

HEALTH EDUCATION FRAMEWORK



FOR CALIFORNIA PUBLIC SCHOOLS
Kindergarten Through Grade Twelve

Chapter 5
Grade Levels Seven and Eight

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Grade Levels Seven and Eight

CHAPTER 5

Introduction

Life in seventh and eighth grade is an exciting and challenging time for many students. Entering adolescence, most students are establishing their independence while still needing guidance, mentorship, and support from educators along with their parents, guardians, and caretakers. Establishing and fostering a caring, respectful, affirmatively inclusive, and compassionate classroom and school climate with integrated resource and referral networks sets the foundation for successful implementation of the standards-based instruction covered in this chapter.

Students at this age are generally intensely curious, prefer active learning experiences, favor interaction with peers during learning activities, and enjoy applying skills to solve problems based on their experiences. Many seventh- and eighth-grade students are experiencing more demands academically and have more accountability and responsibility. They are taking multiple classes, are involved in organized sports and activities, and are often engaged in screen time and technology by being online, texting, social media, gaming, and using apps on their smart phone, computer, or mobile device. Most students in the middle grades have new responsibilities, such as managing schedules. Their newfound roles lead to greater independence and empowerment but may also lead to stress or other mental health issues. Students at this age are also experiencing puberty and the many physical and emotional changes that accompany this life-changing event

(California Department of Education 1989; Wood 2007). It is no surprise that many students at this age can seem concerned with how popular they are with their peers. Seventh- and eighth-graders are typically experiencing intellectual growth and analyzing and interpreting information in more complex ways.

Many students in grade levels seven and eight are learning the art of persuasion and how to argue effectively for what they want and to support their opinions. Their critical analysis and evaluation skills continue to develop, particularly in eighth grade. By eighth grade, most students also have a stronger sense of self as they move closer to transitioning to adulthood.

Through the standards-based instruction outlined in this chapter, students learn the physical, academic, mental, emotional, and social benefits of physical activity and how nutrition impacts one's short- and long-term personal health. Nutrition and physical activity are critical to health education as our state and nation continue to be challenged by an obesity epidemic that is contributing to many chronic diseases (CDC 2016).

Some students may have already become sexually active, and some students are developing and becoming aware of their sense of sexuality both in terms of identity and activity (CDC n.d.). This is an opportune time for seventh- and eighth-graders to learn positive sexual health and healthy relationship practices and behaviors. Given the prevalence of sexual and relationship violence among youth, it is important for students to learn more about healthy relationships, sexual abuse, and consent (CDC 2019a). Students this age generally enter into a vulnerable state of needing to feel a sense of belonging, love, and attractiveness. Students may also feel pressured to enter into romantic relationships or have sexual experiences. These factors increase risk for violence, abuse, and exploitation, including sex trafficking. Educators play a key role in preparing students for this stage of adolescence.

Students also learn essential skills for injury and violence prevention; strategies for optimal mental, social, and personal health; and responsible decision-making regarding alcohol, tobacco, and other drugs. Some students this age spend more time away from home, place more emphasis on peers, and use technology and social media, making instructional strategies that foster responsible decision making an important component of health education lesson planning (Lenhart et al. 2015, 31). Due to the sensitive nature surrounding some of the health education content covered in this chapter, it is critical that instructional activities are

implemented in a safe, open, inclusive, affirmative, supportive, and judgment-free environment. Establishing a caring, respectful, and compassionate classroom and school climate sets the foundation for many of the standards-based instructional strategies covered in this chapter. When designing instruction and creating examples that require using names, teachers are encouraged to use names for people that reflect the diversity of California.

Health instruction is best provided by credentialed health education teachers or credentialed school nurses with a specialized teaching authorization in health using evidence-based practices. School nurses and school counselors can be important resources for health instruction. While guest speakers and video resources can be an important supplemental resource for health education, the primary instruction is the responsibility of the health education teacher. Guest speakers and media resources including books and videos should always be vetted for appropriateness, for compliance with state statutes and district protocols, and to ensure the content they are providing is valid, age appropriate, medically accurate, and unbiased.

Guest speakers and media resources including books and videos should always be vetted for appropriateness, for compliance with state statutes, and to ensure the content they are providing is valid, age appropriate, and medically accurate. Literature and media, such as video content, used in a school is determined by the district. Each district should have a selection policy that explains the procedures it uses for selecting literature that reflects the school's education mission, program, and the ages and interests of its students. The recommended materials in this framework are designed to give local educational agencies and educators a range of materials to choose from to meet the needs of local teachers and students. It should be understood that inclusion of the materials provided in this framework does not preclude local teachers and administrators from selecting those specific materials that best suit the needs and interests of their local students.

Health Education Standards for Grade Levels Seven and Eight

All six of the essential content areas (Nutrition and Physical Activity; Growth, Development, and Sexual Health; Injury Prevention and Safety; Alcohol, Tobacco, and Other Drugs [ATOD]; Mental, Emotional, and Social Health; and Personal and Community Health) are covered in the seventh- and eighth-grade health education standards. All eight overarching standards are addressed in each of the six content areas. It should be noted that content areas are presented in the same order as the standards, however, content areas such as ATOD; Mental, Emotional, and Social Health; and Growth, Development, and Sexual Health may be taught after the other content areas to foster skill development and scaffolding of more complex health issues, and to ensure the development of a safe environment necessary for learning. Students in grade levels seven and eight will need instructional support, guidance, and resources to apply the new skills and health behaviors learned in the eight overarching standards detailed below.

Nutrition and Physical Activity (N)

Educators play a key role in empowering students to learn more about the importance of nutrition and physical activity, and supporting students in applying health content knowledge to healthy practices. Nutrition education is a continuum of learning experiences to develop knowledge and skills that become lifelong healthy practices (Contento 2016). Knowing how and why to eat healthy is important, as is having positive attitudes or preferences toward fruits and vegetables, but knowledge alone does not enable students to adopt healthy eating behaviors. As their independence becomes more established, many students are more influenced by their peers, and they are spending less time at home (Marotz 2015). Unhealthy food and snack options are accessible to students in vending machines, campus student stores, and convenience stores, as well as by going to fast-food establishments with friends. Certain nutrients, such as unhealthy saturated fats, sugar, and caffeine, can trigger neurological responses in the brain similar to alcohol, tobacco, and other drugs (Avena, Rada, and Hoebel 2009; Oginsky et al. 2016). Discussions like this represent an opportunity for students to learn about healthy foods and snacks, such as those they can grow in a school or community garden or prepare themselves at home.

According to the Robert Wood Johnson Foundation, 15 percent of ten- to seventeen-year-olds in California were obese (2016, 15). Research confirms that adolescents engage in 7.5 hours of screen time (texting, gaming, watching movies or television shows, using apps, browsing online, engaging in social media, etc. on computers, tablets, televisions, and smartphone devices) a day (National Heart, Lung, and Blood Institute 2013a). High amounts of screen time are linked to an increased level of obesity and decreased levels of exercise among adolescents (Rosen et al. 2014). Typically, students this age are also experiencing increased appetites associated with puberty growth spurts or other internal and external influences. Students may choose foods high in sugar, saturated fat, and salt to curb their appetites instead of engaging in physical activity and choosing healthy and nutritious food and beverage options.

Some seventh- and eighth-graders may know what a healthy snack and meal are; however, reinforce the importance of proper nutrition, which includes an abundance of fruits and vegetables; lean proteins including lean meats, fish, beans, peas, soy, nuts, and seeds; calcium-rich foods for bone growth; whole grains; and foods low in sugar. Proper nutrition and physical activity greatly impact an adolescent's academic performance and can prevent obesity and obesity-related health concerns, support the maintenance of a healthy body weight, and address any issues of undernourishment (American Academy of Pediatrics 2016; National Institute of Diabetes and Digestive and Kidney Diseases 2016).

Most adolescents do not receive their recommended amount of calcium, iron, and zinc (Drake 2017). Though we often focus nutrition lessons on prevention and elimination of obesity, the World Health Organization defines malnutrition as the deficiencies, excesses, or imbalances in a person's intake of energy and nutrients (2018). Issues such as food insecurity, sleep hygiene, and stress eating may also be considered. A healthy diet including eating not only nutritious foods but also the appropriate amount of food to meet energy requirements is essential (American Academy of Pediatrics 2016; National Institute of Diabetes and Digestive and Kidney Diseases 2016).

One strategy to promote the importance of proper nutrition is to explain how nutrition directly impacts things students care about and activities they are engaging in. Some potentially effective messages include:

- A healthy diet is essential for optimal athletic and academic performance
- Drinking plenty of water daily supports a clear complexion

- Calcium supports the creation of strong bone growth and proper posture for optimal performance in a wide array of activities

Students may be more likely to adopt healthy nutrition practices when specific benefits apply to them. This information can be interwoven with the long-term health benefits associated with proper nutrition, such as a decreased risk of heart disease, stroke, certain types of cancers, and obesity (CDC National Center for Chronic Disease Prevention and Health Promotion 2019). Nutrition deficiencies (such as vitamin or mineral deficiencies) and related conditions (such as anemia) may be included.

Even though these topics may be abstract to students at this age, it is important to include them in instruction. For example, students can write research papers on a specific health issue such as heart disease, identifying and describing the risk factors associated with the health issue. Students include local and national data for youth or adults on the health issue obtained from credible resources, such as the California Healthy Kids Survey, Robert Wood Johnson Foundation's County Health Rankings, or the CDC's Youth Risk Behavior Surveillance System (YRBSS) in their research. Their research findings are then shared as class presentations (7–8.1.1.N, 7–8.1.10.N, Essential Concepts). Multiple content areas can also be integrated. For example, through their thorough research, students are able to explain how proper nutrition and physical activity can lead to more positive mental health outcomes and lowered stress, or why injury prevention is an important component of physical activity.

Active learning demonstrations and hands-on activities to build skills, such as healthy cooking, can be particularly engaging for students this age. For example, a stove or oven is not necessary. A blender or food processor can be brought to class to demonstrate how to make smoothies, hummus, fresh salsa, or guacamole to eat with the veggies. Students can make their own trail mix with nuts, dried fruit, seeds, or granola of their choice (7–8.1.8.N, Essential Concepts). By actively participating in food preparation—for example, washing and chopping vegetables, measuring and blending hummus ingredients, or mashing avocados for guacamole—students tend to have more of an interest in the healthy foods being prepared. Use caution for any students with nut or other food allergies. Consult your school's policy on preparing and serving food in the classroom, nut and other food allergies, and safe storage of cooking equipment. For food allergy resources, consult your school or district credentialed school nurses, county wellness

coordinator, and the California Department of Education (CDE) Policy on the CDE Nutrition web page.

Students are involved in the learning process by providing suggested items for the hands-on cooking activity. Whenever possible, incorporate foods grown by the students themselves in a garden or container to increase their motivation to try them. Students practice proper food handling while washing hands prior to the activity and wearing gloves to handle food and food-preparation equipment. Cooking demonstrations and activities reinforce safe food handling and storage as critical to avoiding foodborne illnesses such as salmonella and E. coli (7–8.1.4-1.5.N, Essential Concepts; 7–8.7.2.N Practicing Health-Enhancing Behaviors). Cooking demonstrations and hands-on cooking activities can also emphasize that items like smoothies or trail mix can be healthy breakfast-on-the-go options that are easy to prepare. Having nuts and fresh and dried fruits in their backpacks is a great way to have healthy snacks available. For hydration throughout the day, students should be encouraged to keep a water bottle in their backpack and fill their bottles throughout the day. Schools should consider providing refilling stations for students in addition to making drinking water available at meals.

Many students this age choose not to eat breakfast or do not have access to breakfast, one of the most important meals of the day. The California Healthy Kids Survey confirms this—close to 30 percent of California seventh-graders said they did not eat breakfast on the day they took the survey” (WestEd 2018). Eating a nutritious breakfast supports increased attention span, concentration, retention of information, and overall academic and physical performance (7–8.1.11.N, Essential Concepts) (CDC 2014a).

Students can be reminded that breakfast does not always have to include traditional breakfast food items. For example, a quesadilla with low-fat cheese, a bowl of leftover beans, salsa, and whole grain rice is a great way to start the day with protein. Eating a whole apple, orange, banana, strawberries, or a handful of berries can add delicious flavor and more fiber and vitamins.

Consider having students engage in small-group discussions on what is considered a healthy breakfast and the variety of breakfast foods served in their homes and communities. They discuss the benefits of eating breakfast and identify ways to incorporate healthy and nutritious food items for breakfast. Students serve as notetakers or group reporters to record and report on their group discussion and any ideas the group discovers. At the end of the group discussions, the notetakers

write some of the solutions on the front of the whiteboard for the entire class to see. Students can also write a paper or journal entry to analyze the cognitive and physical benefits of eating a nutritious breakfast daily, and their personal experiences and reflections on the activity. Students will analyze the cognitive and physical benefits of eating a nutritious breakfast daily (7–8.1.11.N, Essential Concepts; 7–8.7.1.N, Practicing Health-Enhancing Behaviors). Health education teachers and site administrators can collaborate with the school nutrition services staff to develop strategies that appeal to students and encourage them to eat a nutritious breakfast.

Displays and demonstrations can be an effective peer-based instructional strategy. Consider having students create a nutrition food display each month highlighting specific nutritional components and describing the benefits of eating a variety of foods high in iron, calcium, and fiber. Whenever possible, highlight local seasonal produce available in the cafeteria and community at the time of the assignment, such as apples or tomatoes in fall and radishes and asparagus in spring.

If display space is limited or in addition to the display, consider utilizing the school's website, social media sites, or newsletter to provide the information online to fellow students and parents. As an example, a different group is assigned each month to produce the display with the mineral iron the first month, calcium the next month, followed by the nutrient fiber. Using valid and credible websites, students research the nutritional content and general guidelines for their display, such as the recommended daily value of each vitamin or mineral including zinc, magnesium, healthy fats, and B vitamins, and pictures of food items high in these nutrients. Collaborate with the school's teacher librarian, media personnel, school nurse, or other appropriate staff person to help students locate valid and reliable sources of information for their research. Recipes can also be displayed in a creative way to educate, not only the group creating the display, but others in the classroom. Consider showcasing students' work in a school display area (7–8.1.7.N, Essential Concepts). This is a project that can also be shared by one or more grade levels, rotating the responsibility for the display among classes.

Food logs, or food diaries, are powerful tools used by nutritionists. The logs themselves provide insight and serve as a health education tool for students to visually see the foods and beverages being consumed. Students create a food and physical activity journal to document all food, beverages, and snacks that they consume. Students record the nutrition information of each item, along with any

activities they engage in, and the calories expended for several days. Students are provided a list of website links to find the calorie output associated with common activities and the caloric values of common foods. They are encouraged to note their portion sizes using the National Heart, Lung, and Blood Institute’s Portion Distortion Serving Card for the purpose of being able to accurately determine the caloric values (2013b).

After making the final entry in the food log, students compare their dietary and physical activity intake with the national nutrition and physical activity guidelines for nine- to thirteen-year-olds (see the [Fifth Grade](#) section of the “Grade Levels Four Through Six” chapter). Guidelines for youth can be found at the US Department of Health and Human Services (HHS), Physical Activity Guidelines for Americans: Youth Physical Activity Recommendations; the American College of Sports Medicine’s Youth Physical Activity in Children and Adolescents; and the CDC’s Youth Physical Activity Guidelines. The activity culminates with students making a personal plan for improving their nutritional intake and increasing physical activity in their daily routines. Students also identify ways to make healthy food choices in a variety of settings to set two individual nutrition goals and two physical activity goals to be achieved by the end of the semester. It is recommended that goals start out small and achievable. Students are encouraged to continue to log their food and beverage consumption and physical activity or journal their reflections on their own (7–8.6.1-2.N, Goal Setting; 7–8.7.1.N, 7–8.7.3.N, Practicing Health-Enhancing Behaviors).

Note that food-related activities such as food logs may be a trigger for some students with an eating disorder. Teachers should be aware of students who may be at risk of this and assist students by connecting them to school and community resources. Educators should also assess their classroom climate for student comfort level with sharing the above information. The journal-sharing activity may be optional. If educators are concerned that this sharing might make some students embarrassed or ashamed due to lack of access to healthy foods at home, for example, they can engage in a similar activity using pre-selected, hypothetical meals rather than by asking students to share what they actually ate.

