw conclusions related to outcomes (data, consequences and implications) that are logical and reflect informed evaluation and ability to place evidence into perspective.
- Cite sources correctly and consistently in AMA format.
- Use vocabulary, grammar, punctuation, spelling, and sentence structure effectively in communication.

Write a conclusion (Minimum 1,000 words; maximum 1500 words) based upon your behavior change intervention. Utilize at least 2 credible peer-reviewed references to support your conclusions.

Refer to the Scoring Rubric and examples of previous student work.

- A) Present examples of data tracked related to SMART goals set in Part 2. Relate the data from SMART goals to the Indicators of a Healthy Relationship with Food and Activity collected on Part 1, Part 3, and Part 4. Describe the trends and outcomes of the behavior change intervention. (25 points)
- B) Respond to at least two of the summative prompts below. The prompts reflect core competencies of the National Board for Health & Wellness Coaching, supported by the ASU Healthy Lifestyles Coaching program. (50 points)
1. Explain the ways you sought more information, gained awareness, clarity, understanding and insight through questioning, and recognized personal areas of strength and opportunity for growth related to nutrition and physical activity that is important in your personal life/career. What do you need to do to further progress in change? What resources are available to support this change? How and why are you likely/unlikely to continue with changes started or to initiate new change? Which behavioral change experiences are translatable to the real-world? (8b, 8h)
 2. Discuss ways you identified underlying concerns and disparities between thoughts, feelings, and action. What strategies, tools and resources did you use to strengthen your ability to develop goals and take action consistent with goals and values. How can you use such skills when trying to guide a client in understanding their eating perspectives? (8c, 8d)
 3. How do interrelated factors such as thoughts, attitudes, beliefs, perceptions, emotions, self-image and background influence your nutrition and or physical activity in ways that affect health? What *is* helpful and what is *not*? In what ways does a shift in viewpoint lead to additional possibilities for action? How can you use such skills when trying to guide a client in exploring broader perspectives regarding eating/activity? (8d, 8, 8fe)
 4. Describe your personal areas of strength and areas for growth that may be important in coaching others toward wellness. What would you have done differently on this assignment if you had more time? Explain ways in which you could utilize a growth mind-set toward maximizing your impact on others. Discuss an example related to your past experience in health and wellness with a strategy that (future) clients may find useful and meaningful? Is there a particular contribution that you want to have in the field of health and wellness? (8g, 8h)

Note: While it may be difficult for some people to identify personal health information (PHI) within the context of a course, this activity is important for both your personal growth and development of professional skill. I am asking for your trust in protecting you in submission of

this assignment, which includes elements of PHI, so that you may fully engage in this learning opportunity.

The following policies apply to your submission of PHI within this assignment:

As Required By Law. Your instructor will disclose protected health information about you when required to do so by federal, state or local law.

Research. Your instructor may disclose your PHI to researchers when an institutional review board or privacy board that has reviewed a research proposal and established protocols to ensure the privacy of your information has approved their research

Health Risks. Your instructor may disclose protected health information about you to a government authority if we reasonably believe you are a victim of abuse, neglect or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent or lessen a serious and imminent threat to you or another person.

PHI and Grading. Your participation will influence your grade to the extent that you demonstrate self-assessment that shows depth of thought and critical self-evaluation per the NPAA below.

NPAA Scoring Rubric – 140 Points

Competency	Excellent	Partially Complete	Needs Substantive Improvement
Part I – 5 points			
Part 1 Indicators of a Healthy Relationship With Food and Activity (5 points)	Completed all parts of the assessment, dated, signed and submitted as directed. (5 points)	Some parts of the assessment are incomplete (3-4 points)	Numerous areas of assessment are incomplete (0-2 points)
Part II- 50 points			
Part 2 Demonstrates Depth of Thought in Development of Personal	Clear and complete demonstration of the process to develop long term and short-term goals.	Some of the process to develop long and term and short-term goals is incomplete.	Several parts of the development of long term and short-term goals is incomplete.

Wellness Goal(s)	(10 points)	(5-9 points)	(0-4 points)
Goals translated as SMART Goals with a data tracking plan	<p>Short term goals translated as “SMART” goal(s).</p> <p>Identifies a clear and complete method of data collection/tracking progress over time.</p> <p>(20 points)</p>	<p>Some element of translating short term goals to “SMART” goal(s), or the plan for data collection/tracking is unclear or incomplete.</p> <p>(10-19points)</p>	<p>Short term goals deviate significantly from “SMART” goal format and/or a plan for data collection/tracking is grossly lacking or deficient.</p> <p>(0-9points)</p>
Part 2 Behavior reinforcement	<p>Past experience in use of behavior reinforcement is described. Clear plan for behavior reinforcement is described.</p> <p>(5 points)</p>	<p>Past experience in use of behavior reinforcement or plan for behavior reinforcement is unclear or lacking.</p> <p>(3-4 points)</p>	<p>Past experience in use of behavior reinforcement or plan for behavior reinforcement is severely lacking or incomplete.</p> <p>(0-2 points)</p>
Part 2 Explanation of issues (including barriers, opportunities and resources for support, plan for potential lapse related to behavior change)	<p>Issues, related to behavior change are considered critically, stated clearly and described comprehensively, delivering relevant information necessary for full understanding.</p> <p>(10 points)</p>	<p>Some of the issues to be considered critically is stated but description leaves some questions unclear, ambiguous unexplored, or superficial.</p> <p>(5-9 points)</p>	<p>Overall, issues to be considered critically are stated without clarification or description or otherwise incomplete.</p> <p>(0-4 points)</p>
Part 2 Complete Plan; Grammar, spelling and	<p>Plan is complete, identifying support person(s), signed, proper grammar,</p>	<p>Some areas of the plan are incomplete and/or minor errors in writing mechanics.</p>	<p>Multiple areas of the plan are incomplete and/or numerous</p>

sentence structure	spelling and sentence structure. (5 points)	(3-4 points)	errors in writing mechanics. (0-2 points)
Part III- 5 points			
Part 3 Indicators of a Healthy Relationship With Food and Activity	Completed all parts of the assessment, dated, signed and submitted as directed. (5 points)	A couple parts of the assessment are incomplete (3-4 points)	Numerous areas of self-assessment are incomplete (0-2 points)
Part IV- 5 points			
Part 4 Indicators of a Healthy Relationship With Food and Activity	Completed all parts of the assessment, dated, signed and submitted as directed. (5 points)	A couple parts of the assessment are incomplete (3-4 points)	Numerous areas of self-assessment are incomplete (0-2 points)
Part V- 75 points			
Part 5 Data Summary (25 pts)	Fully described data collected. Quantified changes related to SMART goals. Reveals insightful patterns, differences, or similarities, describes trends. (25-23 points)	Organizes evidence of data collected, but the organization is not effective in revealing important patterns, differences, or similarities. (18-22 points)	Lists or presents evidence of data minimally, lacks organization of thought, and/or lacks relevant insight. (0-21 points)
Part 5 Use of effective written communication in conclusions.	Identifies prompts. Well-developed insight in discussing prompt. Provides detail, logical extrapolation from the inquiry, with enough interpretation to develop a	May lack identification of the prompts)selected. Emerging insight. One of more of the following is missing or lacking in response to prompt:	Conclusion is inconsistently tied to the prompt, lacks insightful interpretation and evaluation, or states only the simplistic and obvious.

(50 pts)	<p>comprehensive analysis or synthesis of ideas. Possibly envisions future and identifies plans that build on experience.</p> <p>Consistently uses proper grammar, spelling, vocabulary and sentence structure that engages the reader.</p> <p>(45-50 points)</p>	<p>Insightful interpretation and evaluation; Synthesis of ideas building on experience.</p> <p>Minor errors in writing mechanics.</p> <p>(35-44 points)</p>	<p>Numerous errors in writing mechanics.</p> <p>(0-34 points)</p>
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1. Costarelli V, Patsai A. Academic examination stress increases disordered eating symptomatology in female university students. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*. 2012;17(3): e164-e169.
2. Reinstein N, et al. Prevalence of eating disorders among dietetics students: does nutrition education make a difference? *J Am Diet Assoc*. 1992 Aug; 92(8): 949-53.
3. Strauss WV, Dahlheimer SS, Steiner JB. A comparison of dietetics career choice motivators and prevalence of eating disorders in a college female population. *J Am Diet Assoc* September 1999; 99(9):a104.
4. Scribner C, Beals K. Disordered Eating in Athletes, in *Sports Nutrition: Handbook for Professionals* (eds C Karpinski and C Rosenbloom), Academy of Nutrition and Dietetics, Chicago, Ill; 2017.
5. Pedrelli P, Nyer M, Yeung A, Zulauf C, Wilens T. College Students: Mental Health Problems and Treatment Considerations. *Acad Psychiatry*. 2015;39(5):503–511. doi:10.1007/s40596-014-0205-9.
6. Reiff DW, Reiff KKL. *Eating Disorders: Nutrition Therapy in the Recovery Process*, Aspen Publishers; 1992.

"In the News"

Nutrition-Related Health Information Evaluation

You will engage in critical analysis of digital media in the “popular” culture involving a current nutrition-related topic. The overarching objective of this assignment is to acquire skills in digital literacy by analyzing the accuracy of the information provided in an article available on the Internet from a non-medical authority, intended for the “lay” public. You will share a slideshow presentation with a handout of your evaluation and recommendation for how to respond to a client with a group of your peers. You will engage in self- and peer evaluation. Your instructor will make the final grade determination.