One essential aspect of nutrition education for seventh- and eighth-grade students is distinguishing between healthy and harmful diets and the benefits of maintaining a healthy weight with proper nutrition. Research confirms that close to 60 percent of adolescent females engage in dieting, fasting, self-

induced vomiting, taking diet pills, or using laxatives (National Eating Disorders Association 2012; Neumark-Sztainer 2005). Plus, females who are overweight are more likely than female students who are the recommended weight to engage in extreme dieting (Wertheim, Paxton, and Blaney 2009). Male students also experience eating disorders such as caloric restriction, bingeing and purging, anorexia athletica, or laxative abuse (National Eating Disorders Association 2018). Students at this age are inundated with media images, social media, and marketing regarding body image and society's overemphasis on the importance of being thin or maintaining an ideal body image.

One of the purposes of the California Healthy Youth Act is to provide students with the knowledge and skills needed to develop healthy attitudes concerning positive body image. Due to puberty, some students may be experiencing changes as their body grows and develops, making them self-conscious about their body. Youth who participate in weight-conscious activities like ballet, gymnastics, or wrestling can be particularly vulnerable to external influences and pressure. Student discussions on healthy body images can help dispel common stereotypes surrounding society's perception of what an ideal body image is. For example, students may be healthy and not fall into society's expectations of having a thin physique. In addition, different cultural, racial, or ethnic groups may value different body types as ideal or healthy. Through discussion and their own readings, students are able to analyze the harmful effects of engaging in unscientific diet practices to lose or gain weight. Students can then distinguish between valid and invalid sources of nutritional information, and can evaluate the accuracy of claims about dietary supplements and popular diets (7–8.1.9.N, Essential Concepts; 7–8.3.1-2.N, Accessing Valid Information; 7–8.5.3.N, Decision Making; this activity also connects to the California Model School Library Standards and California Common Core Standards for English Language Arts/Literacy (CA CCSS for ELA/Literacy), CA CCSS for ELA/Literacy W.7–8.8; see the [Growth, Development, and Sexual Health](#) section for more information on the California Healthy Youth Act).

Students learn that responsible decision-making is essential to maintaining a healthy body weight with proper nutrition and safe diet practices. Student research and teacher-led discussions provide examples of tactics advertisers use to market weight loss and weight gain supplements and diets that restrict calories or certain foods. Information about healthy food and beverage options is included for comparison. Research and discussion also include the topics of anorexia (eating too little), bulimia (eating and then vomiting), and anorexia athletica

(overexercising on a limited caloric intake). Through media images and videos, students discover that people have varying body sizes and types. They also learn that muscle weighs more than fat, so athletes often have a high body composition. Body composition can be measured in a variety of ways, from using charts and apps of height and weight to more precise measurement tools. The body mass index, or BMI, is a common measurement of body composition.

Students create a one- to two-minute audio public service announcement (PSA), describing the claims advertisers use and explaining the possible harmful effects of using such products, while also including nutritious alternatives for maintaining a healthy body weight (this activity also connects to the CA CCSS for ELA/Literacy SL.7.4). Prior to the activity, via websites, students use class time to research various popular diets and healthy ways to lose weight safely or to maintain a healthy body weight. Examples include the following:

- Exercising
- Obtaining sufficient sleep each night
- Eating recommended portions of fruits and vegetables
- Drinking plenty of water
- Eating a variety of lean meats; fish proteins; beans, peas, or soy products; vegetables such as spinach and broccoli; nuts and seeds; and whole grains such as brown rice
- Being aware of meal portion sizes
- Limiting foods high in sugar and unhealthy fats

Students can research the financial cost of different ways of losing weight or maintaining a healthy body weight and compare the costs with the expected benefits. From additional instruction, students learn that if they or someone they know is suffering from an eating disorder or is concerned about their weight, to contact a trusted adult such as their teacher, parent, caretaker, the school nurse, or school counselor for help. Students identify trusted adults in their families, school, and community for advice and counseling regarding healthy eating and physical activity (7–8.3.5.N, Accessing Valid Information).

Physical activity, physical education, and physical fitness are often used interchangeably, but each is distinctly different. Physical activity is any type of bodily movement and may include recreational, fitness, and sport activities.

Physical activity builds self-esteem, confidence, muscle, and bone strength. Social skills and academic performance, including concentration and retention, are also positively influenced by physical activity. Physical education is the instructional mechanism where students learn to be physically active by demonstrating knowledge, motor, and social skills (Caspersen, Powell, and Christenson 1985). Physical fitness is defined as a set of attributes that people have or achieve relating to their ability to perform physical activity. It can be further defined as a state of well-being with low risk of premature health problems and energy to participate in a variety of physical activities (US Department of Health and Human Services 2012).

However, many students at this age tend to either be very physically active via participation in school-sponsored sports, organized community sports, or activities such as dance, martial arts, or cheerleading; or, in stark contrast, they are not physically active at all (Wolstein, Babey, and Diamant 2015, 18). Some adolescents may spend more time socializing with their friends and/or getting involved in technology-related activities (texting and engaging with online social media on their smartphones or tablets, playing video games, or watching television) than engaged in physical activity, placing them at an increased risk for obesity-related childhood diseases such as diabetes (Rosen et al. 2014). Other students may experience barriers to participating in physical activity, such as a lack of access to a safe area to exercise or for recreation, transportation challenges, or limited funds to participate in exercise programs or obtain equipment (Pate et al. 2011). Some students' home cultures may have limited expectations on the type of activities that are considered appropriate, or may have family members with limited mobility (Sabo and Veliz 2008). Other students may have limited access to safe recreational areas or feel unsafe walking or exercising in their neighborhood. Community Centers can be safe alternatives for students (Pate et al. 2011).

California Education Code (EC) Section 51222(a) requires that all students in grade levels seven and eight be provided at least 400 minutes of physical education each 10 school days. In California, 38 percent of adolescents do not participate in physical education and only 19 percent meet the recommended daily amount of 60 minutes of vigorous activity a day (Diamant, Babey, and Wolstein 2011, 1). The work of health education teachers and administrators is critical in promoting and incorporating this essential practice within and beyond the school day to help students experience a lifetime of positive health. Most schools that serve seventh- and eighth-grade students have credentialed physical education teachers. This

section provides ideas for integrating physical activity both in and away from school in health education instruction.

Most students in grade levels seven and eight experience physical changes related to puberty—some may feel awkward about their bodies. Encouraging students to understand that everyone develops at their own pace and on their own individual timeline will give them the reassurance and confidence they may need. Informing students that physical activity can help them feel in control of their bodies as they experience the physical and emotional stressors that occur with puberty can be an empowering message. It is important to emphasize that not everyone has to be an athlete, nor is everyone naturally athletic. Some students are unable to engage in various physical activities. Some students have limited physical abilities or physical challenges. Nontraditional sports and activities (such as dance, fencing, archery, skating, hiking, walking outdoors, yoga, and cycling) are just as valuable to one’s overall health as traditional sports (such as basketball or soccer) and can play a pivotal role in positive mental health. With support, students discover physical activity options that they will engage in throughout their lives (7–8.1.12.N, 7–8.1.14.N, Essential Concepts; 7–8.7.4.N, Practicing Health-Enhancing Behaviors).

Students explore how physical activity contributes to positive health with the physical activity roundtable. Five topics, one per table, related to physical activity are written on large poster paper at each table:

1. Physical activity ideas without equipment (7–8.1.15.N, Essential Concepts)
2. Mental and social benefits of physical activity (7–8.5.4.N, Decision Making)
3. Identify the immediate short- and long-term effects and benefits of physical activity (7–8.7.4.N, Practicing Health-Enhancing Behaviors)
4. How physical activity impacts chronic disease (7–8.1.12.N, Essential Concepts, 7–8.5.4.N, Decision Making)
5. Injury prevention strategies (7–8.1.7.P, Essential Concepts)

Working in small groups assigned evenly to each table, students list their discoveries for each exploration category. After the designated number of minutes, students move to a new table and add new items to the list created by the previous group of students. Once each group has had a chance to sit at each table, students return to their original table. Students are able to explain that incorporating daily moderate or vigorous physical activity in one’s life does not require a structured plan or special equipment by sharing the collective discoveries with the class.

Students write a reflective summary to further explore how physical activity can or does have an impact on their life.

In the classroom example below, students embark upon an evidence-based, peer-led nutrition and physical activity health campaign at their school.

VIGNETTE

Classroom Example: Healthy Change Agents: Nutrition and Physical Activity School Campaign

Purpose of Lesson: Using a peer-education approach, the purpose of this lesson is to inform and motivate students about the benefits of physical activity and nutrition, and to encourage students to engage in positive health behaviors by delivering a schoolwide health communications campaign using the skills-based strategies provided below. Some students are not meeting the daily recommended amount of physical activity (60 minutes of vigorous activity a day), and some may not even be aware of the recommended amount. Nutrition education is essential at this time when students need support and guidance to fuel their bodies as they experience change due to puberty and its related growth spurts. Students promote the well-being of others through a campus health campaign that they create, plan, lead, implement, and evaluate.

Standards:

- **7–8.8.3.N** Encourage peers to eat healthy foods and to be physically active (Health Promotion).
- **7–8.8.1.N** Encourage nutrient-dense food choices in school (Health Promotion).
- **7–8.8.2.N** Support increased opportunities for physical activity at school and in the community (Health Promotion).
- **7–8.1.14.N** Identify ways to increase daily physical activity (Essential Concepts).

Supplies:

- Poster boards
- Art materials

Lesson Narrative:

Mr. K would like his students to embark upon a meaningful, semester-long activity during his one-semester health class. His students have learned about the importance of eating nutritious meals and being physically active for overall health. They have had opportunities to hear and interview guest speakers from diverse cultural, ethnic, linguistic, and religious backgrounds who advocate for better community access to nutritious foods and opportunities for physical activity and research similar content online. Students create an evidence-based, peer-led, campus-wide health campaign to promote nutrition and physical activity to all students at Healthy Living Middle School. Mr. K works with the physical education teachers for this interdisciplinary initiative.

For their health campaign projects, students select various topics and work in small teams of three or four to research and create their campaign component. Some questions of interest the class brainstorms before they self-select into groups include:

- What does healthy eating look like in our community, and how can our peers be encouraged to eat healthier foods?
- What are options for healthy eating at school and in the community?
- Why is physical activity so important to our health, and what are the different benefits of different activities?

Working in small teams of three to four, students volunteer for various aspects of the health campaign, including:

1. **Creating, distributing and maintaining posters.** With administrative support and approval, posters are displayed in the halls, cafeterias, gymnasium, lunch areas, locker rooms, and other places students congregate. Posters feature pictures of student volunteers (student-generated media) that resonate with other students. Students analyze similar posters throughout the semester for their persuasive and informative qualities.
2. **Creating and distributing collateral material.** Students create informational fact sheets and brochures, distributing them at various school functions and to other classes.
3. **Short presentation to peers, creation, marketing, and delivery.** With Mr. K's guidance, students research, design, create, and deliver short class presentations to other classes on various components of nutrition and physical activity.

4. **Generating a social media campaign.** Students use popular social media apps and the school’s website to provide regular health education messages, such as short, student-created infomercials. Students view and discuss similar infomercials to identify success criteria they will hold themselves accountable to as they prepare their own.
5. **Utilize campus communications.** Students work with school administrators to create short messages that are broadcasted on the public address system and school’s video monitor. Students work with the student body president, student council, student clubs, yearbook staff, and the school newsletters to market the nutrition and physical activity campaign.

Students plan a healthy food celebration with health education information on healthy food choices and host a garden market educational tasting at lunch.

Bilingual students help their groups create these materials in two or more languages to ensure that more families and community members can benefit from the campaign, demonstrating multilingualism as an asset of the school.

Shortly before the end of the semester, students create and distribute an evaluation survey for students, teachers, and administrators. At the end of the semester, the students and Mr. K evaluate the completed student and faculty surveys and analyze the data to determine what worked well and what can be improved for next year’s campaign. From the feedback received, they have a solid plan for small improvements, but overall the campaign is deemed a success.

Source: Adapted from Schneider et al. (2013).

More nutrition and physical activity learning activities can be found below. Additional information on nutrition education is provided on California Department of Education’s Healthy Eating and Nutrition Education web page. *The Nutrition Education Resource Guide for California Public Schools, Kindergarten Through Grade Twelve* serves as a resource to plan, implement, and evaluate instructional strategies for a comprehensive nutritional education program and is available on the CDE Nutrition Education web page (California Department of Education 2017b). Teaching strategies for physical activity can be found in the *Physical Education Framework for California Public Schools: Kindergarten Through Grade Twelve* available on the CDE Curriculum Framework web page (California Department of Education 2009).

SNAPSHOT**Nutrition and Physical Activity Learning Activities**
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Analyzing Influences: 7–8.2.2.N Evaluate internal and external influences on food choices.

Our Influences

In small discussion groups, students reflect and analyze how and by whom their nutrition choices are influenced, and then consider healthy strategies for these influences. The discussion can begin by students sharing any traditions related to food that their parents, family, guardians, and caretakers have (for example, foods eaten on holidays or other special occasions). Students also discuss what criteria they use to determine whether a food is healthy. Through teacher-led prompts, students discover how media, social media, marketing, advertisements, peers, and family influence nutrition. Working individually, students then consider and research various influences on their own nutrition and provide their findings in a detailed written report or technology-based presentation.

Essential Concepts: 7–8.1.2.N Identify nutrients and their relationships to health.

Interpersonal Communication: 7–8.4.1.N Demonstrate the ability to use effective skills to model healthy decision-making and prevent overconsumption of foods and beverages.

Healthy Food Choices and Portion Sizes

Using free technology programs such as Animoto, students create small online vignettes using characters and scripts they write to demonstrate healthy food choices and recommended portion sizes. The vignettes are shared in class, or showcased on the school’s website or social media sites.

Essential Concepts: 7–8.1.10.N Identify the impact of nutrition on chronic disease.

Adolescent Obesity Map of the US

Students use an infographic map to illustrate how obesity rates have changed through the years. They investigate why the changes may have occurred and

present a summary of their findings to the class from a written report. Students can analyze and compare their local county data with state and national trends and the California Healthy Kids Survey results. See the CDC's website for Healthy Schools containing the infographic map.

Accessing Valid Information: 7–8.3.3.N Describe how to access nutrition information about foods offered in restaurants in one's community.

Fast Food Nutrient Search

Students visit websites of fast-food restaurants to locate the nutritional information for various foods they enjoy eating and compare them to the daily-recommended guidelines. Students research healthier options and write a detailed plan to consume healthier alternatives at the restaurants. Students also create a poster with images of unhealthy items with their sodium and sugar levels on one side and pictures of healthier options with their sodium and sugar levels on the other as a comparison.

Analyzing Influences: 7–8.2.2.N Evaluate internal and external influences on food choices.

Food Deserts and Community Food Advocates

Students learn about food deserts (generally defined as an urban area where it is difficult to find and access fresh, affordable, and healthy foods) through their own research. Invite local advocates who specifically work toward food justice for diverse communities (e.g., a community gardens organizer, or a founder of a local organic or vegetarian/vegan soul food or other such restaurant) speak to the class. Students interview them to learn about relationships between food, race and ethnicity, and socioeconomic status.

Students write a short report to share what they have learned about causes and possible solutions. Alternatively, students may take a walking trip to visit local stores and create a food map highlighting local stores that offer fresh fruits and vegetables along with healthy snacks, such as whole-food fruit and vegetable smoothies (keeping in mind that it is always best to eat fruits and vegetables in their natural form; this activity also connects to the Model School Library Standards and CA CCSS for ELA/Literacy W.7–8.10).

Essential Concepts: 7–8.1.3.N Examine the health risks caused by food contaminants.

Essential Concepts: 7–8.1.4.N Describe how to keep food safe through proper food purchasing, preparation, and storage practices.

Practicing Health-Enhancing Behavior: 7–8.7.2.N Explain proper food handling safety when preparing meals and snacks.

A Cool Job

Invite a health inspector from your local health department as a guest speaker for your class to discuss the prevention of foodborne illnesses and safe food handling and storage. The guest speaker can also speak about the California restaurant rating system. Request someone who has experience in health education or presentations for youth. This instructional strategy also supports career explorations in health. As a follow-up activity, students research various occupations in public health found on the American Public Health Association and What is Public Health? websites and write a paper on what career interests them, why, and what degrees they would need to work in public health.

Accessing Valid Information: 7–8.3.1.N Distinguish between valid and invalid sources of nutrition information.

Online Nutrition Search

Provide students with guidance on finding valid and reliable information online (see appendix: Examples of Standards-Based Instruction). Ask students to research three valid nutrition websites that they would use for personal health. Students share results on how the site can be used. Note that if students locate the same sites, ask them to compare and contrast their findings (this activity also connects to the Model School Library Standards for California Public Schools and CA CCSS for ELA/Literacy W.7–8.8).

Partnering with Your School

Administrators, school boards, and educators are encouraged to check the California Department of Education’s web page regarding the Competitive Foods and Beverages rule based on the USDA’s Smart Snack in Schools ruling to compare

the guidelines against current practices for any food and beverage items sold for fundraisers, in vending machines, at school sporting events, and in the student store (California Department of Education 2017a). Limiting nutrient-deficient, high-sugar, high-fat food items is encouraged (7–8.8.1.N, Health Promotion).

Partnering with Your Community

Where do I go to get active? Students create a local physical activity resource guide identifying the locations in their community that are ideal for physical activity—created by students, for students—to support increased opportunities for physical activity at school and in the community. Nontraditional activities, such as taking the stairs, walking the dog, a family walk in the neighborhood after dinner, and cleaning the house, can be included. Consider distributing the guide to other students in the school or posting to the school’s website to encourage peers to be physically active (7–8.3.4.N, Accessing Valid Information; 7–8.5.2.N, Decision Making; 7–8.7.4.N, Practicing Health-Enhancing Behaviors; 7–8.8.2.N, Health Promotion).

Where do I go to get fresh produce and other healthy foods? Students survey their community to identify markets, stores, farmers’ markets or restaurants where fresh produce and other healthy foods are available. They then create a map, brochure, or other resource highlighting these food sources in their communities. Consider distributing the guide to other students in the school or posting to the school’s website to encourage peers to eat healthy foods. In neighborhoods with limited access to fresh produce and other healthy foods, students work together to identify potential ways they might contribute to a solution, such as by bringing their concerns to city government officials or writing to the owners of a local convenience store to ask them to stock fresh produce (7–8.8.1.N, 7–8.8.3.N, Health Promotion).

Partnering with the Family

Encourage parents, guardians, and caregivers to consider active transportation to and from school with their child. Walking or biking together instead of driving is fun and promotes connectedness. See Safe Routes to School and the Caltrans website for options. Students are also encouraged to involve family members, guardians, and caretakers in the activities covered in this chapter.

Also encourage students and their families, guardians, or caregivers to prepare and enjoy healthy foods together, such as by hosting community cooking classes or inviting family members to share a healthy recipe that reflects their cultural heritage. Consult the school's policy on preparing and serving food in the classroom and check for nut and other food allergies (7–8.6.1.N, 7–8.6.2.N, Goal Setting; 7–8.8.2.N, Health Promotion).

Growth, Development, and Sexual Health (G)

The California Healthy Youth Act of 2016 (EC sections 51930–51939) took effect in January 2016. The law requires school districts to provide all students integrated, comprehensive, medically accurate, and unbiased comprehensive sexual health and human immunodeficiency virus (HIV) prevention education at least once in junior high or middle school and at least once in high school. Under the California Healthy Youth Act, comprehensive sexual health education is defined as education regarding human development and sexuality, including education on pregnancy, contraception, and sexually transmitted infections (STIs). The California Healthy Youth Act lists many required topics, including information on the safety and effectiveness of all FDA-approved contraceptive methods, all legally available pregnancy options, HIV and other STIs, gender identity, sexual orientation, sexual harassment, sexual assault, sexual abuse, human trafficking, adolescent relationship abuse, intimate partner violence, healthy relationships, local health resources, and pupils' rights to access sexual health and reproductive health care.

Comprehensive sexual health instruction must meet each of the required components of the California Healthy Youth Act. Instruction in all grades is required to be age-appropriate, medically accurate, and inclusive of students of all races, ethnicities, cultural backgrounds, genders, and sexual orientations, as well as students with visible and nonvisible physical and developmental disabilities and students who are English learners. Students must also receive sexual health and HIV prevention instruction from trained instructors. When planning lessons, check the California Department of Education's Comprehensive Sexual Health and HIV/AIDS Instruction website for up-to-date information. Instruction and materials on sexual health content must acknowledge diverse sexual orientations and include examples of same-sex relationships and couples. Comprehensive sexual health instruction must also include gender, gender expression, gender identity, and the harmful outcomes that may occur from negative gender

stereotypes. Students should also learn skills that enable them to speak to a parent, guardian, or trusted adult regarding human sexuality—an additional requirement of the California Healthy Youth Act.

The purposes of the California Healthy Youth Act law are to provide students with knowledge and skills to

1. protect their sexual and reproductive health from HIV, other sexually transmitted infections, and unintended pregnancy;
2. develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family;
3. promote understanding of sexuality as a normal part of human development;
4. ensure pupils receive integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction and provide educators with clear tools and guidance to accomplish that end; and
5. have healthy, positive, and safe relationships and behaviors.

This chapter is uniquely organized to provide standards-based sexual health resources and instructional strategies consistent with the California Healthy Youth Act; however, this chapter does not address all of the content required under the California Healthy Youth Act. It is important for educators to know their district's specific policy regarding comprehensive sexual health and HIV prevention education and ensure that instruction fully meets the requirements of the California Healthy Youth Act and other state statutes. Use peer-reviewed medical journals or reliable websites, such as the CDC, American Academy of Pediatrics, American Public Health Association, and American College of Obstetricians and Gynecologists, as sources of current and medically accurate information. Additional collaboration with district-level curriculum specialists, the school nurse, the local public health department, or qualified community-based organizations and agencies can assist in providing medically accurate information that is objective, inclusive, and age-appropriate.

Education Code (EC) Section 51938 requires school districts to notify parents of the instruction prior to implementation and to make materials available for parents to review. School districts must notify parents, guardians, or

caretakers either at the beginning of the school year or at least 14 days prior to instruction. The school must also notify parents and guardians of their right to excuse their child from comprehensive sexual health education by stating their request in writing to the school district. Teachers or outside speakers must have training in and knowledge of the most recent medically accurate research on the topic. Districts must also periodically provide training to all district personnel who provide HIV prevention instruction. Outside organizations or speakers must also follow all laws when they present. Instruction must be appropriate for students with disabilities, English language learners, and students of all races and ethnic, religious, and cultural backgrounds. Schools must make sure that all students can get sexual health education and HIV prevention in a way that works for them. Additional guidance on the requirements regarding parental notification of comprehensive sexual health education and HIV prevention education can be found in the “Supporting Health Education” chapter. For further information, please visit the California Department of Education’s Comprehensive Sexual Health & HIV/AIDS Instruction web page and the California Healthy Youth Act under the California Legislative Information web page.

Many students in seventh and eighth grade experience developmental and physical changes related to puberty. Students at this age are also generally becoming more aware of their own sexuality, as well as that of others. Teaching human development and sexuality education can be interesting for many teachers, but may also be a subject of trepidation for some educators and administrators. Schools and districts must ensure their educators have the training, resources, and support to teach these subjects effectively—and that the school environment is welcoming, inclusive, and safe for LGBTQ+ students. When implementing instruction, students should not be separated or segregated by gender or other demographic characteristics.

The usage of LGBTQ+ throughout this document is intended to represent an inclusive and ever-changing spectrum and understanding of identities. Historically, the acronym included lesbian, gay, bisexual, and transgender but has continued to expand to include queer, questioning, intersex, asexual, allies, and alternative identities (LGBTQQIAA), as well as expanding concepts that may fall under this umbrella term in the future.

According to the Sexuality Information and Education Council of the United States (SIECUS), “Sexuality education is a lifelong learning process of acquiring information” (2004). Adolescents and even pre-adolescents are developing the attitudes, knowledge, and skills needed to become sexually healthy adults (SIECUS 2004). Adolescents are developing the attitudes, knowledge, and skills needed to become sexually healthy adults (SIECUS 2004). Health education teachers serve as a resource to students by keeping up-to-date with current, medically accurate sexual health research and inclusive terminology. Although less than 4 percent of California high school students reported being sexually active before the age of thirteen, setting a standards-based foundation of comprehensive sexual health knowledge—such as anatomy and physiology, reproductive options, contraceptives and barrier methods, and diverse and healthy relationships—is proven to have a positive influence on academic performance and retention, unintended pregnancy prevention, STI and HIV prevention, and a reduction in sexual risk-taking behaviors once students do become sexually active or delay sexual activity (CDC n.d.; Davis and Niebes-Davis 2010).

Although data confirms a low rate of sexual activity among California students age thirteen and younger, healthy practices that are established during adolescence can have a lifetime of positive implications for one’s sexual health and development. Understanding how barrier methods protect against STIs for future sexual encounters protects reproductive and sexual health, and learning positive social and emotional coping skills when dealing with stress can serve as an asset for fostering healthy relationships. Teachers should normalize sexual feelings and explain to students these feelings do not mean that students should feel pressured to participate in sexual activities. If the topic of masturbation is raised by a student, teachers may want to explain what masturbation is and that it is safe, normal, and not mentally or physically harmful (American Academy of Pediatrics 2009).

Integration with the CA CCSS for ELA/Literacy and CA ELD Standards occurs when students are reading, researching, and comprehending sexual health, growth, and development topics. Students achieve further mastery by first researching valid, reliable, and medically accurate health content in support of health literacy, and then presenting and listening to other students report on their research findings (W/WHST.6–8.9). Writing research papers and making presentations using digital sources and technology can be particularly beneficial in exploring the wide range of sexual health topics, including STI/HIV prevention, growth and development, reproduction, and healthy relationships (W/WHST.6–8.6, 8).

Case studies are effective instructional tools for illustrating sexual health topics, such as preventing STIs/HIV/unintended pregnancy, healthy relationships (7–8.1.3.G, 7–8.1.5.G, 7–8.1.7.G, Essential Concepts), and differences in growth and development, physical appearance, gender expression, gender stereotypes, and sexual orientation. Students can apply problem-solving skills and decision-making models to brainstorm outcomes, solutions, and recommendations for proposed case studies on an array of issues. Case studies for adolescents can be found online and adapted from the National Center for Case Study Teaching in Science and Howard University’s School of Medicine’s AIDS Education and Training Center.

Role-playing or brief skits using valid and reliable content in scripts can also be effective in applying Standard 4: Interpersonal Communication (7–8.4.1-5.G, Interpersonal Communication). These activities are an engaging way for students to apply learned content. As a variation to role-playing and skits, students work in pairs to practice behavioral skills such as assertiveness, negotiation, or refusal skills. Students are provided with short vignette dialogues and prompts for this activity, or they can create and write their own student-led scenarios. Teachers are encouraged to reference the California Healthy Youth Act for required sexual health and healthy relationship topics and their district’s approved sexual health education curriculum for content ideas as available.

According to the California Healthy Youth Act, students should be encouraged to speak to parents, guardians, or other trusted adults regarding human sexuality and can role-play asking difficult questions. Another option is using a fact-versus-myth-discovery approach, where students learn and analyze factual concepts of conception, pregnancy, and HIV through facilitated discussion. Fictitious myths are identified and clarified by the facilitator, or by responding to anonymous questions from students that are submitted in advance (7–8.1.4.G, Essential Concepts; 7–8.3.1-2.G, Accessing Valid Information). Students practice setting goals and making decisions to explore and affirm their aspirations, values, and future plans by completing one or more of the What Are My Goals? activities available on Advocates for Youth website (7–8.1.4-5.G, 7–8.1.13.G, Essential Concepts; 7–8.5.6.G, Decision Making).

An instructional strategy that can be used with many of the standards covered under Standard 1: Essential Concepts and Standard 3: Accessing Valid Information is a question-and-answer format with an informed and vetted sexual health

education panel. Students first research valid and reliable resources online or at the school's library on an area of growth, development, and sexual health. Resources, including those in students' home languages, can be websites, texts, novels, or stories that elicit questions. Students then anonymously submit their questions for their health education teachers, a sexual health educator, or panel of sexual health experts by using a secure box. Anonymous questions from students are written on index cards that are pre-screened and read aloud by the facilitator, often the students' teacher. The panel should be diverse and include individuals of different genders and sexual orientations and be representative of the range of races, ethnicities, religious beliefs, and national origins of the students. Ideally, the panel also includes someone the students can relate to in more of a peer capacity, such as a college-age health science student who is comfortable speaking about issues and is well-versed in sexual health. For assessment, students write a 3-2-1 (three things the student learned, two things the student found interesting, and one question the student has) following the panel presentation.

By the seventh and eighth grades, students are often more willing and eager to engage with guest speakers around topics of sexual health. Seventh- and eighth-grade students tend to appreciate and welcome the perspectives a guest speaker brings. Guest speakers from your local public health department or local nonprofit organizations, such as Planned Parenthood, may have well-informed sexual health educators and age-appropriate materials to support comprehensive sexual health education. As noted earlier in this chapter, all guest speakers must be vetted and meet both statutory requirements and local educational agency policy.

In the classroom example below, students explore sexual health, STIs/HIV, and unintended pregnancy prevention scenarios and possible outcomes through an interactive approach.¹

1 Please note that the California Health Education Standards use the term Sexually Transmitted Diseases (STDs); however, the more current, inclusive, medically accurate term according to the CDC and subsequently used in this framework is Sexually Transmitted Infections (STIs).

VIGNETTE**Classroom Example: Sexual Health and Healthy Relationships Scenarios**
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Purpose of Lesson: In this activity, students explore vignettes that encourage them to consider various relationship outcomes by discovering their own solutions to scenarios posed using a theater- or performance-based format.

Standards:

- **7–8.6.2.G** Describe how HIV/AIDS, other STDs, or pregnancy could impact life goals (Goal Setting).
- **7–8.4.2.G** Use effective verbal and nonverbal skills to prevent sexual involvement, HIV, other STDs, and unintended pregnancy (Interpersonal Communication).
- **7–8.4.3.G** Use healthy and respectful ways to express friendship, attraction, and affection (Interpersonal Communication).
- **7–8.5.6.G** Explain the immediate physical, social, and emotional risks and consequences associated with sexual activity (Decision Making).
- **7–8.7.3.G** Describe personal actions that can protect reproductive and sexual health (Practicing Health-Enhancing Behaviors).

Supplies:

- Sufficient space, ideally a stage or auditorium, to act out improvised scenarios
- Blank index or note cards

Lesson Narrative:

Ms. G’s students have a solid foundation of sexual health knowledge from previous standards-based activities implemented in her class as well as in prior grades. She would now like her students to discover key components of comprehensive sexual health by acting out various vignettes that are written and provided by Ms. G and her students. Students either discuss in small groups or dramatize their proposed dialogue and “ending” that offers the most ideal outcome to the scenario provided. Ms. G reminds students to rely on communication and decision-making skills presented earlier in the semester and sets ground rules for respectful role-playing. Some of the scenarios Ms. G shares are:

- Two students are at a party. One asks the other for oral sex.

- Mother and Daughter Scenario: Daughter asks mom if she will take her to get birth control. Mom replies, “Why do you want birth control? Are you having sex?”
- A couple is dating and one partner wants to have sexual intercourse. The other partner does not.
- Two people are kissing and one partner pulls out a condom. The other partner says “Let’s not bother.”
- Two people have been dating. One says to the other that they are having second thoughts about the relationship and they think they should take a break and maybe see other people. The other partner says, “If you break up with me, I don’t want to live anymore.”
- A student receives a text—a “sext”—of unwanted nude photos of another student.
- A young couple discovers they are pregnant and are not sure what to do.
- A partner shares that they might have an STI.