Alignment Standard: This assignment supports the student in identifying sources of reliable nutrition information for consumers and professionals, determining the credibility of contemporary nutrition information and using this information to make evidence-based decisions. (CLO 1)

NBHCW Competencies: 4.1.1; 4.2.6; 4.2.7

Assignment Learning Objectives:

- Predict consumer responses to popular/contemporary nutrition information.
- Evaluate informational resources to determine reliability, accuracy, validity, authority, and point of view or bias of information.
- Critique a nutrition article/blog published for the popular press on the Internet, recognizing the different quality of sources and the ways in which information might be limited or compromised.

A. Choose an Article and Formulate Your Initial Impressions

Choose a recent (published within the last year) nutrition-related article in the popular press and accessible on the Internet that lends itself well to analysis based upon the requirements of this assignment. Look for a timely article that has potential for consumer interest. Do not select a scholarly news story published by government, academic, or recognized medical authority (e.g. NIH, CDC, WebMD, Healthline, etc.).

**You are specifically looking for articles that contain claims or assumptions that you question, deserving evaluation.* “Popular press” articles are intended to inform or entertain general audiences. They may include substantial “blog-articles” and are generally written by free-lance writers or journalists.

Begin this assignment by reading your chosen nutrition article carefully. Share your article with classmates or group members for feedback on the appropriateness of the article. Complete the **Initial Impressions Template**.

B. Save “In The News – Initial Impressions” to your computer.

After having read the article closely and considered the above, complete “In The News-Initial Impressions” for use later as you develop your presentation.

C. Perform a Scientific Literature Search.

Search the scientific literature to determine the accuracy of the key features of your article. Once you have made determinations about the substance of the article, you will prepare an evaluation of the accuracy of the key features of the article. The following steps may be helpful:

- Search for and identify 1-2 other popular media publications related to the topic of your news story (published within 1-2 months of your article’s publication). Do those other sources agree or disagree with the major conclusions of the article (if any can be found on either side)?
- Research each of the key features that you identified in scientific peer reviewed journals. A minimum of 5 scientific peer reviewed references is expected.
- Working with an ASU reference librarian may be helpful in this process. Our Canvas course provides a link to Ulrichsweb serials directory. Be sure to keep careful records of what you find out about the accuracy of the facts, as well as where and how you are able (or unable) to check on these facts.
- Identify and describe each of the research articles. I do not expect you to be an expert in reviewing research. Tell who did the study, the objectives of the study, how many subjects, the limitations and conclusions drawn by the researchers.
- For each research study you use, identify the key features and facts that can be confirmed as accurate, inaccurate, disputed, or "cannot be confirmed at all" through these independent/reliable sources.

D. Create a Presentation.

Prepare a slideshow presentation to present the results of your evaluation concerning the facts and overall accuracy of the news article.

- Follow the general slide outline below for your presentation.
- Include all of the elements of your “Initial Impressions” as you clearly describe/summarize the thesis and major content, facts and conclusions of the article.

In The News Presentation Instructions: LENGTH: Approx. 15-minute presentation
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- Create 15-20 slides to be delivered over the Internet by attaching a slideshow presentation (e.g. PowerPoint) or a link to an online presentation tool (e.g. Google Slides, Slide Dog). Voice-over is recommended, but optional.
- **Slide 1:** Your Name, **Title** of the Article, **Author**, **Source**, **Link** to the article, Publication **Date**.

- **Slide 2:** What **attracted you** to this article? What **general initial impressions** and **action** (changes in attitude or behavior) do you take away and would you expect others to take away after reading the article? (Consider various points of view.)
- **Slide 3:** Describe the **author's approach**.
 - Expository - Usually explains something in a process, often uses facts and figures, usually in a logical order and sequence.
 - Persuasive -With reasons, arguments, and justifications, often suggests a "call-to-action".
 - Narrative - Author tells a story using characters or dialogue, often for motivation, disputes, or conflict with suggested solution.
- **Slides 4-5:** Identify the **major point(s) the article is making, the key features, the beliefs the author seems to hold regarding each feature.**
- **Slide 6:** Identify the **lifecycle stages** you think a reader might apply the information in this article to. Consider stages beyond what the author mentions. For example, how would information impact children, teens, adults, seniors, pregnancy, breast feeding, those using medications or at risk for disease?
- **Slide 7: Describe the research process** you went through in gathering data related to the article. Tell the methods and strategy you used to check accuracy (i.e. databases, sources sought for selecting certain facts as key) to confirm or disconfirm facts and major key features/conclusions of the article. [Remember, identifying quality research is a key **element** of this assignment. You need a minimum of 5 peer-reviewed journal articles]
- **Slides 8-15: Your research**
 - The **background of the author** of the article you are evaluating. Tell about their background and how reliable and accurate you think the article is and why. For *example*:
 - Discuss where does the author works and/or where was the article published
 - What is the author's educational (academic degrees or credentials), publishing experience, and other background?
 - Have other scholars or experts in the field cited this author as a source?
 - Indicate the degree to which you believe the news story leads the typical reader to a reasonable understanding of the topic.
 - Discuss **ethical issues** related to the news story. Consider:
 - The author/organization. Are there potential issues related to beneficence (reporting to benefit an individual or group) such as bias or conflict of interest that may influence fair and accurate reporting?
 - Does it seem likely or unlikely that the author is affiliated with an institution or publishing organization that may benefit financially by promoting a particular view?
 - Potential to do harm to anyone (consider various perspectives and the potential health risks to various lifecycle stages)
 - Issues in accuracy/honesty (this could be related to the quality of the sources of information or reporting on issues without knowledge or

- experience supporting an ability to interpret and question information gathered)
 - The use of photos or audio to embellish or that may be unrealistic, altered or otherwise “untrue” etc.
 - The use of charts or other visuals that are “beyond the audience.”
 - Opinion or speculation that is not clearly differentiated from fact.
 - Use of quotes that may not be accurate or used out of context
 - **Present the findings from at least 5 peer-reviewed scientific articles** related to claims made in the article. Do other popular media publications related to this topic agree? Discuss accuracy in reporting. There are several possible answers you may come to in terms of the accuracy of the article's facts and conclusions: "they are likely correct; they are likely false; they are in serious dispute; or, I can't figure it out."
 - Summarize the scientific research in enough detail that it is clear to your audience. I am looking for depth and quality of research. Interpret the research and explain how it relates to the claims in the article you are evaluating. *Your research is key as indicated by the points on the rubric!*
 - Provide an evaluation of the “accuracy” of key elements of the article you are evaluating as compared to the research results of each peer reviewed article you use.
- **Slide 16: Conclude** with observations on **what you have learned** and **client scenario**.
 - What have you learned about the contingent nature of truth in news reporting and commentary; thoughts you have on the ethics of your chosen article, as well as reporting of health news in general?
 - **Client Scenario:** Describe a hypothetical client who came to you (you are acting in the role of a health and wellness coach) with this article and asked for 1) your opinion and 2) a referral to an expert, how would you respond based upon what you have learned?
 - **Slide 17:** Final slide(s) **list the sources** (in AMA format) that you used. Include in-text citations throughout the presentation that align with your reference list. Provide references for images used separately.
 - ❖ Note: The slideshow presentation should be designed to support the written handout. This format is often referred to as a "poster" presentation in the sciences (This is not truly a poster, but a presentation that highlights key background and findings in a fashion that is understandable to a person who reads the slides without hearing the presentation).
 - ❖ Use of **voice-over** is *recommended* because it appeals to more senses; peers generally score presentations that are more meaningful higher. Voice-over is not required. Choose the best tools for delivering an effective presentation.
 - ❖ Choose a presentation tool that allows you to simply post a link to access your presentation and not require viewers download your presentation to their computers; it protects your creative work and reduces the burden of large files. Whatever you use, you must provide access for your viewers without asking your permission!

E. Submit your “In The News” Presentation for Peer Evaluation

1. SUBMIT THE HANDOUT

Submit an outline of your presentation as a handout. You may convert your slideshow to Word format, then add any important details, reformat the text to organize it and make the font consistent as needed. Cite your sources both as in-text within the body of your outline and as a reference list at the end in AMA format. Be sure your NAME is on your handout.

2. SUBMIT your slideshow presentation or a link to your slideshow presentation near the top of your handout.

*Include a copy of the original article if you do not provide a link to the article on your handout.

Note: Your presentation will be scored by a group of your peers using the “**In The News Rubric.**” Peer scoring will primarily determine final points. Your instructor makes the final score decision. You must submit during the submission period. Late submissions are not accepted for this assignment

F. Peers will be assigned presentations to review using a Canvas version of the In The News Rubric to evaluate the presentations you have been assigned. Complete a rubric for each presentation you review and save it to your computer for reference as you complete the rubric on Canvas AND the Google Form embedded in our course. You will also submit a self-evaluation via Google Forms.

In The News – Project Scoring Rubric

The following rubric criteria will be used for the “In The News” project. Be thoughtful, as well as expect high quality work.

You must provide a written review for each project assigned to you. Specifically comment on each area within the rubric. Select scores that are consistent with the words you use to comment on each rubric criterion. For example, if you simply comment with “great job” and score with “average” or “above average” we will be left wanting to know what area(s) are lacking or need improvement. You must describe what was done well or that you found sub-standard or deficient with reasoning. While perfection is not always possible (e.g. we can tolerate a minor typo), *this is the course project* and we expect all writing it has been carefully prepared, proofread prior to submission, and submitted complete.