Scenarios that were dramatized by the students are discussed in small groups and then as an entire class. Ms. G then leads an objective discussion on the activity and commends the students for their bravery in exploring such sensitive issues given the content and context. Ms. G reemphasizes the point that if students find themselves in similar situations, they can rely on the communication and decision-making skills such as the models learned throughout the semester and in this activity. Ms. G also reiterates that there is not one correct answer and often more than one answer as every situation is unique to each individual student. Lastly, Ms. G reminds students to contact a trusted adult or a campus resource person should they need support or assistance. Students share they enjoyed acting out possible positive outcomes to each scenario and the scenarios reflected situations they already or may someday encounter.

As a follow-up activity, Ms. G distributes cards listing examples of relationship behaviors (e.g., talking on the phone, texting each other every day, hanging out during lunch, holding hands, hugging, kissing, flirting, cuddling, hanging out outside of school, touching your hair, oral sex, sexual intercourse, having an exclusive relationship, marriage, having children, and getting tested for STI/HIV together). Ms. G states that in this activity, students will discuss examples of behaviors that might happen in some relationships. Mindful that some students may have experienced abuse and might be triggered by discussion about some

of these behaviors, Ms. G also offers that students may take a break from this activity if they need to and discloses her mandated reporter duty.

Working in groups of four or five, students place the cards in the order they feel they should go. Ms. G reemphasizes that they do not need to use all the cards, as some people choose not to participate in certain life events such as marriage. As the students discuss and order the cards, Ms. G walks around to each group to check on student progress and to keep an eye out for any student who might be struggling with this activity. Students discuss, compare, contrast, and process their findings. Ms. G and the students engage in a conversation about how individuals have different ideas about relationships and expectations, and the importance of open and healthy communication between partners. Ms. G provides a list of school and local agency resources for the students to reference in relation to this activity or future encounters.

Additional learning activities that also support the California Healthy Youth Act provisions can be found in below.

SNAPSHOT

Growth, Development, and Sexual Health Learning Activities

Essential Concepts: 7–8.1.1.G Explain physical, social, and emotional changes associated with adolescence.

Surviving Puberty

Working in small groups, students collectively create a book for their peers. Each group selects a topic on which to write a chapter from a list of topics. For example, a chapter may be titled, “Puberty?! What is going on?!” and it would describe the physical and emotional challenges and changes associated with puberty, or “Taking the pressure out of peer pressure.” Students are encouraged to create their own titles and a cover design. Students research valid and reliable websites for content. One of the student groups can be assigned as the graphic artist for cover illustrations, photos, and other images (this activity also supports the Model School Library Standards and the CA CCSS for ELA/Literacy).

Essential Concepts: 7–8.1.6.G Identify the short- and long-term effects of HIV, AIDS, and other STDs.

Essential Concepts: 7–8.1.7.G Identify ways to prevent or reduce the risk of contracting HIV, AIDS, and other STDs.

The Truth About STIs/HIV

After they have learned about STIs/HIV, students are provided with strips of paper that have true and false statements about STIs/HIV on each strip of paper. Examples may include:

- You can get HIV from kissing
- There is no treatment for HIV/AIDS
- Sexually transmitted infections are only passed through vaginal sex
- Condoms are the only form of birth control that also protect against STIs, including HIV

Students place the strips of paper on a large poster board or sheet of paper labeled “true” or “false.” Once the students have placed their strips, the class discusses and comes to a consensus on which strips are correctly placed. The teacher provides supportive guidance throughout the activity to ensure that students know which statements are true and which are false.

Essential Concepts: 7–8.1.2.G Summarize the human reproduction cycle.

Conception and Pregnancy Timeline

Many age-appropriate and medically accurate illustrations, photos, and videos exist to illustrate conception and the stages of fetal development during pregnancy. Note the importance of medically accurate photos, particularly for conception. Working in pairs or small teams, students can place images in order of developmental stage and write what they were surprised to learn as a reflective follow-up paper. Medically accurate resources and photos from the Mayo Clinic, the CDC, the American College of Obstetricians and Gynecologists, or Planned Parenthood can be referenced.

Essential Concepts: 7–8.1.5.G Explain the effectiveness of FDA-approved condoms and other contraceptives in preventing HIV, other STDs, and unintended pregnancy.

Essential Concepts: 7–8.1.7.G Identify ways to prevent or reduce the risk of contracting HIV, AIDS, and other STDs

Decision Making: 7–8.5.7.G Use a decision-making process to evaluate the value of using FDA-approved condoms for pregnancy and STD prevention.

Barrier Method Demonstration

A condom (internal/female and external/male condom) and dental dam are shown as examples. Alternatively, a demonstration can be provided with students individually practicing the step-by-step process on a penis model. Alternatively, students can place the steps, displayed on cards, in the correct order and show examples of internal/female and external/male. For teaching methods, health education teachers should reference current medically accurate instructional resources online and show examples of male and female condoms and dental dams. In addition to skill demonstration, students also apply a decision-making model to evaluate the value of using condoms for STI and pregnancy prevention.

Analyzing Influences: 7–8.2.2.G Evaluate how culture, media, and other people influence our perceptions of body image, gender roles, sexuality, attractiveness, relationships, and sexual orientation.

Picture Perfect

Students this age are inundated with media images online, via social media, in print, and in television and movies. Images are often unrealistic and altered to make women appear thinner or flawless and make men appear more muscular. Working in pairs or small groups, students view online advertisements and photos from popular teen websites—representing a variety of ethnicities and in a variety of languages corresponding to those of the students in the class—that show different body types and different perspectives of “beauty.” The students analyze the photos using an advertising questionnaire handout (search online for body image lesson plans with questions to include for middle grades or your specific grade-level students; Purdue University extension has a free example). After completing the questionnaire, students discuss the

results, providing summarized observations. Examples of student responses may be most female models appear to be very thin, male models appear to be athletic, and all models look “perfect.” In an extension of this assignment, using technology, students redesign a chosen advertisement to feature healthy, more realistic body images.

Essential Concepts: 7–8.1.5.G Explain the effectiveness of FDA-approved condoms and other contraceptives in preventing HIV, other STDs, and unintended pregnancy.

Essential Concepts: 7–8.1.7.G Identify ways to prevent or reduce the risk of contracting HIV, AIDS, and other STDs.

STI/HIV Prevention Reports

April is national STI Awareness month, and it provides an opportunity to teach students about various STIs, including HIV, and how to avoid contracting them. Common STIs among adolescents and young adults in California are HPV, chlamydia, gonorrhea, genital herpes, syphilis, and HIV/AIDS (California Department of Public Health 2018). Students create a short report on STI/HIV prevention for peer education opportunities in class or on campus using free health education brochures and tip sheets printed from reliable online resources or local organizations and agencies—in students’ non-English home languages if available—such as state and county public health departments, TeenSource (a project of California-based Essential Access Health), Healthy Teen Network, Planned Parenthood, CDC, and Advocates for Youth. Students include statistics for their local community, if available, and focus on ways to avoid contracting STIs/HIV.

In seventh and eighth grade, students typically begin to form their personal and social identity as it relates to gender and relationships. As students become adolescents, peer and media (including social media) influences may become more prominent in shaping their sense of self and others. While identity and socialization are addressed in earlier grade levels, students are continually exposed to external influences that may have a negative impact on the development of their perspectives regarding body image, relationships, and gender roles. Early and ongoing socialization plays a critical role in developing attitudes toward individual differences. These perceived differences are often a

catalyst for discrimination and bullying. Students explain what the difference is between real and perceived differences, analyze how internal and external influences affect relationships and sexual behavior, and evaluate how culture, media, social media, and peers influence an individual's view of self and others (7–8.2.1.–2.G, Analyzing Influences).

Students understand from learning in earlier grade levels that gender is not strictly defined by biology and sexual anatomy. This understanding promotes an inclusive environment where students feel accepted and are accepting of others. To be inclusive of all students in terms of gender identity and sexual attraction, health education teachers and other educators must be mindful of personal biases and use gender-neutral language when discussing peer and romantic relationships.

It is important not to assume a student's identified gender pronoun based on sex assigned at birth or appearance. Some students may identify with the traditional masculine/feminine pronouns “he/she,” “him/her,” and “his/hers,” while some may prefer pronouns such as “they,” “them,” and “theirs” as a singular pronoun. Using “they,” “them,” and “theirs” is considered gender-neutral or nonbinary, and can also be used in an effort to be inclusive of various personal identities. In addition, the term “partner” should be used in place of or in addition to “boyfriend/girlfriend” or “husband/wife” to avoid assumptions about gender and sexual orientation. Some students may be nonmonogamous and the term “partner(s)” may also be used to be more inclusive.

Students build upon previous learning and understanding of the differences in growth and development, physical appearance, and perceived gender roles, extending their understanding beyond peer relationships to exploring the dynamics of romantic relationships, including all relationships regardless of the sexual orientation of people involved (7–8.1.8.G, Essential Concepts). Not only is this recognition important for the inclusion of all students, but it is also critical for creating a safe environment with an expectation of empathy, sensitivity, and understanding in which differences are accepted and respected. The exploration of individual identity, sexuality, and self-expression is a normal part of growth and development for students in middle grades.

Healthy and Unhealthy Relationships

In exploring the dynamics of relationships, students also learn to recognize healthy and unhealthy relationships, including adolescent dating abuse and sexual violence. This also includes consensual ways of demonstrating affection and identifying forms of abuse. The following image could be used to generate discussions about healthy relationship components.

Healthy Relationships



Long Description of Healthy Relationships available at <https://www.cde.ca.gov/ci/he/cf/ch5longdescriptions.asp#chapter5link1>.

Respect	Honesty and Trust	Communication
Honoring boundaries and privacy Valuing your partner and others	Being truthful Not being jealous of time spent with others	Being able to express feelings and opinions Knowing it is OK to disagree

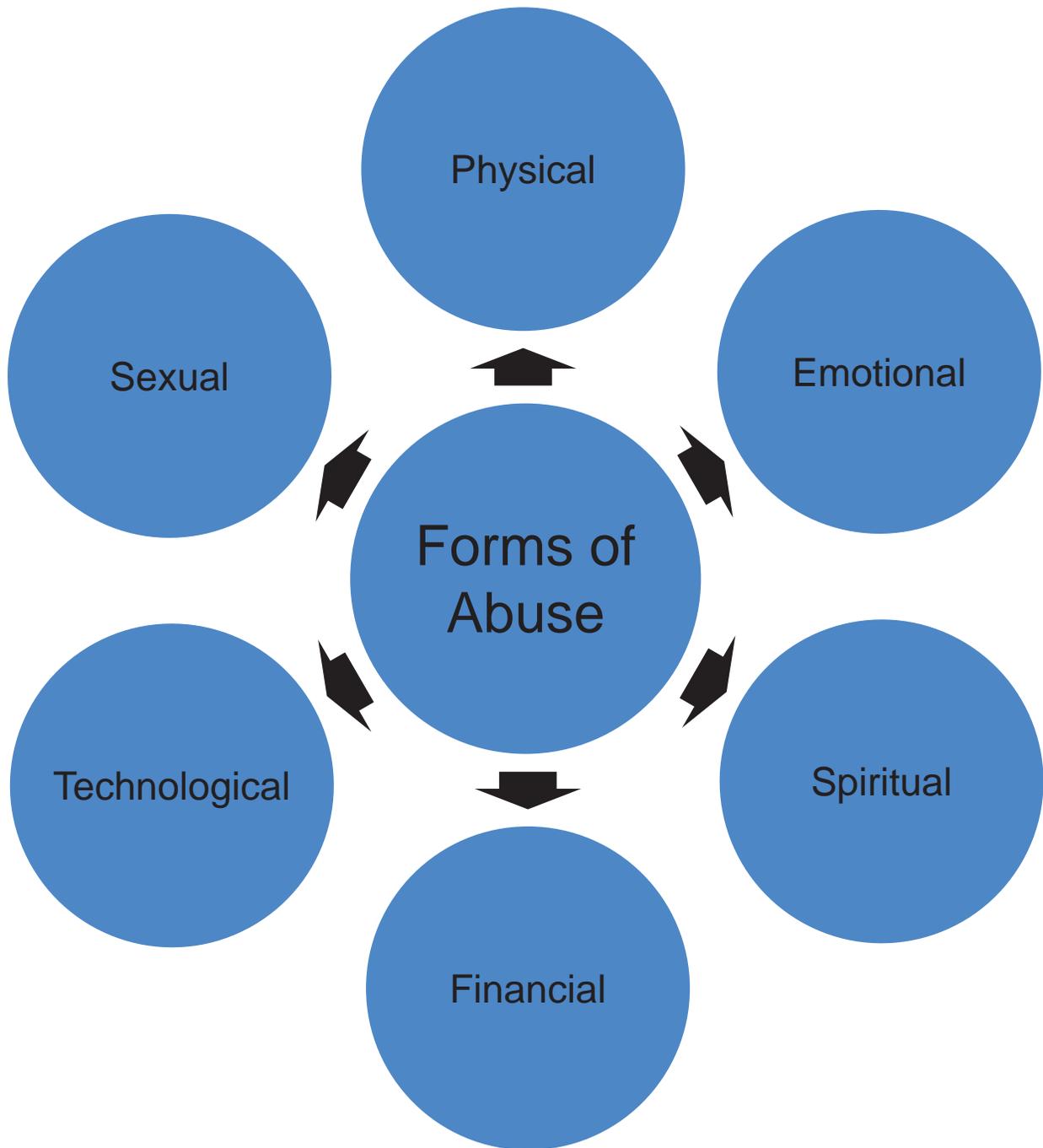
Support	Consensual Physical Affection	Negotiation and Compromise
Encouraging personal growth and goals Offering comfort	Getting consent for physical affection and sexual activity Respecting boundaries	Having discussions instead of arguments Being willing to find middle ground Not always being the one to give in or compromise

Source: WEAVE (2019e).

In addition to learning about healthy relationships, it is important for students to learn the dynamics of unhealthy relationships. Seventh- and eighth-graders are able to identify and define the six forms of abuse within a dating relationship, found below, which apply to both casual and exclusive relationships.

As students learn about the different forms of abuse, they are also able to provide examples of each type of abuse. Students research the short- and long-term impact of abusive relationships utilizing resources like the CDC for information on health consequences. Students may have experienced abuse in or outside of romantic relationships. Educators should be aware of how some students may respond to discussing this sensitive topic, and be prepared to offer support and resources. The image below illustrates different forms of relationship abuse that can exist.

Forms of Abuse



Long Description of Forms of Abuse is available at <https://www.cde.ca.gov/ci/he/cf/ch5longdescriptions.asp#chapter5link2>.

Source: WEAVE (2019e).

VIGNETTE**Classroom Example: Dating Violence and Unhealthy Relationships**

Purpose of Lesson: Many seventh- and eighth-grade students will soon experience a dating relationship, if they have not already. Dating violence impacts 1 in 3 teens (Liz Claiborne Inc. and Family Violence Prevention Fund 2009). An awareness and understanding of different types of dating abuse is important in helping students recognize signs of an unhealthy relationship and identify positive relationship components. Because dating violence is prevalent among teens and adolescents, it is also important to provide supportive resources for students experiencing an unhealthy or abusive relationship. Students should also understand that all forms of abuse can happen to anyone, at any age, and at any stage in a relationship, including marriage.

Standards:

- **7–8.1.1.S** Describe the differences between physical, verbal, and sexual violence (Essential Concepts).
- **7–8.5.2.G** Use a decision making process to examine the characteristics of healthy relationships (Decision Making).
- **7–8.8.1.G** Support and encourage safe, respectful, and responsible relationships (Health Promotion).
- **7–8.5.1.S** Use a decision-making process to examine risky social and dating situations. (Decision Making).
- **7–8.5.2.S** Apply a decision-making process to avoid potentially dangerous situations, such as gang activities, violence in dating, and other social situations (Decision Making).
- **7–8.6.2.S** Create a personal-safety plan (Health Promotion).
- **7–8.8.2.S** Design a campaign for preventing violence, aggression, bullying, and harassment (Health Promotion).