Name of Presenter _____

Competency	Excels	Above Average	Average	Sub-Standard	Missing / Deficient
Slide 1: Appropriate News Article: Accurate Article Title, Author, Date, Source	5 points	4 points	3 points	2 points	0 points
Slide 2: Why this article? General initial impressions and action	10 points	8 points	6 points	4 points	0 points
Slide 3: Author's approach	10 points	8 points	6 points	4 points	0 points
Slides 4-5: Explains major points, key features, article author's beliefs	10 points	8 points	6 points	4 points	0 points
Slide 6: Lifecycle stages	5 points	4 points	3 points	2 points	0 points
Slide 7 Research Process	5 points	4 points	3 points	2 points	0 points
Slides 8-15. Research: Background of the author; Ethical issues; Results of information/facts checked; Effectiveness and "depth" of research. Minimum of 5 scientific, peer-reviewed journals; Overall evaluation of the "accuracy" key elements of the article; Conclusion regarding the accuracy of the article.	50 points	40-45 points	30-40 points	10-30 points	0 points
Slide 16. Conclusion: Potential Impact on Readers. What	10 points	8 points	6 points	4 points	0 points

presenter learned and Recommendations for responding to a client with a referral for expertise.					
Slide 17. Citations throughout presentation in AMA format and reference list at the end.	10 points	8 points	6 points	4 points	0 points
Effectiveness of Presentation (flow, kept interest, attractive, appealing).	20 points	18 points	15 points	10 points	0 points
Quality of Handout , including citations in AMA format.	15 points	12 points	8 points	5 points	0 points

Total Points _____ / 150

Comments:

In The News Project

Can Drinking Cherry Juice Solve Your Health Problems?

Created By: Bentley Hulshof

September 21, 2019

NTR355

Link to presentation: <https://voicethread.com/share/12999917/>

Reviewed News Article

Title: Improved heart health, better sleep and even assistance with stiffness and pain management: Why you should add tart cherry juice to your diet in 2019

Author: Claudia Poposki

Publication Date: February 3, 2019

Source: [Daily Mail Australia]:

<https://www.dailymail.co.uk/femail/article-6664013/Why-add-tart-cherry-juice-diet-2019.html>]

Author's Approach/Point of View

- The author of this article, Claudia Poposki, works as a trainee reporter for Daily Mail Australia
- Having no history of nutritional research, Poposki gathered information by interviewing registered dietitian and nutritionist Kaley Todd, from Sun Basket, as well as through a video presented by Northumbria University Newcastle professor and researcher Glyn Howatson.
- Poposki approaches cherry juice consumption as having great health benefits and aids in:
 - ❖ Sleeping time/efficiency¹
 - ❖ Cardiovascular/heart health and overall healthy wellbeing¹
 - ❖ Pain management¹
 - ❖ Muscle recovery¹

Populations This Article Could Impact

The lifecycle stage(s) that this article applies to varies. Regardless of gender, ethnicity, or age:

- Those struggling with weight management and cardiovascular disease or someone simply looking to lose weight and quickly improve cholesterol levels.
- People struggling with insomnia who need help regulating sleep cycles and to feel more energy during the day
- Athletes or people who exercise frequently desiring a low-calorie post-workout drink to aid in muscle recovery and reduce fatigue
- Doctors, nutritionists, or registered dieticians treating patients struggling with chronic disease might consider cherry juice in helping to reduce pain and increase antioxidant/anti-inflammatory factors
- The patients of doctors, including geriatric populations, trying to manage pain levels associated with chronic disease

Author's Thoughts

- Cherries are filled with melatonin, which is an internal regulator that helps you to sleep when it is dark and wake when it is light¹
- Cherry juice helps aid in sleeping time and efficiency by increasing melatonin levels¹
- Cardiovascular disease and heart health are improved by drinking cherry juice¹
- Cherry juice aids in heart health by reducing “bad” low-density lipoprotein cholesterol, triglycerides, and belly fat¹
- Systolic blood pressure can be immediately reduced by drinking 1 dose of cherry juice¹
- Drinking cherry juice is an effective means of managing disease¹

Author's Thoughts Part 2

- Cherry juice helps improve pain management due to high antioxidant and anti-inflammatory levels¹
- People who struggle with pain, stiffness, or muscle fatigue can benefit from drinking cherry juice¹
- Cherry juice is associated with antioxidant and anti-inflammatory properties¹
- Drinking cherry juice post-workout can aid in muscle recovery and benefit endurance athletes

My Initial Impressions

- Does drinking cherry juice benefit all populations in the same way or does it have a greater effect if you are struggling with disease?
- The use of several photos in the article, some from Instagram, that depict glorified images of cherry juice as well as results. For example, a picture of a young woman promotes that “you too can look like this!” while she sips on her cherry juice that somewhat resembles a glass of wine.
- Interviewing registered dietitians, nutritional researchers, and professors provides factual information based on studies; however, there was no listed access to studies or citations to further investigate sources.

My Conclusions/What Others Might Conclude

- If I struggle with sleeping efficiently, find myself waking up periodically throughout the night, and needing naps during the day, drinking cherry juice can help me to sleep longer and better and feel more energized throughout the day without needing a nap.
- Drinking cherry juice could be used complementary or alternatively to other treatments associated with weight management, cardiovascular disease, and overall heart health. This could be a dangerous conclusion in that people might try to stop taking medications vital to their overall health and wellbeing.
- Cherry juice will make me more fit and help me to lose that “belly fat” and can be used as an alternative to exercising. People might think that cherry juice has the same effects as physical exercise and can be used as a supplement.
- Cherry juice will reduce muscle soreness and pain and it is important to drink post-workout in order to recover effectively.

Research Process

- Social media allows people to connect to each other anywhere in the world. Snapchat has many subscriptions such as “Daily Mail” which displays recent trends in food, society, and fashion.
- Daily Mail showcased an article on cherry juice consumption and benefits, and I have seen sites such as Instagram and Twitter publish articles on cherry juice as well. I decided to look into this further and eventually decided this as my research topic.
- The ASU Library database has various peer-reviewed article publications on the benefits of cherry juice consumption. Key words included: Cherry juice, sleep, antioxidant, pain, heart, and benefits.
- After reviewing articles to confirm/disconfirm facts, I selected key features and conclusions of each article to compare with Poposki’s.
- The research shown by the peer-reviewed articles demonstrated a correlation between cherry juice consumption and many health benefits such as: heart health, sleep improvement, improved pain management, and anti-inflammatory factors.

1st Peer-Reviewed Journal

- Article Title: Sweet and sour cherries: Origin, contribution, nutritional composition, and health
- Journal: *Arthritis & Rheumatism*

1st Peer-Reviewed Journal Information / Features

- Participants ingested tart cherry juice for 4-6 months to study the beneficial effects of consumption²
- Reduction of oxidative stress and inflammation due to high antioxidant capacity and phenolic presence was seen²
- Acute gout attacks, including moderation of blood glucose, were reduced by 50% and are attributed to anti-inflammatory mechanisms²
- Cherry juice contains high polyphenolic levels (anthocyanin and hydroxycinnamic acid) which reduce inflammation²
- Cherry juice consumption increased antioxidant status by 10%, aiding in reduced inflammation and also aided in muscle recovery²
- 36% of patients who consumed cherry juice for more than 4 months were completely gout attack-free²

1st Peer-Reviewed Journal Conclusions

- The authors were cited several times in other articles on inflammatory bowel disease research and arthritis²
- This article’s focus is on reducing gout symptoms and specifies anti-inflammatory mechanisms as being an important factor in doing so²
- Poposki’s claim that juice contains antioxidants was confirmed accurate through this article through explanation of high phenolic presence important for reducing inflammation, aiding muscle recovery, and reducing gout symptoms²

2nd Peer-Reviewed Journal

- Article Title: Tart Cherry
- Journal: *Nutrition & Food Science*

2nd Peer-Reviewed Journal Information / Features

- Melatonin is a sleep regulator and tart cherries consist of melatonin, therefore aiding in sleep regulation³
- Study at Texas Health Science Center indicated that melatonin is naturally produced and secreted within the brain—specifically pineal gland³
- When studying Montmorency cherries, there was a higher than normal amount of melatonin present – 13.5 nanograms of melatonin / gram³

2nd Peer-Reviewed Journal Conclusions

- The amount of normal melatonin secretion by the body fluctuates depending on the time of day (morning versus night) and the study did not specify the time of measured dose³
- The journal article did not identify what 13.5 nanograms of melatonin / gram was being compared to (as in normal)³
- The article was broadly based; however, it did accurately confirm Poposki's claim that melatonin is naturally found in cherries so consuming cherries in addition to bodily secretion of melatonin would raise levels³
- More information on normal levels of melatonin should be included and further studies on how much cherries raise melatonin levels should be investigated³

3rd Peer-Reviewed Journal

- Article Title: Sweet 'Bing' cherries lower circulating concentrations of markers for chronic inflammatory diseases in healthy humans.
- Journal: *Journal of Nutrition*

3rd Peer-Reviewed Journal Information / Features

- 18 participants used Bing sweet cherries (280g/d) as supplementation for 28 days⁴
- Fasting blood samples were taken before consumption and after consumption to measure inflammatory biomarker presence⁴
- 89 biomarkers were tested and assessed, while 9/89 were found to be beneficially altered; i.e.: reduction in inflammatory biomarkers associated with disease⁴
- Ferritin, associated with inflammatory proteins, were found to also be decreased by 20.3% 28 days after initial consumption and continued to decrease after discontinuation⁴

3rd Peer-Reviewed Journal Conclusions

- The authors were cited several times in other articles on inflammatory disease
- This article's focus is on decreasing biomarkers associated with inflammatory diseases
- Cherry juice decreases several biomarkers associated with inflammatory disease, such as ferritin, and had long-lasting effect even after discontinuation⁴
- Poposki's claim that cherry juice has anti-inflammatory mechanisms was confirmed accurate as these mechanisms aid in reduction of biomarkers⁴

- What other effects does decreasing inflammatory biomarkers have on the body and/or disease?