Supplies:

- Writing utensils and paper for group work
- Healthy Relationships handout containing Forms of Abuse image (shown above)

Lesson Narrative:

January is Stalking Awareness Month, February is Teen Dating Violence Awareness Month, April is Sexual Assault Awareness Month, and October is Domestic Violence Awareness Month. Depending on the schedule of instruction,

these awareness months can be used to introduce the topics of healthy relationships and adolescent dating violence, or as an opportunity to reinforce earlier learning. While awareness months may present an opportunity to introduce these topics, instruction and conversation around issues of sexual violence should not be limited to these months and can be taught and discussed throughout the school year.

Ms. L informs her students that she will be talking about sensitive subjects before the start of instruction. At the beginning of the activity, students are reminded of classroom agreements to make sure everyone feels safe and accepted. Ms. L specifically points out the agreement the class made to treat others with respect, keep information shared by other students confidential, and be open-minded about differences in opinion and experiences. Ms. L provides students with a list of local resources as she explains that talking about violence and abuse can be difficult and may cause some to have an emotional reaction. She tells students to be aware of how the topic might be affecting them and to seek support or take a break if needed.

Ms. L asks students what they know about teen dating violence or unhealthy relationships, including peer relationships. Students draw from previous learning to discuss unhealthy relationships, explaining that they have to do with one partner trying to maintain power and control over another. Different forms of abuse are meant to control the person being targeted. Coercive control is a pattern of behavior which seeks to take away the victim's liberty or freedom and to strip away their sense of self.

Ms. L makes the comparison that unhealthy peer relationships can have aspects similar to unhealthy romantic relationships. Ms. L asks students what the different forms of abuse could be in an unhealthy relationship. Students may come up with most or all of the six types of abuse, and Ms. L assists in naming forms of abuse students may not know. Ms. L writes the six forms of abuse (physical, emotional, sexual, financial, spiritual, and technological) on the whiteboard.

After the six forms of abuse are identified, students break into small groups and are assigned one form of abuse per group. In the small groups, students discuss their assigned form of abuse and write down examples they have seen or heard. Ms. L walks around the room to check in with each group.

The group assigned to discuss spiritual abuse expresses having difficulty coming up with examples. Ms. L explains that spiritual abuse can include abuse related to spiritual beliefs, culture, or an individual's sense of self. A student

asks how someone can abuse another person's sense of self, and Ms. L explains that a person's sense of self could include how they feel about themselves, the language or languages they are most comfortable speaking, and also things they enjoy doing, such as listening to music, playing sports, painting, or spending time with friends. If someone does not allow their partner to do things they enjoy and that build their sense of self, the relationship is unhealthy and can be considered abusive in some cases. A student asks, "So, it can be spiritual abuse if my girlfriend does not let me hang out with my friends?" Ms. L nods her head in agreement and allows the group to continue brainstorming ideas.

After the groups have time to discuss their assigned form of abuse, students share with the class the examples they identified.

For physical abuse, students share examples that include threats of violence, hitting, slapping, kicking, biting, choking, and pulling hair. Ms. L applauds the group's contributions and adds punching a wall, blocking someone from moving or leaving, and intentionally putting someone in a dangerous or threatening situation. Ms. L also explains the difference between "choking," an accidental obstruction of the airway, and "strangulation," an external force used as a tactic of control and abuse. She explains that strangulation is very dangerous, increasing the risk of death in an abusive relationship.

Examples for emotional abuse include put-downs, name-calling, humiliation, extreme jealousy, isolation from friends and family, withholding affection as a punishment, threatening to "out" someone, and stalking behavior.

Examples for sexual abuse include not asking for permission to engage in sexual activity, forced sexual acts, pressure to have sex, any unwanted sexual activity, threats of sexual violence, and demanding/sending unwanted sexual pictures.

Examples for financial abuse include destroying personal belongings, stealing, or forcing boyfriend/girlfriend/partner(s) to pay for things all the time, and forcing or manipulating boyfriend/girlfriend/partner(s) to "earn" money, including exchanging sex for money or gifts.

Examples for spiritual abuse include using spiritual beliefs to justify abuse, insisting on rigid gender roles, forcing boyfriend/girlfriend/partner(s) to do things against their beliefs, mocking beliefs or cultural practices, mocking or banning the language or dialect they speak, and not allowing boyfriend/girlfriend/partner(s) to do things they enjoy or to better themselves, including interfering with their education.

For technological abuse, students share examples that include cyberbullying, stalking, demanding passwords, sending sexually explicit photographs, demanding sexually explicit photographs, and taking photographs of someone without their knowledge. Ms. L takes this opportunity to talk more about “sexting” and cyber exploitation. Students discuss the dangers of the internet and sharing sexually explicit photographs, even with a boyfriend/girlfriend/partner(s). As part of this discussion, students recognize that once they send or allow someone else to take an explicit photograph, they no longer have control of who sees it or where it may be shared, including online.

After a thorough discussion of unhealthy and abusive relationships, Ms. L shifts the conversation to talking about healthy relationships. Ms. L asks the class what a healthy relationship looks like: *What would you want in a healthy relationship?* Students respond with examples such as love, trust, and respect. Ms. L provides a handout that shows equality at the center of healthy relationships. Students volunteer to read aloud each section of the Healthy Relationships handout.

Ms. L divides students into small groups to examine the “Healthy Relationships” handout and list examples of what each component might look like in a relationship. After small-group discussion, students share with the class as a whole.

After analyzing the differences between healthy and unhealthy relationships, the students work together to create a chart(s) of “Healthy vs. Concerning vs. Abusive Relationship Examples” (example below):

Healthy	Concerning	Abusive
<ul style="list-style-type: none"> ■ I hang out with who I want. ■ I can have my own opinion. ■ I decide what I want to do. ■ I feel good about myself. 	<ul style="list-style-type: none"> ■ I get permission to be with friends. ■ I avoid making them mad. ■ I feel bad about us. ■ I am ashamed. 	<ul style="list-style-type: none"> ■ I get threatened ■ I get hit. ■ I am scared. ■ I am forced to do things I don't want to do.

Long Description of Healthy vs. Concerning vs. Abusive Relationship Examples is available at <https://www.cde.ca.gov/ci/he/cf/ch5longdescriptions.asp#chapter5link3>.

Source: Adapted from WEAVE (2019a).

Using the students' comparison chart(s), Ms. L provides scenarios for students to analyze in small groups. Scenarios include examples of different types of relationships in which students determine whether it is healthy, concerning, or abusive.

Example scenarios:

- Your boyfriend/girlfriend/partner(s) gets jealous because you want to hang out with a friend instead of spending time with them.
- Your boyfriend/girlfriend/partner(s) gets upset and will not talk to you for days after an argument.
- You miss your boyfriend/girlfriend/partner(s) when you do other things with your family or friends, but you have a good time anyway.
- Your boyfriend/girlfriend/partner(s) demands your social media account passwords.

Ms. L asks the class what they would do if they had a friend who was in an unhealthy or abusive relationship. One student says, "Tell my friend that their relationship is abusive." Another student says, "Tell an adult." Ms. L shares that there are safe and trusted adults at school, including herself, and encourages students to utilize school resources such as the principal, school nurse, school counselor, school social worker, or school psychologist. Ms. L also reminds the students about the list she provided of local and online resources for students to explore on their own. Ms. L is also mindful of students in her class who may be in an unhealthy relationship and takes note of any red flags during this conversation. Ms. L follows up as appropriate with student supports and reporting if required per mandated reporting laws and school policies.

To reinforce what they have learned, Ms. L asks the students to create a personal safety plan that can be applied to an unhealthy relationship and other situations that feel unsafe or uncomfortable. The safety plan includes identifying trusted adults, setting personal boundaries, and compiling emergency numbers or resources that they can access if needed.

As part of a culminating class assignment, students organize a schoolwide awareness event relating to either Teen Dating Violence Awareness Month in February or Domestic Violence Awareness Month in October. Students are reminded to be inclusive and reach out to campus clubs to assist with the event. This includes the campus LGBTQ+ club, as dating abuse can be found in any type of relationship. Students plan and organize the event and

research resources for students who may have experienced or are currently experiencing dating abuse. Students invite local agencies to participate in the event to share information about their services and resources with the students and school personnel.

Two organizations with helpful age-appropriate websites for teen dating violence are Love is Respect and That's Not Cool.

Sexual Violence: Consent, Sexual Assault, and Sex Trafficking

While facilitating discussion about sexual violence, educators must be careful to avoid victim-blaming and heteronormative language, as these attitudes may increase a survivor's guilt and shame around their experience(s). As students increase their learning about sexual health and relationships, it is also important to discuss consent and the right to refuse sexual contact (7-8.1.9.G, Essential Concepts). Consent is an affirmative, conscious, and voluntary agreement to engage in sexual activity (EC Section 67386[a][1]).

Students are provided with the definitions of consent and sexual assault. Using these definitions, students discuss and are able to understand that sexual assault is any unwanted sexual contact and that everyone has the right to establish personal boundaries and refuse sexual contact at any time. Sexual contact is not limited to sex acts and can include touching and kissing.

Students are guided in discussion about the connection between the right to refuse sexual contact and personal ownership of one's body. While exploring this concept, students examine their own set of personal boundaries. Some students may not have previously identified their own personal boundaries, and this activity can provide an opportunity for students to explore them. Encourage students to write these ideas down. Discuss some examples of boundaries as a class. Putting personal boundaries into words can help students identify and enforce the limits they set for themselves.

Students also discuss the importance of respecting the boundaries of others and the need to determine if consent is given prior to any sexual contact, including touching and kissing. Students learn that primary prevention begins with shifting

the focus from preventing someone from becoming a victim of sexual assault to preventing someone from sexually assaulting another person. Students also understand that anyone can be sexually assaulted and anyone can commit sexual assault—and that sexual assault is not limited to heterosexual relationships. It can occur irrespective of one’s gender or sexual orientation.

Students understand that because consent is an affirmative, conscious, and voluntary agreement to engage in sexual activity, an individual cannot consent to sexual acts if they are under the influence of alcohol or drugs (7-8.2.3.G, Analyzing Influences). Because alcohol and other drugs can lower inhibitions, they are commonly associated with committing sexual assault. Many students do not recognize their experience as sexual assault or identify as a victim if they were under the influence of substances, and, as a result, often do not report the assault.² It is also important for students to understand consent and the influence of alcohol and other drugs to prevent a student from becoming a perpetrator of sexual assault. Instruction should emphasize that silence or a lack of protest or resistance is not consent.

Students are provided with information on the different forms of sexual assault and sexual harassment (see table below), and research support resources such as the local rape crisis center, local law enforcement, and national organizations such as the Rape, Abuse & Incest National Network, more commonly referred to as RAINN.

Sexual Assault and Sexual Harassment Definitions and Examples

The following definitions and examples are sourced and adapted from California *Penal Code* Section 261 and WEAVE (2019c).

Sexual Assault

- Rape (nonconsensual sexual intercourse)
- Attempted rape

2 Note: Health educators and all other school personnel should be mindful when using the word “victim” in the context of abuse, assault, and trafficking. Some individuals prefer “survivor” and others prefer more neutral phrasing, such as “person who has experienced abuse.” This preference may be influenced by a number of different factors, including the individual’s healing process. Honor the language of the individual.

- Fondling or unwanted sexual touching
- Forcing a victim to perform sexual acts, including oral sex*
- Subjecting someone to indecent exposure
- Unlawful sex with a minor

* Force is not always physical and can include emotional manipulation or coercion.

Sexual Harassment

- Verbal
 - “Catcalling” or street harassment
 - Offensive sexual invitations or suggestions
 - Comments about size or shape of a person’s body
 - Comments about sexual orientation
 - Sexually explicit jokes or comments
 - Comments about the sexuality of a particular ethnic, cultural, or linguistic group
 - Sexually based rumors and gossip
 - Asking someone to go out repeatedly after being turned down
 - Unwanted communication
- Visual
 - Writing or sending unwanted sexual notes, texts, or emails
 - Inappropriately looking at someone’s body part or for a long time
 - Gesturing with a tongue, hands, or mouth
 - Acting out sexual gestures
- Physical*
 - Any unwanted touching, grabbing, pinching, hugging, or kissing
 - Intentionally bumping into someone’s body or rubbing up against them
 - Blocking someone’s path

* Many forms of physical sexual harassment may also be considered sexual assault or other unlawful conduct.

Sexual assault is against the law and should be reported to authorities and trusted adults (7-8.1.11.G, Essential Concepts). Students will need practice in the communication skills necessary to report sexual assault. They brainstorm what they would do if they are pressured to participate in sexual behavior and role-play refusal skills and reporting assault (7–8.4.5.G, Interpersonal Communication; 7–8.7.1.G, Practicing Health-Enhancing Behaviors).

According to the National Intimate Partner and Sexual Violence Survey, 30.5 percent of female rape victims (about 7.8 million victims) were first victimized as a minor between the ages of eleven and seventeen (Smith et al. 2018, 4). This initial assault is also an indicator of increased risk for further victimization as an adult; over one-third of women who were raped as minors also reported being raped as adults (Black et al. 2011, 26). Sexual assault impacts people of all genders, including 1 in 3 women and 1 in 6 men (Joyful Heart Foundation 2019). Individuals impacted by sexual violence face a number of emotional, psychological, and physical consequences that students can research and identify (7–8.1.10.G, Essential Concepts). Students can utilize resources such as the CDC to research these consequences. Students should also be provided information on local and national organizations that offer support for healing from negative experiences such as sexual violence. It is important to note these consequences may occur in any combination and at any time in a person's lifespan after an assault.

Impact of Sexual Assault

Physical	Psychological	Social/Emotional
<ul style="list-style-type: none"> ▪ Unintended pregnancy ▪ Gastrointestinal disorders ▪ Gynecological complications ▪ Migraines and other frequent headaches ▪ Sexually transmitted infections ▪ Genital injuries 	<ul style="list-style-type: none"> ▪ Shock ▪ Denial ▪ Fear ▪ Confusion ▪ Anxiety ▪ Anger ▪ Withdrawal ▪ Shame or guilt ▪ Nervousness ▪ Distrust of others ▪ Diminished interest in/avoidance of sex ▪ Low self-esteem/self-blame ▪ Depression ▪ Generalized anxiety ▪ Flashbacks ▪ Post-traumatic stress disorder ▪ Attempted or death by suicide 	<ul style="list-style-type: none"> ▪ Strained relationships with family, friends, and intimate partners ▪ Less emotional support from friends and family ▪ Less frequent contact with friends and relatives ▪ Isolation or ostracism from family or community

Source: Adapted from CDC (2017).

It is crucial that students understand the relationship between dating violence, sexual assault, child sexual abuse, and sex trafficking. It can be useful to provide students a visual to demonstrate the intersection of these issues such as the one shown below. Though not all forms of violence and abuse must be present to constitute sex trafficking, the graphic illustrates how these issues can intersect in many instances of sex trafficking of minors. For example, a student may be sex trafficked by their partner, which constitutes dating violence, repeated sexual assault, and child abuse because they are a minor. More information can be found in the appendix on sex trafficking.

Intersections of Sexual Violence



Note: This diagram does not apply to all instances of Commercial Sexual Exploitation of Children (CSEC), but demonstrates how sometimes these forms of abuse and sexual violence intersect and add to the complexity of the trauma one may experience.

Long Description of Intersections of Sexual Violence is available at <https://www.cde.ca.gov/ci/he/cf/ch5longdescriptions.asp#chapter5link4>.

Source: WEAVE (2019d).

Discussing healthy relationships and sexual assault can provide a relevant transition to educating students about sex trafficking. In California, the average age that a child is first commercially sexually exploited, or sex trafficked, is twelve to fourteen for females and eleven to thirteen for males (California Against Slavery Research and Education n.d.). This makes seventh and eighth grades a critical time to address sex trafficking prevention and the safety of students.