4th Peer-Reviewed Journal

- Article Title: ‘Montmorency’ tart cherries (*Prunus cerasus* L.) modulate vascular function acutely, in the absence of improvement in cognitive performance
- Journal: *British Journal of Nutrition*

4th Peer-Reviewed Journal Information / Features

- This study aimed to measure the effects of cherry juice on cardiovascular disease, often associated with hypertension and high low-density lipoprotein cholesterol⁵
- In a placebo-controlled, double-blinded, cross-over and randomized study, 27 participants received 60ml of Montmorency tart cherry concentrate or a placebo⁵
- Compared to the placebo, participants who received 60ml of cherry concentrate saw a significant decrease in systolic blood pressure ($p < 0.05$) in just 3 hours post-consumption⁵
- Peak reduction levels (6+/- mmHg) were shown at 1-hour post-consumption of cherry concentrate⁵
- Antioxidant presence was increased by 10%, preventing LDL oxidation and cardiovascular disease, as well as aiding muscle recovery⁵
- No disruption in cognitive function was seen in association to the study⁵

4th Peer-Reviewed Journal Conclusions

- The authors have previous research on cherry juice consumption, biomarkers, and cognitive performance
- This article’s focus is on determining effects of cherry juice consumption on cardiovascular disease⁵
- Poposki’s claim that cherry juice improves cardiovascular disease by reducing “bad” low-density lipoprotein cholesterol, as well as improved muscle recovery was confirmed accurate in this case-study⁵
- For those who do not struggle with cardiovascular disease, what is the significance in reduction of LDL and systolic blood pressure?
- Comparison of reduction levels between those with cardiovascular disease and those deemed “healthy” should be investigated

5th Peer-Reviewed Journal

- Article Title: Consumption of anthocyanin-rich cherry juice for 12 weeks improves memory and cognition in older adults with mild-to-moderate dementia
- Journal: *European Journal of Nutrition*

5th Peer-Reviewed Journal Information / Features

- This study aimed to assess cognitive functioning in adults (70+ y/o) with mild-to-moderate dementia⁶

- In a 12-week randomized control trial, 200ml/d of cherry juice or control (negligible) were consumed by 49 participants to measure blood pressure and inflammatory markers⁶
- Compared to the negligible control, systolic (p=0.038) and diastolic (p=0.160) blood pressure were significantly reduced for the 24 participants who consumed cherry juice⁶
- Cognitive function, including short and long-term memory as well as verbal fluency was improved in those who consumed cherry juice⁶
- Inflammatory markers (C-reactive Protein) were not altered⁶

5th Peer-Reviewed Journal Conclusions

- The authors have previous research on methods for weight-loss, blood pressure reduction, and cognitive methods
- This article's focus is on determining effects of cherry juice consumption on dementia, specifically blood pressure, inflammatory markers, and cognitive functioning⁶
- Poposki's claim that cherry juice improves cardiovascular disease by reducing blood pressure was accurate⁶
- While CRP inflammatory markers in this study were not altered, the authors concluded that this may be due to disease prevalence as other studies have indicated reductions⁶
- Comparison of inflammatory marker levels between those with dementia and those deemed "healthy" should be investigated

6th Peer-Reviewed Journal

- Article Title: Effect of tart cherry juice (*Prunus cerasus*) on melatonin levels and enhanced sleep quality
- Journal: *European Journal of Nutrition*

6th Peer-Reviewed Journal Information / Features

- This study aimed to measure the association between sleep quality and cherry juice consumption⁷
- In a 7-day randomized double-blind, placebo-controlled, crossover study, tart cherry juice or a placebo were consumed by 20 participants to measure sleep quality⁷
- Sleep quality was determined by an activity monitor as well as sleep questionnaire and included factors: time in bed, sleep efficiency total, and total sleep time⁷
- Compared to the placebo significant (p<0.05) differences were found in:
 - Time in bed was 514 minutes for those who consumed cherry juice compared to 490 minutes⁷
 - Sleep efficiency total was 82.3% for those who consumed cherry juice compared to 77.4%⁷
 - Total sleep time was 419 minutes for those who consumed cherry juice compared to 380 minutes⁷

- Significant elevation in melatonin ($p < 0.05$) was found in those who consumed cherry juice compared to the placebo group⁷

6th Peer-Reviewed Journal Conclusions

- The authors have previous research on cherry juice consumption and health effects
- This article's focus is on measuring the effects of cherry juice consumption on sleep⁷
- Poposki's claim that cherry juice improves sleeping time and efficiency was confirmed accurate through improved efficiency as well as time in bed and time asleep⁷
- This study was over a short duration of 7 days, however, there was significant improvement which may promote further studies over longer durations

What Have I Learned?

- Poposki's original article featured four main points regarding benefits of cherry juice consumption: improved
 - ❖ Sleeping time/efficiency¹
 - ❖ Cardiovascular/heart health and overall healthy wellbeing¹
 - ❖ Pain management (including reduced inflammation)¹
 - ❖ Muscle recovery¹
- There was extensive research ethically confirming each of these factors, especially significant in sleeping time/efficiency, cardiovascular health, and inflammatory markers^{1,2,3,4,5,6,7}
- Cherry juice consumption aids in sleep efficiency by increasing melatonin levels within the body^{1,3,7}
- Cherry juice consumption aids in cardiovascular health and well-being by decreasing LDL cholesterol, decreasing blood pressure, decreasing inflammatory biomarkers, and increasing anti-oxidants^{1,2,4,5,6}. However, losing that "extra belly fat" was not a factor listed in the studies
- Cherry juice aids in pain management and muscle recovery by reducing inflammatory proteins and increasing phenolic presence^{1,4,5}
- There is a lot of information regarding those who have preexisting medical issues such as diabetes, so there should be more research conducted on healthy individuals
- While Poposki's article did not falsely advertise the benefits of cherry juice consumption, there was not a lot of scientific research referred to within her article
- With reporting of health news in general, it is important to do more research on the key points being presented by the author as well as identifying any sources provided
- Speaking with a nutrition specialist or registered dietician about a health news article and next steps would be beneficial

What Would I Tell a Client?

- Although a health coach is not always an expert in nutrition, if a client were to reach out to me as a health coach asking for my opinion on the health benefits of cherry juice, I would aim to empower the client by having him/her identify an area of their life that this article appeals to

- A health and wellness coach's role is to help their client understand current lifestyle behavior, discover their wellness vision, and let the client take the lead in developing a plan of action⁸
- I would ask if the client would be open to doing further research on the benefits of cherry juice using scientific databases on their own; further, providing articles I have found
- I would ask the client what her "take-away" was from the article and how this aids her wellness vision
- I would not direct the client to *definitely* consume or not consume cherry juice or lead them to believe that cherry juice consumption will resolve all health problems
- The client came to me asking for a referral to an expert on cherry juice consumption and nutritional health benefits
 - If the client had a problem with insomnia or sleeping, I would refer him/her to a practitioner to assess current health factors
 - If the client wanted to lose weight and had questions concerning nutritional needs, I would refer him/her to a registered dietician
 - If the client had cardiovascular disease, I would refer him/her to a cardiologist and registered dietician
 - If the client was dealing with pain management or muscle recovery, I would refer him/her to a medical practitioner as well as registered dietician / nutritionist specialist
 - After referring the client to an appropriate expert on his/her dietary needs or concerns, I would help the client in constructing a plan to meet his/her goals based on the recommendations provided by the expert

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Image References

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Nutrition and Physical Activity Assessment (NPAA) Part 2 (50 points)

Progress depends on commitment and dedication to wellness and accepting some help from others. The following NPAA template will provide a written guide for making a behavior change during this course.

Create this wellness plan first and foremost as a tool for your own wellness. A key is to remember to set realistic goals, to be honest and to feel good about what you have done – no matter how small. Secondly, this process will give you more experience and empathy in assisting future clients in the behavior change process.

Expect to share this assessment and plan with your support team (e.g. therapist, family, spouse, friends, spiritual advisors, others). **Please keep the colored format in the text boxes within the document so that your responses are easily identified.**

Your Name: **Kristin Andruska**

Who are you sharing your wellness plan with? (Enter members of your personal support team.)

Lisa (friend) Bethany (friend) Claire (friend)

Briefly discuss 1 or more areas from the NPAA part 1, e.g. sleep, mindfulness, stress management) that ultimately affect your relationship with food and activity.

Through the assessment, I noticed that stress is one of my areas to improve upon. This is definitely an area that affects my relationship with food and activity. Higher levels of stress lead to emotional eating as well as lack of energy. When I am stressed, I stop caring about eating healthy and eat for comfort and relief. Furthermore, when stressed, I decide to “unwind” by watching TV to relax and forgo my daily workout.

Identify any problems that you have had in the past with this area of health or that you expect to interfere with your attempts to improve health.

Work is a big stressor. I currently work in the intensive care unit (ICU), and therefore deal with life and death every shift. Needless to say, that can be stressful. Furthermore, I have to deal with the politics of working in a hospital with various doctors who have specific opinions about how things should work. In the past, when I am stressed at work, I immediately crave junk food and turn to candy or

chips to make the feelings subside. Since my job will continue, this is an area that could potentially continue to interfere with my attempts to improve my health.

Another problem that affects my stress level is lack of time. I feel like my life is always go, go, go. When I feel stressed about how many responsibilities I have or how many items are on my to-do list, I again turn to quick and easy meals. Having a full schedule will potentially continue to interfere with my goals.

If you could magically get yourself to do any behavior that would lead to (aspiration of what improved wellness looks like to you – your long-term wellness vision), what behavior would you wish for (or what would you get yourself to do)?

While I appreciate that activity/exercise is important to health, I believe diet/nutrition is the bigger factor. Therefore, my wish would be to change my eating behavior – specifically, to stop eating junk food such as chips, soda, and sweets.

Brainstorm about 10 different behaviors relative to areas of your relationship with food and activity from PWP Part 1. Then once you get a wide spread of behaviors, you choose the behaviors that you think you can be effective with (that you want to do and can do.) It is more important that you choose something that you want to do than “should” do. Remember, emotions create habitual behaviors – not repetition. You must feel positive emotion related to a behavior to continue it. Consider, which do I want to do? Which can I do?

1. Take a break at work and meditate in a dark room.
2. Drink more water daily, especially while working, to help curb hunger.
3. Have healthy snacks easily accessible at work (e.g. almonds, raw veggies, etc.).
4. Get at least 8 hours of sleep per night.
5. Use a journal to write out my emotions on a daily basis.
6. Make sure to eat 3 healthy meals per day to decrease desire to snack.
7. Workout when I wake up, before the stress of the day starts.
8. Talk about my emotions and stressors more with friends and family, instead of keeping it all to myself.
9. Incorporate yoga/stretching into my workout routine.
10. Before eating, consciously think about whether I am actually hungry, or just stressed/emotional.

SMART Goal Statements are key to your success in behavior change:

Please review the SMART goals handout provided separately before writing your own SMART goals. (The handout is for your own use, do not submit it.)

From the list of behaviors you created, choose 1 or more that would be effective, that you want and can do and write short-term goals in SMART Goal format to work on during this course. Set the bar low and keep it low. You can do more when and if you want!

If you happen to think that your relationship with food and activity require absolutely no improvement, identify another goal specific to your wellness.

Specific: The goal should identify a very specific action or event that will take place. Identify what, when, how.

Measurable: The goal and its benefits should be quantifiable. *Tell how you will track progress toward you goal. You must collect quantitative data regarding you progress and be prepared to share the data with your professor.* You will be asked for samples of your data in NPAA Part 5.

Achievable: The goal should be attainable given available resources. In writing a specific goal, you are aware of barriers that could get in your way. As you set goals, identify any “hooks” or cues that will naturally lead you to engage in your behavioral goals.

Realistic & Relevant: The goal should require you to stretch but allow for the probability of success. The goal should be something that is important and meaningful to you.

Timely: The goal should state the time period in which it will be accomplished. *For purposes of this course, you want to identify time frames until this assignment is complete the last week of class.*

Write your SMART Goals Here:

During the remaining span of this course (10/27-12/6) I will work on drinking more water on a daily basis. I will drink *at least* 8 oz of water with each meal (breakfast, lunch, and dinner) in addition to *at least* another 48 oz of water during the day (3 cups between breakfast and lunch and 3 cups between lunch and dinner). To track my water intake, I will drink my water from my 16oz water bottle. When I finish a cup of water, I will track it on the Daily Water Tracker Reminder app I downloaded. The app also has time reminders. If I am slipping, I will use the notifications in the app (especially at work) to help remind me to drink 8oz of water.

The second goal I will work toward during the remainder of this course (10/27-12/6) is to start meditating on a daily basis. I will use the Calm app as a meditation guide. This app has a different 5-minute guided meditation daily. On days I work, I will utilize the app during the first 5 minutes of my break in order to relieve stress.

On days I do not work, I will plan to meditate for 5 minutes before bed in order to help relax me for improved sleep. I will track my progress through the app.

What motivates you; What do you stand to lose if you don't work toward your goal(s)?

Living a healthier lifestyle and losing weight motivates me. My mother died at 60 years old due to chronic diseases secondary to obesity (heart disease, stroke, diabetes). I do not want to follow in her footsteps. Small steps such as increased water intake and meditation will curb my hunger and reduce my stress, which in turn will help decrease my emotional eating. If I don't reach my goals, I could end up with the same chronic diseases as my mom. In the short term, not reaching my goals will result in possible dehydration or continued stress.

Commitment, Commitment, Commitment

It is important to have a plan. One of the hardest things for people is to plan and maintain priorities. Everyone's life is filled with expectations, obligations, and demands. Commit to keep your goal as a top life priority. In order to do this, please plan for how you will do some things differently than in the past. Engaging in a health behavior change plan will help make these skills part of daily life.

Sleep: People need a good amount of sleep. Health takes daily work and attention. When people are tired, they often do not have the energy to practice their life management skills.

Mindfulness: It is important to take time each day to be mindful of how we are thinking. You must be mindful in order to be living in the present, instead of worrying about the future or past.

Stress Management/Anxiety Tools: Understand that many people use dysfunctional behaviors to manage my moods, stress, and worries and that healthy mood management tools would enhance life.

Fun: Being healthy takes a lot of mental work too. Balance life. Have a plan for times of enjoyment. Having positive, enjoyable times in life can work as motivation and stress reduction. There are times when you may need to make your life as uncomplicated as possible.

Physical Activity: Movement is an important part of a healthy life. However, know that many people have become disordered regarding exercise.

Structure: School/Contributions to Society are elements of a balanced life. We all need to feel we are contributing to life in a meaningful way. Being involved in life adds to positive feelings of self worth. School and volunteering are some ways to contribute to society. You may also need to manage and organize your time.

Nutrition: Good nutrition is essential to health.

Medication: Many people use medications. Do you worry that others have a negative judgment about medication? Even if you accept the need and benefit of medication, you may be influenced by how you think others view medication.

Body Image: Many people carry a lot of emotion within their body and tend to experience feelings through a focus on the body. The culture we live in influences how we feel about my body. Struggles with thoughts, emotions, and fears can trigger strong body image problems. Struggles with body image can be strong triggers to want to use behaviors that create a sense of safety, security, or control.

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Increased Stress is known to be a health risk among college students. Identify warning signs of stress and share them with your support team

Here are some situations that may increase stress:

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Lack of communication during group projects.

Getting a bad grade.

Sick patients at work.

Family responsibilities.

Here are some signs that you are struggling with stress:

Wanting to eat even though I am not hungry.

Feeling frazzled, foggy mind, less energy.

Difficult to get to sleep due to racing thoughts or thinking of things that need to be done.

Getting easily upset at minor situations.

Change in Situation: You may find yourself in the process of sliding away from goals or in situations/environments that increase the likelihood of making unhealthy decisions, for example, withdrawal or avoidance of family and friends.

Denial & Rationalization: When under excessive stress, you may experience a lot of denial. Additionally, because unhealthy behaviors can help people cope with life (at least for brief moments), people use rationalization to continue to stay where they are. This process can be subtle and can be very convincing to self and others that there is *not* a problem when in fact you are actually struggling. Therefore, list some places where you are likely to use denial and rationalization:

I am likely to rationalize emotional eating or having an unhealthy snack when I am stressed by telling myself 'it won't hurt my progress, it's only one time'.

I also rationalize unhealthy eating after a period of eating well by telling myself 'it's ok, I have eaten healthy for x number of days!'

Another time I will rationalize a bad snack is when I am busy at work, haven't been able to eat a meal (let alone drink water), and candy or cookies are easily accessible.

LAPSE

If you should experience a lapse in progress, denial and shame may keep you from seeking support. It is important to plan for wellness while at the same time knowing that lapses are part of the ongoing process of change. If you do lapse, have a plan for how to get back on track. (Example: increase support by going to a therapist or nutritionist, joining a support group, etc.). Remember, there is no such thing as a FAILURE – it is a journey of discovery. FAIL now means **First Attempt in Learning**.

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Having a support team will help to keep me accountable in completing my tasks. They can be a friendly reminder about what my task is and keep me from getting off track. Sometimes, a support team can also create a little friendly competition, making me more excited to reach the goals (e.g. if two of us are tracking water intake, it can be a competition between us on who reaches their goal daily). Furthermore, a support team can give encouraging words when goals are reached that continue to motivate me to be successful.

Creating a Healthy Environment

There are many valid reasons for choices. Take full responsibility for health and place yourself in the best environment that you can create.

What does your healthy environment look like?

My healthy environment includes not having unhealthy snacks or drinks available to me. I will not keep these items in my house, and if they are at work, I will move my location, so they are not tempting.

To decrease stress, my healthy environment would include keeping things organized. For instance, I will keep my workspace clean at home. I will also keep all my tasks and responsibilities written on a calendar/schedule to ensure things are done in a timely matter.

I also think a healthy environment involves having supportive people in my life. If I find someone is a negative influence, then I will need to address it, or distance that person in order to reach my goals.