Both educators and students should be aware of possible warning signs for sex trafficking. Students may benefit from a presentation on sex trafficking from a local nonprofit agency that specializes in services for sex trafficking victims and educational trainings. School social workers or clinicians with specialized training should also be available to answer specific questions and provide support to students. Following instruction, students should be able to recognize warning signs and define sex trafficking of minors as anyone under the age of eighteen engaged in commercial sex acts. They recognize that “commercial” is not limited to a monetary exchange. Commercial sex acts can be an exchange of sex for anything of value, including food, shelter, drugs or other substances, clothing, affection, protection, and other “gifts.” Students also understand that trafficking can often begin as an unhealthy relationship, where the trafficker may pose as a boyfriend/girlfriend/partner before and during the sexual exploitation. By understanding the difference between healthy and unhealthy relationships, students can identify potential traffickers and possible trafficking tactics. However, it also important for students to understand that traffickers are sometimes family members or peers.

Warning Signs of Commercial Sexual Exploitation or Sex Trafficking

For Students	For Teachers
<ul style="list-style-type: none"> ▪ Controlling/dominating relationships ▪ Pressure to keep relationship a secret ▪ Monitored movement/communication ▪ Physical or sexual abuse ▪ Demanding sexually explicit photographs ▪ Forcing boyfriend/girlfriend/partner to watch pornography ▪ Pressure to have sex with other people ▪ Gifts with the expectation of something in return ▪ Promises of money or other things of value ▪ Blackmail 	<ul style="list-style-type: none"> ▪ Child under eighteen that may be providing commercial sex (defined as sex trafficking) ▪ Signs of physical or sexual abuse ▪ Signs of drug addiction ▪ Sexualized behavior ▪ Sudden change in dress or appearance, including dressing provocatively or inappropriately for age/weather ▪ Unexplained money or gifts ▪ Refers to much older boyfriend/girlfriend/partner ▪ Refers to frequent travel to other cities ▪ Monitored movement/communication ▪ Frequent absences from school ▪ Runs away from home ▪ Tattoos/branding ▪ Two cell phones ▪ Unexplained STI or pregnancies

Source: Adapted from WEAVE (2019b).

Through discussion, students can explore the role media, especially social media, play in promoting sex trafficking. This lifestyle can be alluring to young people who might also be vulnerable to peer recruitment and transactional (or commercial) sex. For example, a peer has new clothes, jewelry, and money, and uses them as a tactic to lure new victims for their “boyfriend/girlfriend/partner” or trafficker. Students also understand the legal consequences for sex traffickers, which they can research based on state and federal laws.

As students explore the role media and social media play in promoting sex trafficking, students also discuss the potential dangers of sexual exploitation through social media and the internet (7–8.2.6.G, Analyzing Influences; 7–8.1.12.S, Essential Concepts). Students build on previous discussions about sexual abuse in relationships and understand that sexually explicit photographs that students take of themselves and send to other students are sometimes used as blackmail to force or coerce victims into sex trafficking. Sending and receiving explicit photographs of anyone under the age of eighteen is also considered possession and/or distribution of child pornography, regardless of the age of the sender and receiver.

It is important to remember when discussing these sensitive issues that some students may have experienced dating violence, sexual abuse, or sex trafficking. In some cases, sexual abuse or sexual assault may be perpetrated by an adult or even a family member. As a mandated reporter, follow mandated reporting laws and school policy if there is a suspicion or student disclosure of abuse. If a student discloses, it is important to practice active listening, be nonjudgmental, respond with empathy, and provide valid resources. All staff should be aware of the warning signs (see table below) and be prepared to intervene appropriately. Some of these warning signs may also be indicators of mental health concerns, substance use, adverse childhood experiences, and other issues among vulnerable youth who are not being sex trafficked.

Warning Signs of Unhealthy Relationships, Sexual Abuse, and Sex Trafficking

Unhealthy Relationship (peer or romantic)	Sexual Abuse	Sex Trafficking (in addition to signs of sexual abuse)	Applies to All
<ul style="list-style-type: none"> ▪ No alone time ▪ Partner is always present ▪ Fear of consequences for upsetting friend or partner (e.g., not checking phone fast enough or hanging out with other friends) ▪ Seems nervous around friend or partner ▪ Criticized or humiliated in public by partner 	<ul style="list-style-type: none"> ▪ Withdrawal from friends ▪ Change in appearance ▪ Poor hygiene ▪ Change in behavior (e.g., aggression, anger, hostility, acts out sexually) ▪ Attempts at running away ▪ Unexplained injuries ▪ Sexual knowledge or behavior that is not age appropriate 	<ul style="list-style-type: none"> ▪ Sudden change in dress or appearance, including dressing provocatively or inappropriately for age ▪ Unexplained money or gifts ▪ Refers to much older friend or partner 	<ul style="list-style-type: none"> ▪ Withdrawal from friends or usual activities ▪ Frequent absences from school ▪ Depressed mood or anxiety ▪ Eating or sleeping disturbances ▪ Self-harm ▪ Sudden decreased interest in school ▪ Decreased participation and grades ▪ Loss of self-esteem

Source: WEAVE (2019e).

Partnering with Your School

Plan a campus awareness event for World AIDS Day (December 1) to educate peers and help to dispel common stereotypes about people living with HIV (7–8.8.2.G, Health Promotion). Partner with the GSA Network (transgender and queer youth uniting for racial and gender justice) to create an LGBTQ+ student-run club (7–8.8.1.G, Health Promotion).

Partnering with Your Community

Using valid and reliable web resources, students create a resource guide of healthcare and health education agency providers, including those who provide services to LGBTQ+ students or students with varying sexual orientations and belief systems for reproductive and sexual health services and how to locate accurate sources of information on reproductive, sexual, and mental health services in their community. The resource guide can be translated into the home languages of students to share with the other students and the community. It is important to ensure the accuracy of any translation. Resources must be vetted and approved for safety and medical accuracy before distribution or if being shared (7–8.3.2–3.G, Accessing Valid Information). This resource guide can also provide information about laws regarding minor access to reproductive health care, including confidential release from school to obtain sensitive services without parental notification and permission and confidentiality in insurance (EC 46010.1 and EC 48205). For specific information on minor consent services, the National Center for Youth Law’s Adolescent Health Law Project is an easily accessible resource, specifically the document entitled “Confidential Medical Release: Frequently Asked Questions from School Districts.”

Partnering with the Family

Approximately 40 percent of school-aged children still learn about growth, development, and sexual health from their parents (Kaiser Family Foundation 2003, 55). In accordance with the California Healthy Youth Act, comprehensive sexual health education must encourage students to engage in an open dialogue about human sexuality with their parent, guardian, or other trusted adult (7–8.4.1, 7–8.4.5.G, Interpersonal Communication). Students should be made aware that it is important to have someone that they feel comfortable speaking with, and that someone at school, such as a counselor or credentialed school nurse, may be a resource. A creative way to begin the conversation with a family member may be for students to ask their parents, guardians, or caretakers: *Did you date? When did you first start dating? How old were you when you had your first boyfriend, girlfriend, or partner? How did you learn about sexual health? What are your expectations for my behavior?*

The California Healthy Youth Act also supports the involvement of parents and guardians by requiring local districts to notify them that their student will

receive comprehensive sexual health education and HIV prevention education, and to provide opportunities for parents and guardians to view the instructional materials prior to instruction. Schools should consider hosting a Family Preview Night to inform parents and guardians about topics that will be covered during comprehensive sexual health education and HIV prevention education, and provide tools for facilitating conversations at home with their students. Parents and guardians may have their student excused from participation in all or part of comprehensive sexual health education and HIV prevention education only by submitting a request in writing to the school.

It is important to note that *Education Code* Section 48205 requires school officials to excuse students from school to attend confidential medical appointments. The school cannot require that the student have parent or guardian consent in order to attend the appointment and cannot notify parents or guardians. Confidential appointments are appointments to receive services that minors can obtain on their own consent under state or federal law (*EC* Section 48205(a)(3); see also *EC* Section 46010.1; 87 Ops.Cal.Atty.Gen. 168 (2004)).

Injury Prevention and Safety (S)

Health education teachers, administrators, and other educators play an important role in supporting students to learn the knowledge and skills necessary for injury prevention and safety. This content area includes the important topic of violence. Violence is a serious public health issue in our country. Youth violence refers to harmful behaviors leading to injury or death that begin in childhood (CDC 2019b). Various behaviors such as bullying, physical abuse (such as hitting or slapping), sexual violence and harassment, electronic aggression, and gang and gun violence all fall under the scope of violence. A young person can be subjected to abuse, the perpetrator of abuse, a witness to the violence, or all of these. Those who survive violence often have lasting emotional trauma associated with the violence (CDC 2019b). Applying a standards-based curriculum focused on violence prevention skills and competencies can support the overall goal of preventing youth violence.

In addition to statutory reporting mandates, all California school districts have mandated abuse and violence reporting policies and procedures in place. Teachers must follow mandated reporting laws. If you suspect or know a student is experiencing abuse, neglect, or violence, immediately file the necessary mandated

report. After filing the mandated report, teachers should follow the school and district policies for next steps. For additional information, see the [Mandated Reporting](#) section of the “Introduction” chapter.

There are many individual, familial, social, and community risk factors associated with youth violence, including poor academic performance, low commitment to school, and school failure. No one factor causes youth violence. However, one clear protective factor is the engagement of teachers with their students. Schools that support an environment that does not tolerate aggression and bullying may have fewer incidences of violence (Lösel and Farrington 2012, S15).

School-based violence prevention programs that have proven to be ineffective include using scare tactics, peer-based education, and brief, content-only health education (Telljohann et al. 2015). Effective standards-based safety instruction for grade levels seven and eight should include active learning strategies and interactive teaching methods that are intellectually engaging, pique learners’ curiosity, and provide ample social and physical learning opportunities (Edwards 2015; Telljohann et al. 2015). Evidence-based instructional strategies provide the foundation for the instructional examples found in this chapter.

Building on the safety, violence, and injury prevention content and applied practice students learned in sixth grade (6.2.1–2.3.S, Analyzing Influences; 6.4.1.S, Interpersonal Communication), students now further their knowledge and skills in this area by learning ways to prevent and reduce their risk of violence and injury, and how to effectively address harassment should it occur. Though still standards-based, this section includes more methods- and strategies-based approaches versus content-specific lesson plans. Educators are encouraged to assess the unique climate and culture of their classes and communities, and to avoid implementing a “one size fits all” approach to the complex and multifaceted challenges of violence prevention.

Provide students with opportunities to problem-solve and role-play various scenarios. One strategy may be to ask students to identify a recent conflict they viewed in a movie or on a television show. Working in small groups, students identify who the target of the conflict was and who started the conflict. If there were any bystanders or allies, what did they do? Who, if anyone, helped? Students provide solutions for how the conflict could have been avoided or positively resolved (7–8.1.1.–2.S, 7–8.1.5.S Essential Concepts).

Students in grade levels seven and eight may place importance on friendships, popularity, and being accepted (Parent Toolkit n.d.). Working in pairs or small groups, students create scenarios in which a student may need to seek the assistance of a trusted adult, family member, caretaker, counselor, or relative pertaining to a violence or injury. The student-created scenario is then given to another pair or group of students to brainstorm solutions. Students are asked to share their solutions, including why they did or did not seek adult assistance. Students also discuss the positive experiences and challenges with each scenario. If students need ideas for their scenarios, the teacher can suggest examples: a student learns that another student brought a gun to school and has the gun in their locker; a student learns that their friend is being harassed on social media by a group of students; or, a student learns that his sibling has just joined a gang. This activity can also be applied using role-playing of the student-created scenarios, followed by a group discussion on the effectiveness and safeness of the actions taken (7–8.5.5.S, Decision Making; 7–8.7.2.S, Practicing Health-Enhancing Behaviors).

Seventh- and eighth-grade students are particularly interested in activities such as sports, skateboarding, riding a bicycle or scooter, or being online, and need guidance on how to safely participate in these activities. The National Center for Injury Prevention and Control under the CDC reported that unintentional injury is the leading cause of death among youth ten to 24 years of age in the United States (2017). Motor vehicle crash injuries are one of the leading causes of death for young people between the ages of ten to 24 (CDC 2019f). According to the California Healthy Kids Survey, 29 percent of seventh-grade students reported they rode in a car driven by someone who had been drinking (WestEd 2018). Some of the other leading causes of accidents and injuries for this age surround bicycle and pedestrian safety (National Highway Traffic Safety Administration 2013). The National Safety Council has engaging presentations available online with examples of various injuries for students to view and analyze sources of information regarding injury and violence prevention (7–8.1.10–15.S, Essential Concepts; 7–8.3.1.S, Accessing Valid Information).

Educating students about the warning signs of sudden cardiac arrest and teaching them cardiopulmonary resuscitation (CPR) are two ways to connect students' interest in sports and recreational activities to health education. Sudden cardiac arrest is a potentially fatal heart condition that affects youth as well as adults. California state law requires certain protocol be followed each school year before a student participates in a school-sponsored athletic activity, which is defined as

interscholastic athletics as governed by the California Interscholastic Federation (CIF), athletic contests or competition other than interscholastic athletics, cheerleading and noncompetitive cheerleading, club-sponsored sports activities and practices, and interscholastic practices and scrimmages. For CIF activities, the school must collect and retain a copy of the sudden cardiac arrest information sheet required by the CIF for that pupil. Information about the Eric Paredes Sudden Cardiac Arrest Prevention Act and resources related to sudden cardiac arrest can be found on the CDE Eric Paredes Sudden Cardiac Arrest Prevention Act web page and through the Eric Paredes Save A Life Foundation.

Prompt initiation of CPR by trained bystanders can double survival rates. Research confirms that schools are able to offer CPR to students despite time and budget constraints (Hoyme and Atkins 2017). California *Education Code* Section 51225.6 supports students learning hands-only (chest compressions-only) CPR at the high school level, but CPR training can be provided to students in grade levels seven and eight (7–8.1.10.S, Essential Concepts; 7–8.7.1.S, Practicing Health-Enhancing Behaviors). Schools and districts should consider providing funding for this potentially life-saving instruction. Local chapters of such organizations as the American Red Cross, the American Heart Association, local emergency medical service providers, or credentialed school nurses may be able to provide hands-only CPR training at little to no cost. Students should be encouraged to obtain their First Aid/CPR or babysitting safety certification that includes CPR certification.

SNAPSHOT

Injury Prevention and Safety Learning Activities

Essential Concepts: 7–8.1.5.S Explain how violence, aggression, bullying, and harassment affect health and safety.

Essential Concepts: 7–8.1.6.S Identify trusted adults to whom school or community violence should be reported.

Accessing Valid Information: 7–8.3.1.S Analyze sources of information regarding injury and violence prevention.

Interpersonal Communication: 7–8.4.1.S Report to a trusted adult situations that could lead to injury or harm.

Policy Practice

Working in small groups, students investigate their school's or district's policy on harassment or suicide. Students compare and contrast their findings with one another, writing one document that outlines the policies. The policies can then be displayed in the classroom. Invite a school administrator or counselor to speak to your class about why and how the policy was established and how to report encountered harassment or encourage help-seeking for suicide risk in a positive, nonpunitive approach. As an extension of this assignment, students propose additions to the school policy.

Essential Concepts: 7–8.1.5.S Explain how violence, aggression, bullying, and harassment affect health and safety.

Decision Making: 7–8.5.4.S Evaluate why some students are bullies.

Decision Making: 7–8.5.5.S Apply decision-making or problem-solving steps to hypothetical situations involving assault and intimidation, including sexual harassment.

Bravery Line

Using hypothetical scenarios on bullying or harassment that students write and create, students walk to a designated area of tape across the room that displays, "A High Amount of Bravery" on one side of the room, and "Minimal Bravery" on the other. Students listen to various scenarios, such as: telling your friends to stop teasing a student who sits alone at lunch, helping other students resolve a conflict, or a student sharing that they are gay. Students walk to the area along the tape where they feel requires more or less bravery. Students then write a reflective paper on why bullying may occur and why respectful, inclusive behavior of others is always necessary.

Analyzing Influences: 7–8-2.2.S Evaluate individual, group, and societal influences that promote cooperation and respectful behaviors and those that promote violence and disrespectful behaviors.

Photovoice

Students explore external and internal influences related to violence, including media and social media, family, guardian, caretaker, friends, culture, and their

own values and beliefs by creating photos for display using a software or poster format. Students write a one-sentence title and a short summary for each photo. Ideally, the students showcase 8 to 10 photos. Students present their photovoice project to their peers. For more information and resources, search online for “photovoice.”