Identify help you may need to create a healthy environment:

In order to create the healthy environment described above, I will need help from friends and family. They will need to be aware of my goals and be supportive (not pressure me to eat unhealthily). To help organize my environment (and keep it that way), I might need the help of a maid. This would reduce the stress of another task and help keep my workspace clean.

Communication: Communication about thoughts and feelings takes time and attention. Do you often take communication too personally, or withhold saying what is needed to say for fear of how others will feel? Speaking with honesty and respect is a job, and managing other people's feelings is *not* our job. However, learning to communicate *well* is a life process.

Identify situations that may lead to trouble with clear communication.

I have trouble with clear communication when I am frustrated or angry. I feel like I have copious thoughts running through my head that I want to explain to the person I am angry at, but I am never able to get it all out. I always look back at these conversations and all the things I wanted to say but didn't.

Another situation that can lead to trouble with clear communication is through text or email. Sometimes tone doesn't come across appropriately, and someone can get offended. Furthermore, there is usually a lack of detail through these methods and therefore parts of the message may be misinterpreted.

Another instance of miscommunication is when one person is in a position of authority over another person. It is possible that both people may not communicate efficiently out of fear (of hurting or disrespecting the other, or of getting in trouble).

Identify communication skills that you believe will help (e.g. I-statements; feedback loop, asking for time, etc.)

In high-stress or anger situations, taking a break and 'cooling-off' can allow each person to gather all thoughts and have a calm and respectful discussion.

Another communication skill is reiterating what the person has communicated to you. Confirm that you understand their message by restating it to them in a different manner.

Identify ways that others might help you to have good communication:

Others can help me with improved communication by telling me when something is unclear to them, or if it offended them (such as the wrong tone in a text message). If I am aware that my communication is poor, then I can try to fix it.

Others can also help me with good communication if they lead by example. One of my bosses at work is very good about breaking down a situation with miscommunication and helping to clear the air. Seeing this shows me ways that I can improve as well.

Your work is to gather data about what is triggering for you and continue to make plans for how to address those triggers. If you are triggered by food, body comments, physical activity, etc., please identify people who can help you by being sensitive to these issues and identify ways they might help:

Food:

Co-workers: They can accept that I am trying to be healthier and not push junk food my direction.

Friends: They can encourage me when we go out to eat to continue my healthy eating and not get off track by ordering junk.

Body Comments:

Me: I can stop any negative talk about my weight or the way I look in the mirror. I can celebrate the things I am proud of.

Physical Activity:

Friends: I have a group of friends at work that also enjoy working out. They can help keep me accountable with workouts in our Facebook group. They can call me out when they haven't seen me workout in a while.

Dogs: I know they aren't people, but scientific evidence suggests they play a supportive role in health and they can help keep me on track by making me take them for a daily walk!

Other:

Please use this Wellness Plan as an active document that will need to be read often and updated as you overcome some of the stated issues and recognize new issues. Share this plan with members of your personal support team.

It is my hope that you will commit to this journey.

STUDENT NAME

NTR 355 Fall B

Electronic Signature: Kristin Andruska

Name of Primary Support Person: Lisa (best friend)

Date of Creation: 10/24/19

Date of Revision: TBD (you *may* want to revise in the future for your own use!)

Nutrition and Physical Activity Assessment (NPAA) Part 2 (40 points)

Progress depends on commitment and dedication to wellness and accepting some help from others. The following NPAA template will provide a written guide for making a behavior change during this course.

Create this wellness plan first and foremost as a tool for your own wellness. A key is to remember to set realistic goals, to be honest and to feel good about what you have done – no matter how small. Secondly, this process will give you more experience and empathy in assisting future clients in the behavior change process.

Expect to share this assessment and plan with your support team (e.g. therapist, family, spouse, friends, spiritual advisors, others). **Please keep the colored format in the text boxes within the document so that your responses are easily identified.**

Your Name: **Kristin Andruska**

Who are you sharing your wellness plan with? (Enter members of your personal support team.)

Lisa (friend) Bethany (friend) Claire (friend)

Briefly discuss 1 or more areas from the NPAA part 1, e.g. sleep, mindfulness, stress management) that ultimately affect your relationship with food and activity.

Through the assessment, I noticed that stress is one of my areas to improve upon. This is definitely an area that affects my relationship with food and activity. Higher levels of stress lead to emotional eating as well as lack of energy. When I am stressed, I stop caring about eating healthy and eat for comfort and relief. Furthermore, when stressed, I decide to “unwind” by watching TV to relax and forgo my daily workout.

Identify any problems that you have had in the past with this area of health or that you expect to interfere with your attempts to improve health.

Work is a big stressor. I currently work in the intensive care unit (ICU), and therefore deal with life and death every shift. Needless to say, that can be stressful. Furthermore, I have to deal with the politics of working in a hospital with various doctors who have specific opinions about how things should work. In the past, when I am stressed at work, I immediately crave junk food and turn to candy or

chips to make the feelings subside. Since my job will continue, this is an area that could potentially continue to interfere with my attempts to improve my health.

Another problem that affects my stress level is lack of time. I feel like my life is always go, go, go. When I feel stressed about how many responsibilities I have or how many items are on my to-do list, I again turn to quick and easy meals. Having a full schedule will potentially continue to interfere with my goals.

If you could magically get yourself to do any behavior that would lead to (aspiration of what improved wellness looks like to you – your long-term wellness vision), what behavior would you wish for (or what would you get yourself to do)?

While I appreciate that activity/exercise is important to health, I believe diet/nutrition is the bigger factor. Therefore, my wish would be to change my eating behavior – specifically, to stop eating junk food such as chips, soda, and sweets.

Brainstorm about 10 different behaviors relative to areas of your relationship with food and activity from PWP Part 1. Then once you get a wide spread of behaviors, you choose the behaviors that you think you can be effective with (that you want to do and can do.) It is more important that you choose something that you want to do than “should” do. Remember, emotions create habitual behaviors – not repetition. You must feel positive emotion related to a behavior to continue it. Consider, which do I want to do? Which can I do?

1. Take a break at work and meditate in a dark room.
2. Drink more water daily, especially while working, to help curb hunger.
3. Have healthy snacks easily accessible at work (e.g. almonds, raw veggies, etc.).
4. Get at least 8 hours of sleep per night.
5. Use a journal to write out my emotions on a daily basis.
6. Make sure to eat 3 healthy meals per day to decrease desire to snack.
7. Workout when I wake up, before the stress of the day starts.
8. Talk about my emotions and stressors more with friends and family, instead of keeping it all to myself.
9. Incorporate yoga/stretching into my workout routine.
10. Before eating, consciously think about whether I am actually hungry, or just stressed/emotional.

SMART Goal Statements are key to your success in behavior change:

Please review the SMART goals handout provided separately before writing your own SMART goals. (The handout is for your own use, do not submit it.)

From the list of behaviors you created, choose 1 or more that would be effective, that you want and can do and write short-term goals in SMART Goal format to work on during this course. Set the bar low and keep it low. You can do more when and if you want!

If you happen to think that your relationship with food and activity require absolutely no improvement, identify another goal specific to your wellness.

Specific: The goal should identify a very specific action or event that will take place. Identify what, when, how.

Measurable: The goal and its benefits should be quantifiable. *Tell how you will track progress toward you goal. You must collect quantitative data regarding you progress and be prepared to share the data with your professor.* You will be asked for samples of your data in NPAA Part 5.

Achievable: The goal should be attainable given available resources. In writing a specific goal, you are aware of barriers that could get in your way. As you set goals, identify any “hooks” or cues that will naturally lead you to engage in your behavioral goals.

Realistic & Relevant: The goal should require you to stretch but allow for the probability of success. The goal should be something that is important and meaningful to you.

Timely: The goal should state the time period in which it will be accomplished. *For purposes of this course, you want to identify time frames until this assignment is complete the last week of class.*

Write your SMART Goals Here:

During the remaining span of this course (10/27-12/6) I will work on drinking more water on a daily basis. I will drink *at least* 8 oz of water with each meal (breakfast, lunch, and dinner) in addition to *at least* another 48 oz of water during the day (3 cups between breakfast and lunch and 3 cups between lunch and dinner). To track my water intake, I will drink my water from my 16oz water bottle. When I finish a cup of water, I will track it on the Daily Water Tracker Reminder app I downloaded. The app also has time reminders. If I am slipping, I will use the notifications in the app (especially at work) to help remind me to drink 8oz of water.

The second goal I will work toward during the remainder of this course (10/27-12/6) is to start meditating on a daily basis. I will use the Calm app as a meditation guide. This app has a different 5-minute guided meditation daily. On days I work, I will utilize the app during the first 5 minutes of my break in order to relieve stress.

On days I do not work, I will plan to meditate for 5 minutes before bed in order to help relax me for improved sleep. I will track my progress through the app.

What motivates you; What do you stand to lose if you don't work toward your goal(s)?

Living a healthier lifestyle and losing weight motivates me. My mother died at 60 years old due to chronic diseases secondary to obesity (heart disease, stroke, diabetes). I do not want to follow in her footsteps. Small steps such as increased water intake and meditation will curb my hunger and reduce my stress, which in turn will help decrease my emotional eating. If I don't reach my goals, I could end up with the same chronic diseases as my mom. In the short term, not reaching my goals will result in possible dehydration or continued stress.

Commitment, Commitment, Commitment

It is important to have a plan. One of the hardest things for people is to plan and maintain priorities. Everyone's life is filled with expectations, obligations, and demands. Commit to keep your goal as a top life priority. In order to do this, please plan for how you will do some things differently than in the past. Engaging in a health behavior change plan will help make these skills part of daily life.

Sleep: People need a good amount of sleep. Health takes daily work and attention. When people are tired, they often do not have the energy to practice their life management skills.

Mindfulness: It is important to take time each day to be mindful of how we are thinking. You must be mindful in order to be living in the present, instead of worrying about the future or past.

Stress Management/Anxiety Tools: Understand that many people use dysfunctional behaviors to manage my moods, stress, and worries and that healthy mood management tools would enhance life.

Fun: Being healthy takes a lot of mental work too. Balance life. Have a plan for times of enjoyment. Having positive, enjoyable times in life can work as motivation and stress reduction. There are times when you may need to make your life as uncomplicated as possible.

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Body Comments:

Me: I can stop any negative talk about my weight or the way I look in the mirror. I can celebrate the things I am proud of.

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Other:

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It is my hope that you will commit to this journey.

STUDENT NAME

NTR 355 Fall B

Electronic Signature: Kristin Andruska

Name of Primary Support Person: Lisa (best friend)

Date of Creation: 10/24/19

Date of Revision: TBD (you *may* want to revise in the future for your own use!)

C-4 Timing of Assignments & Feedback

Criterion 4: Writing or speaking assignments are arranged so that the students get timely feedback from the instructor on each assignment in time to help them do better on subsequent assignments.

The following 6-week course schedule shows the typical sequence of literacy assignments. As shown, students will receive feedback on their Case Studies in time to improve for the next case study. There are several weeks between the significant writing portions of the PWP. Students are also provided with assignment examples from previous courses so that they have examples of exemplary work.

Module 1:

Discussion on Bias
Group Charter

Module 2:

Case Study #1: Issues in Childhood Nutrition
NPAA part 1 (Initial Assessment)
NPAA part 2

Module 3

Case Study #2: Vegetarianism, Obesity, Food Allergies, Celiac Disease, Athletes, Diabetes, Disordered Eating

Module 4:

Case Study #3: Adult Nutrition, Chronic Disease, Physical Activity, Weight Management, NPAA part 3 (Reassessment)
In The News Project Presentation and Handout

Module 5:

Project Self & Peer Evaluations

Module 6:

Case Study #4: Adult Nutrition, Lifestyle, Disease, Pharmacology
NPAA Part 4 (Reassessment)
NPAA Part 5 (Conclusion)
Case Study Team Self & Peer Evaluations

Below you will find examples of student work from a previous course that was scored highly. Note that the word count in each of the examples below is approximately 1300 words, not including instructions or prompts.

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EXAMPLE 1:

- A) Present examples of data tracked related to SMART goals set in Part 2. Relate the data from SMART goals to the Indicators of a Healthy Relationship with Food and Activity collected on Part 1, Part 3, and Part 4. Describe the trends and outcomes of the behavior change intervention. (25 points)

(Please refer to the grading rubric)

Since the beginning of this course, I knew that I was struggling with managing my stress. I took the time to understand the reasons why I might not be functioning in the most optimal way and looked for answers. One thing related to my stress is sleep pattern. It is very challenging for me to wake up at the same time every day. Studies suggest having an inconsistent sleep schedule will disrupt a person's circadian rhythm (1) and can lead to development of diseases such as obesity and breast cancer. (2) According to researchers, each organ has its own clock and humans have not evolved for night shifts, nighttime lights and intercontinental travel, leading to long-term health risks.

My morning work schedule varies, and I allowed myself to stay up very late some nights; I am at risk of disrupted circadian rhythm and related disease. So, I focused behavior change on getting to sleep at the same time each night.

Analysis of Data

For my SMART Goals I decided to practice better sleeping patterns by going to bed between 9-10pm and using the app "Sleep Cycle" to track my sleeping patterns. For my second SMART goal, I decided to practice stress management activities (yoga mainly) each morning after breakfast, tracking each session with my Apple Watch.

Results Related to SMART Goal #1:

In regard to this goal, it became apparent fairly quickly that going to bed between 9-10pm was going to be very difficult, as my schedule only allowed me time to work on homework in the evenings and I had a lot to do. So, nearly every night I didn't make it to bed during that time frame. As a result, I decided to revise my goal to getting at least 8 hours of sleep each night, allowing myself time to sleep a little longer in the mornings if necessary. This worked out really well, and my energy and overall feeling during the

day was benefited by this goal. I had several nights where I would wake up in the middle of the night with insomnia and not be able to get back to sleep until 7am or so, and so allowed myself to go back to bed on these days and still get the sleep I needed. It really made a big difference in how I felt, and it uplifted my overall life – my attitude was more positive, my behavior toward others was improved, I just felt better!

After a total of 34 nights recorded, 24 of them had 8+ hours of sleep – 29 including the nights I went back to sleep after insomnia. Here are a few examples of some nights of sleep:

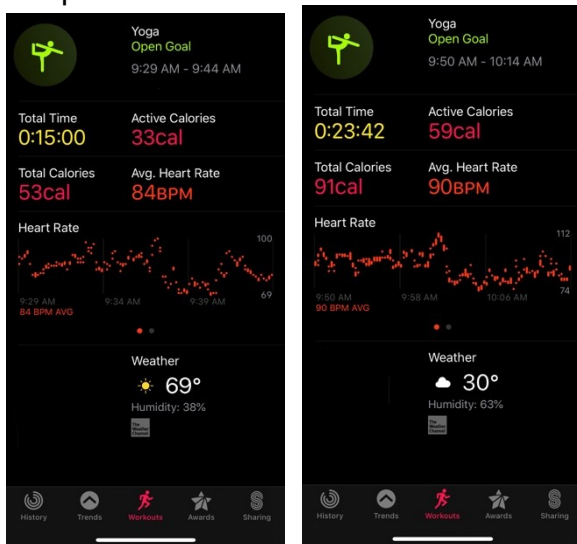


Results Related to SMART Goal #2:

With my second goal of after-breakfast stress management, I had a bit of a harder time. The hardest part for me was remembering to, immediately after breakfast, practice yoga or another stress-relieving activity. I thought that it was going to be easy for me to remember to do it at the same time every day, but I typically was pretty relaxed after breakfast and so I didn't feel the need to do it that many days. I put it off several days, saying I'd do it later in the day when I was more stressed (and more often than not I forgot). I completed this behavior only 12 days out of 34.

I learned a lot about myself with this one; I wasn't as "successful" in the way that I wanted it to be, but I think, on a positive note, I learned a bit about motivation in setting goals. Rather than planning on doing something because it seems easy, I should evaluate what is more realistic for me and how devoted I am for that change. This is something I did in NPAA 2, but I don't think I took this one as seriously – I felt really motivated, but when it came to actually doing it, it was more difficult. I think I should've used a support system more or found a buddy to practice with me. It may have been too

lofty of a goal to start doing something new like that every day. I practiced this about twice a week instead of everyday. However, when I did practice, I usually felt relief physically and mentally, which was rewarding. If not mentally, I almost always felt relief physically, which I believe still had a positive effect on my mental and emotional state. Below are some examples of recorded sessions:



B) The prompts reflect core competencies of the National Board for Health & Wellness Coaching, supported by the ASU Healthy Lifestyles Coaching program.

1. Explain the ways you sought more information, gained awareness, clarity, understanding and insight through questioning and recognized personal areas of strength and opportunity for growth related to nutrition and physical activity that is important in your personal life/career. What do you need to do to further progress in change? What resources are available to support this change? How and why are you likely/unlikely to continue with changes started or to initiate new change? Which behavioral change experiences are translatable to the real-world?

From the research, I know that sleep is important, and so I tried to find more information about how sleep impacts my health and I questioned how I felt when I slept more versus when I didn't sleep enough. I have family members who regularly get about 4 hours of sleep at night and I see clearly what a toll it takes on them. Each of these things helped motivate me to change. I have succeeded in establishing a good habit in improved sleep patterns. Having a support network is extremely important to behavioral change.(3) It was really helpful to me that my husband would go to sleep with me at the same time, it was kind of like having a workout buddy in that it helped me remember my goals.

I think it is likely for me to continue this change because I have strong support, I feel motivated and I know how important it is in my life right now. I would still like to keep working on managing my stress, though I think I will experiment with different things that find out what resonates with me. Having somebody to work on these things with has proven to be significantly helpful to me, so I may seek out a support person who would want to practice with me. This can be related to any future change I decide to make!

Any behavioral change experience is translatable to the real-world, because the real-world changes all the time and people need to adapt pretty regularly. By experiencing a behavior change, people learn about ourselves, strengths and weaknesses, and these can be translated into personal and professional experiences. It allows people to know themselves a little better and in turn perhaps help somebody else, too.

4. Describe your personal areas of strength and areas for growth that may be important in coaching others toward wellness. What would you have done differently on this assignment if you had more time? Explain ways in which you could utilize a growth mind-set toward maximizing your impact on others. Discuss an example related to your past experience in health and wellness with a strategy that (future) clients may find useful and meaningful? Is there a particular contribution that you want to have in the field of health and wellness?