Interpersonal Communication: 7–8.4.5.S Describe characteristics of effective communication.

Interpersonal Communication: 7–8.4.6.S Differentiate between passive, aggressive, and assertive communication.

Conflict Resolution

After interviewing a trusted adult regarding the adult’s experience positively resolving conflicts, students reflect and share how conflicts are resolved by writing their findings in a report or participating in a discussion. Unique cultural practices can be highlighted.

Essential Concepts: 7–8.1.10.S Identify basic safety guidelines for emergencies and natural disasters.

Goal Setting: 7–8.6.2.S Create a personal-safety plan.

Safety Assessors

Working in pairs, students assess the safety of their campus environment by recording or listing safety hazards they observe on campus. Students then create a master list of campus hazards and the best ways to address such hazards. Students complete the activity by writing a letter to the principal describing the issues and offering possible solutions. The letters are shared with the principal, who is invited to come speak to the class regarding campus safety concerns. Students create a personal safety plan using valid and reliable resources. Students can also assess their local community near school and create a corresponding personal-safety plan.

Health Promotion: 7–8.8.1–3.S Support changes to promote safety in the home, at school, and in the community.

Health Promotion: 7–8.8.2.S Design a campaign for preventing violence, aggression, bullying, and harassment.

Health Promotion: 7–8.8.3.S Demonstrate the ability to influence others' safety behaviors (e.g., wearing bicycle helmets and seat belts).

National Youth Violence Prevention Week

Youth Violence Prevention Week is in April. Organizations such as Students Against Violence Everywhere have many resources and teaching strategies to implement an awareness event on campus. Offer students a choice of activities, projects, or events to address youth violence that can be shared with the school or larger community.

Essential Concepts: 7–8.1.9.S Describe the behavioral and environmental factors associated with major causes of death in the United States.

Accessing Valid Information: 7–8.3.1.S Analyze sources of information regarding injury and violence prevention.

YRBSS Detectives

Using the CDC's Youth Risk Behavior Surveillance System (YRBSS), students access the top unintentional injuries that occur among students their age. Students may also compare and contrast California injury rates with national injury rates for adolescents. Students present the information in a creative way, such as using an infographic to educate their peers. Students write a summary of the infographic to explain the data being presented.

Analyzing Health Influences 7-8.1.15.S: Explain ways to reduce the risk of injuries (including oral injuries) that can occur during sports and recreational activities.

Cardiac Risk Assessment

Sudden cardiac arrest occurs from a heart condition that is often undiagnosed because youth do not necessarily recognize the warning signs of a potential heart condition. Or students may not want to feel differently, feel left behind

because they cannot keep up, or jeopardize playing time if they complain about not feeling well. Teaching students to advocate for themselves is an essential component of health literacy. Have students complete a cardiac risk assessment to review the warning signs and family risk factors. The form can also be taken home and shared with parents who can help youth assess family history of heart conditions. Warning signs and risk factors are on the Sudden Cardiac Arrest Information Sheet required by the Eric Paredes Sudden Cardiac Arrest Prevention Act noted above and cardiac risk assessment forms can be found through the California Interscholastic Federation and the Eric Paredes Save A Life Foundation.

Warning signs of a potential heart condition could include fainting (the number one sign of a potential heart condition), chest pain, shortness of breath, racing or fluttering heartbeat (palpitation, especially at rest), dizziness or lightheadedness, and extreme fatigue (tiredness). These factors can be easily disregarded or confused with other reasons why they are experiencing them. Risk factors for a potential heart condition include a family member with known heart abnormalities or who experienced sudden death before age fifty, and the student's own use of stimulants, inhalants, taking medication not prescribed to the user, performance-enhancing supplements, or excessive energy drinks.

Accessing Valid Information: 7–8.3.1.S Analyze sources of information regarding injury and violence prevention.

Safety Video Vignettes

Using in-class technology, working in pairs or small groups, students film short video vignettes on an identified safety or injury topic. Students write the educational video vignette script after researching valid and medically accurate content online. Consider seasonal themes in June, before the summer break, featuring the importance of sun protection, preventing heat exhaustion, or fireworks safety even though school may not be in session in July. Health education presented on fireworks safety before New Year's Eve could be very timely and useful for preventing common injuries.

Health Promotion: 7–8.8.3.S Demonstrate the ability to influence others' safety behaviors (e.g., wearing bicycle helmets and seat belts).

Safety Song

In pairs or small groups, students create an injury prevention song on various safety topics. Students may want to share their song by presenting to other classes, at a Back-to-School night, in the school's talent show, or via a recording posted on the school's website.

Interpersonal Communication: 7–8.4.2.S Use communication and refusal skills to avoid violence, gang involvement, and risky situations.

Interpersonal Communication: 7–8.4.6.S Differentiate between passive, aggressive, and assertive communication.

I Choose Refuse

Substances such as alcohol or other drugs are often involved with accidents. Using a decision-making approach to a case study, students practice negotiation and refusal skills for various scenarios, such as when someone who is drinking asks the student to get in the car they are driving or if a friend offers someone marijuana while they are skateboarding. Students differentiate between passive, aggressive, and assertive communication.

Interpersonal Communication: 7–8.4.2.S Use communication and refusal skills to avoid violence, gang involvement, and risky situations.

Safety Improv

Using an improvisational performance model of stop and start (where students who are not on stage call out to the performing student to "stop" as they then take the performing student's place and transition to a different performance based on the action of the student). For example, one student may be acting like they are skateboarding. Another student yells out, "stop" and takes the exact position of the student performing and then pretends they are surfing. Students act out various safety and injury prevention or response scenarios suggested by the students watching the improvisation until all students have had a chance to perform. Appropriate humor can be incorporated to make the activity engaging.

Essential Concepts: 7–8.1.10.S Identify basic safety guidelines for emergencies and natural disasters.

Safety PSA

Students work together in pairs or small groups to research, write, and create a safety or injury prevention public service announcement (PSA) or commercial. Consider recording the PSAs or commercials depending on the classroom technology. Invite the theater arts or journalism teachers and students to collaborate on this project.

Health Promotion: 7–8.8.1–3.S Support changes to promote safety in the home, at school, and in the community.

Health Promotion: 7–8.8.2.S Design a campaign for preventing violence, aggression, bullying, and harassment.

Health Promotion: 7–8.8.3.S Demonstrate the ability to influence others' safety behaviors (e.g., wearing bicycle helmets and seat belts).

Student Safety Council

Students create a campus-wide student safety council for campus-based advocacy and awareness. The safety council can be a subsidiary of the student council or other student leadership body. The goal of the student safety council is to promote student safety and well-being.

Partnering with Your School

No Name Calling Week occurs every January around the Martin Luther King, Jr., holiday and is inspired by the young adult novel *The Misfits* by James Howe. The story highlights the struggles of four students trying to survive seventh grade while being taunted for their height, weight, intelligence, sexual orientation, or gender identity. Consider hosting a student-led, campus-wide No Name Calling or Anti-Bully week at your school to address bullying and harassment. Visit the No Name Calling week or StopBullying website for inspiration, lesson plans, and resources. The school teacher librarian or media center staff may create a book display on this topic with input from students on book selection (7–8.8.2.S, Health Promotion).

Partnering with Your Community

Students develop a collective list of activities they are interested in or careers they may aspire to and draft invitation letters to contacts at local agencies. Some examples of individuals who can come to the class or the school as a guest speaker are an emergency physician, an emergency nurse, someone from the cybercrimes unit of a police department, an environmental health specialist, a health inspector, or someone from the local news station who can speak about how the media (and social media) cover accidents or injuries. Students write career aspiration papers based on the speaker's content (7–8.7.1.S, 7–8.8.1.S, 7–8.1.10.S, Essential Concepts).

Partnering with the Family

Working with their parent, guardian, caretaker, or other trusted adult, students discover possible home safety issues by using select items or sections from the CDC's "Healthy Housing Manual" to assess the health and safety of their home and environment. Parents who speak languages other than English may need the manual translated into those languages (ensure translation accuracy). From this home-safety assessment, students and their families can create a personal or family safety plan (7–8.1.10.S, Essential Concepts; 7–8.3.1.S, Accessing Valid Information; 7–8.6.2.S, Goal Setting).

Alcohol, Tobacco, and Other Drugs (A)

Promoting a lifestyle free of alcohol, tobacco, and other drugs (ATOD) is as rewarding as it is challenging. Seventh and eighth grade are opportune times for students to learn the benefits of responsible decision-making. For example, students can investigate the long-term healthcare costs of using ATOD and appreciate the cost savings of an ATOD-free lifestyle. Though it may seem like a time when peer, media, and social media influence, adventurous behaviors, and high-risk environments abound, positive influences and practices are also making a positive impact (Parent Toolkit n.d.; Lenhart et al. 2015). Health education teachers play an important role in ATOD prevention education for students, but also as a significant role model. The complex issue of substance abuse prevention and substance use requires a comprehensive community approach, of which schools play a critical role in awareness and prevention efforts (SAMHSA 2017).

Grade levels seven and eight are important times for ATOD prevention, as research reveals that some students in these grade levels are trying substances for the first time and consuming them more regularly than in late elementary years. It is also important to recognize that many students are not experimenting or engaging in ATOD use. Results of a national Pride Survey show that more students in middle grades use ATOD than students in late elementary: for example, the annual consumption of alcohol increases significantly from students in grade levels four to six (3.6 percent) to students in grade levels six to eight (21.4 percent) (2014). Annual marijuana use also increases from late elementary (0.5 percent) to middle grades (6.4 percent) (Pride Surveys 2010). The CDC reports that opioid use and deaths due to overdose from opioids are increasing in the US (2019e). Prescription medications, including opioids, are some of the most commonly misused drugs by adolescents, after tobacco, alcohol, and marijuana (CDC 2019e). Specific to California, results from the California Healthy Kids Survey confirm seventh grade is a particularly important year—students who report using tobacco products including electronic cigarettes (5.1 percent) are more likely to use alcohol and other drugs and engage in high-risk behavior such as gang involvement; seventh graders who use ATOD are also more likely to report school disengagement (WestEd 2018). Usage of substances almost doubles by ninth grade, making seventh and eighth grade a critical time for prevention education (WestEd 2018).

Substance use costs our nation billions of dollars annually (National Institute on Drug Abuse 2017). Research confirms a positive correlation with underage substance use and misuse to poor academic performance, academic failure beginning in late elementary grades, low school attendance and lack of school commitment, and low high school completion rates (CDC 2019d). Young people give many reasons for using ATOD, including to have fun, relax, forget troubles, feel better, look cool, and to deal with the stress and pressures of school. Peer pressure, along with external and internal influences and pressures, may place youth at an increased risk for trying substances for the first time (National Institute on Drug Abuse 2014).

Building on the foundational ATOD competencies students were introduced to in sixth grade, students continue to apply standards-based competencies. Instruction is evidence- and theory-based, in hopes of preparing seventh- and eighth-grade students with the knowledge, skills, attitudes, and behaviors to choose and maintain a drug-free life. Other content areas, such as physical activity as a healthy alternative to ATOD use, healthy coping behaviors in lieu of ATOD use (mental,

emotional, and social health), or injury prevention and its connection with ATOD, should be integrated into instruction when appropriate. Information is also provided to educate students on the effects of different drugs and how to reduce harms associated with their use including, but not limited to, remaining alcohol- and drug-free.

Electronic smoking devices, often called e-cigarettes or vape pens, heat and aerosolize a liquid that contains a variety of ingredients, including flavorings and varying levels of nicotine. According to the CDC, use of electronic smoking devices has increased substantially in recent years, particularly among youth (2019c). Under California state law, a tobacco product is any product containing, made from, or derived from tobacco or nicotine and any electronic vaping device or component, part, or accessory of a tobacco product.* The CDC warns that nicotine is highly addictive and can harm adolescent brain development, which continues into adulthood (2019c).

* Nicotine products such as the nicotine patch that the US FDA has approved as cessation products or for other therapeutic purposes are not included.

Role-playing and case studies approaches are effective for learning about ATOD because they engage students' interest and elicit skill application. Students can determine various solutions to different scenarios involving ATOD. Responsible decision-making can be applied. For example, students practice refusal skills in a scenario where they are offered a tobacco product, a ride home from someone who has been drinking, or a friend's prescription drug taken from a parent's medicine cabinet. Students learn that they should never take prescription drugs or pills from a friend; they should only use drugs prescribed to them by a doctor or other healthcare provider with supervised administration by a parent, guardian, or caretaker due to the possibility of serious or harmful consequences. Students may also be advised that even drugs used as prescribed, especially prescription opiates, can be highly addictive and can lead to a possibly fatal overdose.

Students can also role-play what they would do if they were at a party where people are drinking and using drugs. Students this age want to maintain their image of being "cool" to their peers. Image management is an important topic to discuss with students in middle grade levels who are concerned with both their in-person and online image. Interwoven in the role-playing are ways students can use assertive refusal skills but not lose their "coolness factor." Solutions

such as contacting a parent or trusted adult are important to include (7–8.2.1.A, 7–8.2.3.A, Analyzing Influences; 7–8.4.1.A, Interpersonal Communication; 7–8.5.1.A Decision Making).

Originating from drug use and HIV prevention, harm reduction can provide a foundational methodology for teaching a variety of issues including ATOD. Harm reduction applies a practice, program, and policy approach. Recognizing students may engage in high-risk behaviors, it is important for them to have strategies and skills to mitigate harm from unsafe behaviors. Approaching these topics from a realistic perspective can be useful for students who are developing a more complex set of decision-making skills. Students can research harm reduction models online in preparation for a teacher-led discussion on harm reduction. Students discuss how effective, sustained behavior change occurs incrementally over time and meets the individual where they are in the behavior-change process. Students analyze internal and peer influences that affect the use and abuse of alcohol and other drugs by exploring specific risks and harms associated with use, what causes the risk and harms, and what can be done to reduce the risk and harms of various ATOD substances including drug overdose (Harm Reduction International, 2017) (7–8.1.1.A, 7–8.1.8.A, Essential Concepts; 7–8.2.1.A, 7–8.2.3.A, Analyzing Influences; 7–8.4.1.A, Interpersonal Communications; 7–8.5.1.A, Decision-Making; 7–8.7.1.A, Practicing Health-Enhancing Behaviors). Students identify and practice positive alternatives and coping strategies when ATOD use occurs in a group setting. Additional learning activities can be found following the classroom example.

VIGNETTE

Classroom Example: Consequences of Using ATOD

Purpose of the Lesson: Students are learning that their actions have consequences and are still developing competencies in this area. Through interactive scenarios, students learn the many consequences of choosing to use ATOD.

Standards:

- **7–8.1.1.A** Describe the harmful short- and long-term effects of alcohol, tobacco, and other drugs, including steroids, performance-enhancing drugs, and inhalants (Essential Concepts).

- **7–8.1.2.A** Describe the relationship between using alcohol, tobacco, and other drugs, and engaging in other risky behaviors (Essential Concepts).
- **7–8.1.6.A** Explain the short- and long-term consequences of using alcohol and other drugs to cope with problems (Essential Concepts).

Supplies:

- Several pieces of very large paper
- Round tables or tables organized so there are at least three tables for group discussion

Lesson Narrative:

Students in Mr. D’s health class are highly interested in what they are learning regarding alcohol, tobacco, and other drugs. Through a variety of learning strategies, they have learned about some of the short- and long-term risks of using ATOD. Mr. D would now like students to describe the short- and long-term effects of using ATOD, as well as the relationship between using ATOD and other risky behaviors, and explore some of the consequences of using ATOD.

To prepare for this activity, Mr. D asks the students to count off (1, 2, 3) and are assigned to groups according to their number. Students in Group 1 research a current event, ideally involving someone close to the student’s age who misused ATOD and experienced consequences associated with the usage. An example may be a teen arrested for driving under the influence and involved in a motor vehicle crash. Students in Group 2 are asked to each write hypothetical scenarios of someone misusing ATOD and a situation that could occur as a result. An example may be an eighth-grade student being suspended for smoking on school property. Students in Group 3 are asked to write a short description of a film or television show where someone is depicted using ATOD and how their lives have changed because of ATOD use. Students exchange their scenarios with other groups. They then discuss how their lives would change in the various ATOD scenarios and explore how the situation could have had a different outcome if different decisions had been made. They also investigate the laws and consequences of violations (for example, fines or criminal records) associated with their respective scenarios.