One area of personal strength that may be important in coaching others is empathy. I think this is one of the areas I have grown the most in the past year as I study coaching, and while I have a lot to learn, I believe I have grown in my ability to have empathy for others, which is so important in coaching. One area of growth I can work on is balance – I have been trying to work on this for a while, though it's been tough to get a hold of. If I had more time on this assignment, I think I would have put more effort into using my support system and spent more time journaling about my achievements/failures/feelings/etc. This is also something I would say is a great strategy that future clients may find useful and meaningful. I found that having a strong support system in one of my goals, somebody to achieve it with me, made a huge difference in the success of that goal. Along with that, keeping track of your successes in some way, along with how you're feeling about it, I think would be meaningful as well. In the field of health and wellness, I would love to contribute an open heart and mind that is focused on loving and helping others. I want people to know that they are worth so much more than their body, and that they can achieve their goals if they start from somewhere. Even if I don't work as a certified health coach, I want to utilize coaching skills to support others in their healthy, positive goals and be an example in the way I try to better myself as well.

1. How to Wake Up Easier: Rise, Shine, and Master Your Sleep Schedule. Biostrap. <https://biostrap.com/blog/how-to-wake-up-easier/>. 2019. Accessed November 27, 2019.
2. Meng Qu, Tomas Duffy, Tsuyoshi Hirota, Steve A. Kay. Nuclear receptor HNF4A transrepresses CLOCK:BMAL1 and modulates tissue-specific circadian networks. *Proceedings of the National Academy of Sciences*, 2018; 201816411 DOI: [10.1073/pnas.1816411115](https://doi.org/10.1073/pnas.1816411115)
3. Greaney ML et al. Social support for changing multiple behaviors: Factors associated with seeking support and the impact of offered support. *Health Education & Behavior*, 2018; 45(2),198–206. <https://doi.org/10.1177/1090198117712333>

EXAMPLE 2:

NPAA Part 1, 3, 4 Data Summary

While there were several areas which need attention in the Indicators of a Healthy Relationship with Food and Activity, the two that I chose to focus on and create SMART goals for were the monitoring of my blood pressure and the daily logging of meals to begin the practice of eating mindfully.

Using the SmartBP app, daily I logged my weight, pulse and blood pressure. While it did vary greatly within these three months, I was able to note changes and alert myself to potential problems. After a series of dizziness spells, I did finally visit my general practitioner who determined that my heart rate was too low due to the high dosage of my blood pressure medication. The dosage was lowered and while this did not negatively affect my blood pressure, the dizziness discontinued. Because I had daily tracked these vitals, my GP was able to quickly determine why I was having these spells. I also was able to determine potential causes of blood pressure spikes such as stress and drinking alcohol, and I can better control these outside influences in order to keep my blood pressure down. Following are readings over the period of time from the SmartBP app:

Date	Systolic	Diastolic	Pulse	Weight
10/19/2019	139	83	60	131.0
10/26/2019	148	94	69	133.6
11/2/2019	138	85	60	132.8
11/9/2019	145	91	70	132.8
11/16/2019	127	86	73	131.2
11/23/2019	132	81	72	131.8
12/6/2019	129	85	70	130.8

My second SMART goal was to begin the practice of logging my meals daily in order to ensure adequate intake of calories and macros. Previously, I depended on the scale to determine my meals for the day, eating very little if the numbers were high and consuming more if I was happy with the number on the scale. I stopped weighing daily and instead considered my meals carefully, ensuring I was getting adequate caloric intake. I used MyFitnessPal to log my meals and daily activity. My daily calorie goal was 1800 calories and by tracking my meals, I was able to stay within 200 calories of this goal every day, including Thanksgiving. My average intake was 1832 calories. By tracking my meals, I was able to not obsess over the scale to maintain my weight and instead simply ensure I was consuming my caloric needs. While I was nervous that this might cause an increase in weight, it did not. At the start of the tracking I weighed 131.0 pounds and today I weighed 130.8, a difference of .2 lb. I plan to continue meal tracking, as this is not only a more physically healthy option, but mentally healthy as well. Below is select data abstracted from MyFitnessPal.

Date	Kcal	Date	Kcal
10/19/2019	1739	11/5/2019	1802

10/22/2019	1810		11/11/2019	1921
10/27/2019	1722		11/17/2019	1784
10/31/2019	1945		11/28/2019	1977

There were a few other areas I worked on as well. I had a tendency to eschew carbs, and I became more open to consuming them. I focused on adding whole grain and complex carbs to my diet. I found meals to be more satiating and satisfying. I also sought more social interaction with friends. While I enjoy spending time with my friends, I am equally as happy hanging out at home with my boyfriend. I decided that during these two months, I would not say no. I accepted every invitation, and enjoyed activities such as trivia nights, wine and sip parties, girl's night out and shopping expeditions. Though I may have been more inclined to hang out at home, I was very glad I accepted invitations, as spending time with my friends was spirit-lifting, fun and a change of pace. One thing I attempted to do yet was really unable to was to get 8 hours a sleep per day. I wake up quite early, yet I'm also a night owl. Curbing the habit of staying up too late was by far the most difficult to address. While I managed a few earlier nights to bed, I still spend many more nights staying up late. This will continue to be a challenge for me, yet it's one I will keep striving to change.

3. How do interrelated factors such as thoughts, attitudes, beliefs, perceptions, emotions, self-image and background influence your nutrition and or physical activity in ways that affect health? What is helpful and what is not? In what ways does a shift in viewpoint lead to additional possibilities for action? How can you use such skills when trying to guide a client in exploring broader perspectives regarding eating/activity? (8d, 8, 8fe)

Thoughts, attitudes, beliefs, perceptions, emotions, self-image and background all greatly influence my nutrition and physical activity in ways that affect health, as they do with any individual. I believe my upbringing greatly affected my relationship with food today, though at 51 years old, I have finally begun to shake some of the perceptions and experiences from my youth. Growing up and even today, my parents were obsessed with weight, both their own and mine. The first diet they put me on was the ice cream diet. It consisted of eggs for breakfast, a hamburger patty and salad for lunch and a scoop of vanilla ice cream for dinner. This diet was followed by other trendy diets of the time- the cabbage soup diet, the Atkins diet, etc. My parents and I were ALWAYS on some sort of diet. I grew up not really knowing how to make healthy choices on my own, but instead food choices were dictated by a book or newspaper article. The research (1) shows that even while children are born with an innate ability to self-regulate their energy intake. A child's environment (home and school) influence the tendency to choose large or calorically restricted foods and parental modeling all potentially undermine development of self-regulation of energy intake. (1, 2) This clearly happened in my case and resulted in poor dietary habits much of my life, though these habits had no outwardly noticeable signs then. I always appeared healthy, able to eat whatever I wanted...until I reached my 40s. It was then when I gained 50 pounds in just a few short years. A lifetime of poor choices had finally caught up with me, and I was desperate to make changes to my life. It was then when I started reading everything I could about health, nutrition and exercise. I put my newfound

knowledge into effect and though proper diet and exercise, lost 60 pounds and have kept it off for over seven years. I have never looked nor felt better than I do today.

My background greatly influenced my decisions throughout my life, and it wasn't until I took a hard look at myself and my habits that I wanted to make a change. This shift in viewpoint was imperative for me to make a lasting change. As a health coach, (3) it is equally important to help the client see the need for change and establish goals in order to facilitate change. A good rapport with the client is necessary to introduce new ideas and perspectives which the client may not have otherwise considered. Because of my past experiences and challenges, I know I can assist my clients in considering new ways of thinking and explore various options to reach their goals.

1. Explain the ways you sought more information, gained awareness, clarity, understanding and insight through questioning and recognized personal areas of strength and opportunity for growth related to nutrition and physical activity that is important in your personal life/career. What do you need to do to further progress in? Change? What resources are available to support this change? How and why are you likely/unlikely to continue with changes started or to initiate new change? Which behavioral change experiences are translatable to the real-world?

When I struggled with weight ten years ago, I had reached a point in my life where I knew I had to take action. While I was simply contemplating change, I was looking into ways to implement this change. I knew what I was putting into my body was unhealthy, but I did not know how to stop and where to begin. I researched diets like crazy because that is what I had learned from growing up works. I settled on one particular diet, and I stuck with it. In just three months, I lost 50 pounds. While that in itself was amazing, I knew that this diet was not sustainable and that a lifestyle change was in order. I turned to the websites of nutritionists, dietitians and those who did not peddle diets, but lifestyle changes. I learned what my caloric intake should be, the importance of macros, the processed food I should avoid and the healthy foods I could consume. The previous diet was very difficult and not sustainable, as it was restrictive, and I felt deprived; but a lifestyle change was fairly easy. I was not deprived, but simply substituting unhealthy food for better alternatives and eating in moderation. I found that this was something I could easily do with further education and support from family and friends. I made this change seven years ago, and I have not faltered from this new way of life. The benefits of good health vastly outweigh the temporary highs from overindulging. Once one experiences positive effects from a change they can be motivated to continue good habits and/or incorporate further habits.

1. Savage JS, Fisher JO, Birch LL. Parental influence on eating behavior: conception to adolescence. *J Law Med Ethics*. 2007;35(1):22–34.
2. Kim HS, Park J, Ma Y, Im M. What are the barriers at home and school to healthy eating?: Overweight/obese child and parent perspectives. *J Nurs Res*. 2019;27(5):e48.
3. Thom DH, Wolf J, Gardner H, et al. A Qualitative Study of How Health Coaches Support Patients in Making Health-Related Decisions and Behavioral Changes. *Ann Fam Med*. 2016;14(6):509–516.