Mr. D is pleased to learn students identified insightful ways their life would be impacted as a result of the scenarios presented and how to prevent scenarios from occurring. As a culminating activity, Mr. D asks students to complete individual reflection summaries.

SNAPSHOT**Alcohol, Tobacco, and Other Drugs (ATOD) Learning Activities**

Essential Concepts: 7–8.1.7.A Explain why most youths do not use alcohol, tobacco, or other drugs.

“Everyone is doing it ...”

Students predict what the percentage rates are for underage drinking and using marijuana, tobacco products, and electronic smoking devices (ESD) by youth in their age group in the state of California and the US. Students’ data predictions are captured on the whiteboard or an electronic software program and projected for all students to see. Working in pairs, students investigate, compare, and analyze the actual rates of various ATOD behaviors using the CDC’s Youth Risk Behavior Surveillance System for California and the California Healthy Kids Survey data available online. Students learn that most other adolescents their age are “not doing it.” A continuation of this activity, students write a research paper on a substance and incorporate evidence-based recommended prevention strategies.

Essential Concepts: 7–8.1.1.A Describe the harmful short- and long-term effects of alcohol, tobacco, and other drugs, including steroids, performance-enhancing drugs, and inhalants.

Essential Concepts: 7–8.1.2.A Describe the relationship between using alcohol, tobacco, and other drugs and engaging in other risky behaviors.

Essential Concepts: 7–8.1.3.A Explain the dangers of drug dependence and addiction.

Essential Concepts: 7–8.1.4.A Describe the consequences of using alcohol, tobacco, and other drugs during pregnancy, including fetal alcohol spectrum disorders.

Debate

Students can debate or write a persuasive essay on various ATOD topics, such as whether performance-enhancing drugs should be legal; the pros and cons of legalized marijuana; whether alcohol use or advertising should be banned from television commercials, films, or popular media and social media; or present arguments on the benefits to banning the sale of tobacco products to those born after a certain year. Students research valid and reliable resources online,

finding evidence for or evidence against their topic. If your school has a debate club, consider inviting a debate club leader as a guest speaker to share the principles of debating.

Essential Concepts: 7–8.1.1.A Describe the harmful short- and long-term effects of alcohol, tobacco, and other drugs, including steroids, performance-enhancing drugs, and inhalants.

Fact or Fiction

Using fact or fiction stickers that are made in advance, students indicate what they think is fact or fiction about alcohol, tobacco products, or popular drugs such as marijuana, inhalants, or opioid-based prescription drugs used illicitly, in response to various statements or statistics posted around the room or displayed on large paper or poster board. Teachers correct any misinformation. As a group, students discuss the facts. Students can then be provided with a reflection document listing items such as, *I was surprised to learn ...*, *I did know that ...*, and *In the future, I ...* to complete individually. Resources may be found at the Harm Reduction Coalition and the Drug Policy Alliance.

Practicing Health-Enhancing Behaviors: 7–8.7.1.A Use a variety of effective coping strategies when there is alcohol, tobacco, or other drug use in group situations.

Practicing Health-Enhancing Behaviors: 7–8.7.2.A Practice positive alternatives to the use of alcohol, tobacco, and other drugs.

Photovoice

Working in pairs or small groups, students showcase positive alternatives to using ATOD and positive coping strategies and refusal techniques when offered ATOD by creating photos for display using software or a poster format. Students write one-sentence captions describing each photo. Ideally, the students showcase 8 to 10 photos. Students present their photovoice project to their peers. For more information and resources search online for *photovoice*.

Analyzing Influences: 7–8.2.2.A Evaluate the influence of marketing and advertising techniques and how they affect alcohol, tobacco, and other drug use and abuse.

Truth in Advertising?

Working in small groups, students create picture collages from magazine advertisements or printed online samples of how alcohol advertising attempts to influence young consumers (attempting to recruit lifelong customers). What do the students notice in the advertisements? Why are some ads more effective than others?

Students then investigate the negative effects of drinking by researching the topics online. Students add two to three statistics on the negative effects of drinking to their collages and present their collages in class to their peers (adapted from Telljohann et al. 2015).

Essential Concepts: 7–8.1.1.A Describe the harmful short- and long-term effects of alcohol, tobacco, and other drugs, including steroids, performance-enhancing drugs, and inhalants.

Health Promotion: 7–8.8.1.A Participate in school and community efforts to promote a drug-free lifestyle.

ATOD Journalists

Working with the school newspaper and/or independently to create a class magazine, students are assigned to research drug-related topics or categories of drugs (e.g., prescription opioid-based drugs, marijuana, hallucinogens, sedatives, or narcotics). Working in small groups, students research various aspects of the drug, including the name, short- and long-term effects on the body, reasons not to use the substance, and treatment. Each group writes a newspaper or magazine article on their assigned topic. A special issue of the student-created magazine can be distributed to the entire school. Special events such as National Drug and Alcohol Facts Week (usually the last week of January) or SAMHSA's National Prevention Week in May can be used as a story lead-in. In addition, students could create a fictitious cartoon strip or short animated video for the student newspaper or website showing two friends who, despite many temptations, choose an ATOD-free lifestyle. Each month their story unfolds in the cartoon strip or short animated video.

Health Promotion: 7–8.8.1.A Participate in school and community efforts to promote a drug-free lifestyle.

ATOD Campus Health Campaign

See the [Nutrition and Physical Activity Classroom Example](#) for strategies that can be applied to ATOD content. Websites such as Tobacco Free Kids have resources for school events.

Health Promotion: 7–8.8.1.A Participate in school and community efforts to promote a drug-free lifestyle.

Animated PSA

Using a free digital program, students write and create an animated PSA or children’s book on the health effects of various ATOD products and ways to remain ATOD free. The activity can be further developed by having students present to local elementary school students or featuring the PSA or children’s book on the school’s website (this activity also supports CA CCSS for ELA/ Literacy in writing for different audiences).

Essential Concepts: 7–8.1.1.A Participate in school and community efforts to promote a drug-free lifestyle.

A High Price to Pay

Students calculate the monthly cost of smoking one or two packs of cigarettes a day, or equipment costs and supplies for using electronic smoking devices (ESDs). Then, they calculate the cost for 5, 10, and 20 years. Health education teachers can collaborate with mathematics teachers to make this an interdisciplinary activity. Through their research, students learn that tobacco use places one at risk for certain cancers, heart disease and stroke, emphysema, and chronic obstructive pulmonary disorder among other diseases and conditions. Students research and report on the personal healthcare cost and costs to society for medical care related to smoking. While the cost of smoking can be measured, students may realize that the diminished quality of life and loss of life due to smoking is immeasurable.

Goal Setting: 7–8.6.1.A Develop short- and long-term goals to remain drug-free.

ATOD Free

Students enjoy learning about various ATOD issues from a guest speaker, such as a police officer speaking about driving-under-the-influence checkpoints, local ATOD laws, and arrests; a drug counselor from a local treatment center; or someone who used ATOD prior but is now ATOD-free. Students can submit anonymous questions on index cards for the guest speaker ahead of time. This approach encourages more shy or reserved students to be engaged. Following the speaker's presentation, students reflect upon and journal their personal goals and life plan to remain ATOD-free. Some items included on their ATOD-Free Life Plan may be, *Being ATOD-free is important to me because ...*, *Positive influences that keep me ATOD-free are ...*, and *What challenges may I face in trying to remain drug-free?*

Interpersonal Communication: 7–8.4.1.A Use effective refusal and negotiation skills to avoid risky situations, especially where alcohol, tobacco, and other drugs are being used.

Refusal Skills Practice

Students use effective refusal and negotiation skills to avoid risky situations where alcohol, tobacco, and other drugs are being used. Students demonstrate basic assertiveness and refusal skill techniques to avoid ATOD use in a role-play setting. The teacher first lists the steps in assertive communication: (1) Know your limits; (2) Make eye contact; (3) State the issue, for example, "I hear you saying you want me to drink this"; (4) State the consequence, for example, "If I drink beer, I will not do well in the game tomorrow"; and (5) Provide an alternative, for example, "Let's go dance."

The teacher models the steps twice with a student volunteer who provides pressure to use ATOD in a scripted role-play. Teacher performs a quick check for understanding among students on the steps. Students practice this in groups of four with one student refuting peer pressure, two students providing the pressure, and one student providing peer feedback. Teachers should give students at least three scripted role-plays to practice. The evaluation of student learning is achieved by having students perform the role-play with teacher evaluation. Teachers are encouraged to obtain feedback from students on their confidence to apply this in their actual lives.

Partnering with Your School

As part of your campus ATOD health campaign, ask the teacher librarian to acquire and showcase in the school library books that address ATOD among youth, such as *I've Got This Friend Who: Advice for Teens and Their Friends on Alcohol, Drugs, Eating Disorders, Risky Behavior and More* by KidsPeace and Anna Radev (2007) and *On the Rocks: Teens and Alcohol* by David Aretha (2006). Encourage students to convene a discussion group or book club focused on health-related issues (7–8.8.1.A, Health Promotion).

Partnering with Your Community

Encourage students to become familiar with local efforts to enforce tobacco and drinking laws regarding minors. Students can learn what local agencies, such as the county public health office and community-based organizations, do to serve those with ATOD issues in the community (7–8.8.1.A, Health Promotion).

Partnering with the Family

Students can share health education information on ATOD obtained in class with their parents, guardians, and caretakers. Students can begin to dialogue with their parents, guardians, and caretakers on their views on ATOD and their rules or expectations for their child regarding ATOD. With their parents, guardians, and caretakers, students can discuss cultural traditions that involve ATOD and at what age it is considered culturally appropriate for young people to participate in these traditions (7–8.8.1.A, Health Promotion).

Mental, Emotional, and Social Health (M)

Most students in middle grade levels are experiencing emotional and physical changes because of the onset of puberty. Some seventh- and eighth-grade students can seem “moody” as they experience the many physiological changes their bodies are going through. At this age, students are feeling many emotions but may not realize how these emotions impact their behavior. As a health education teacher, administrator, or other educator, you are in a unique role to support and encourage your students during a physically and emotionally challenging time. Building self-awareness through standards-based instruction on mental, emotional, and

social health can foster academic success and emotional well-being for a lifetime. Students may enjoy peer groups, courses, activities, or clubs they did not consider when they were younger. Learning activities that include setting goals assist students in self-discovery of their strengths and can be particularly important at this juncture.

Research confirms mental health conditions are increasing among youths, with estimates that 10 to 20 percent of children have a serious mental health issue, with only approximately half (51 percent) receiving treatment (National Research Council and Institute of Medicine 2009, 1; National Alliance on Mental Illness 2019b). Mental health conditions are considered by some as the most pervasive chronic disease, affecting 20 percent of students each year (National Research Council and Institute of Medicine 2009, 1). About \$250 billion is spent annually on childhood mental health conditions including anxiety disorders, attention deficit hyperactivity disorder (ADHD), autism spectrum disorders, bipolar disorder, borderline personality disorder, depression, eating disorders, and childhood-onset schizophrenia (National Research Council and Institute of Medicine 2009). Nationally, suicide is the second leading cause of death among adolescents aged ten to fourteen years old (Curtin and Heron 2019). It is the third-leading cause of death among California youth (Kidsdata 2019). The suicide rate among young people ages ten to fourteen has been steadily rising, and nearly tripled in the US from 2007 to 2017 (Curtin and Heron 2019). Some groups, such as LGBTQ+ students, are at higher risk for mental health issues including suicide (National Alliance on Mental Illness 2019a). Major depressive episodes increased 37 percent among adolescents from 2005–2014 (Mojtabai, Olfson, and Han 2016, 4).

There are many resources available to assist teachers in providing instruction on suicide awareness and prevention, which can be a difficult topic to teach. Districts are responsible for providing teachers and other district and school personnel the tools to recognize and respond to warning signs as well as guidance on what to do or say when a student needs help. Schools are required under *EC* Section 215 to adopt a policy on suicide prevention, intervention, and postvention. The policy also requires suicide awareness and prevention training for teachers. Additionally, parents, guardians, caretakers, and students will be notified twice annually about local mental health services at school and within their community. Suicide prevention hotline numbers will be printed on the back of all school identification cards. It is the hope that the inclusion of these measures will help to reduce the stigma of mental health and suicide. The California Department of Education's

Model Youth Suicide Prevention Policy and other resources are available on the CDE Mental Health and Youth Suicide Prevention web pages. The American Foundation for Suicide Prevention, National Alliance for Mental Health, and California Mental Health Services Agency also provide resources for schools.

AB 2639 requires schools to review their pupil suicide prevention policy at a minimum of every five years and, if necessary, update its policy. Requiring schools to review and reevaluate their pupil suicide prevention policies will ensure that these policies remain relevant and continue to support students' mental health needs, including those of high-risk groups, such as LGBTQ+ youth.

The following identified mental health issues experienced by some students may negatively impact their academic performance and success.

Mental Health Issues of Adolescent Students

- Stress and anxiety
- Problems with family or friends
- Visible and nonvisible disabilities
- Thoughts of suicide or of hurting others
- Academic difficulties
- Worries about being bullied
- Loneliness or rejection
- Depression
- Concerns about sexuality and gender identity
- Alcohol and substance abuse
- Fear of violence, terrorism, and war
- Fear of being harassed or deported due to their immigration status

Source: US Department of Health and Human Services 2019; WestEd 2018; World Health Organization 2019.

Research conducted by CASEL confirmed that academic performance improves when a school's curriculum includes teaching students how to manage their stress and emotions and to practice empathy and caring behaviors (2019). Educators, school counselors, social workers, and administrators play an important role in

navigating students to appropriate services and referrals within the school setting. Establishing a caring, respectful, inclusive, and compassionate classroom and school climate sets the foundation for many of the standards-based instructional strategies covered under this content area and entire chapter.

Building on mental, emotional, and social health content learned in sixth grade, students continue to apply standards-based competencies for positive mental health practices. At this age, students typically begin to understand what causes them stress. This becomes an opportune time to teach stress management. A standards-based instructional strategy for stress management is a weekly check-in activity that encourages students to monitor personal stressors and assesses healthy techniques for managing them (7–8.5.2.M). Educators should assess their classroom culture and climate for the appropriateness of this activity. Assure students they are in a safe environment and, if necessary, remind them of the expectations for a safe environment.

Sitting in a circle, students pass an object such as a plush animal, figurine, or stress ball to discuss how their week is going. Students can begin with sharing how stressed they are feeling from a scale of 1 to 10, with 10 being very stressed, and one being not stressed at all. Students should be reminded that while this classroom is a safe place, they do not have to discuss their feelings if it would be uncomfortable. Students are encouraged to provide more than one-word responses. If it seems as though students do not feel comfortable at first, begin the activity with recounting an event that happened in the past (e.g., the first day of school) and building each week from there. Students learn coping mechanisms for stress management from their peers and teacher, and are encouraged to identify goals for handling stress in healthy ways, such as meditation, talking about your problems or worries to a trusted adult, or exercise such as running, swimming, or hiking in local natural areas and parks (7–8.6.1.M, Goal Setting; 7–8.7.1.M; Practicing Health-Enhancing Behaviors).

Students learn to monitor personal stressors and assess healthy techniques for managing them by creating a personal stress management toolbox. Students decorate and personalize a box, such as a shoebox, on the outside and even the inside. Students place items or pictures of items that they identify as helping them relieve or cope with their stress or anxiety. Students can add or remove items as their stressors change (7–8.5.2.M, Decision Making; 7–8.7.1.M, Practicing Health-Enhancing Behaviors). For more advanced competencies, students research a self-

selected topic covered in this content area and incorporate corresponding grade level data from the California Healthy Kids Survey. The research projects include recommendations on how students in middle grade levels can adopt healthy coping strategies or seek help if personal stress management techniques are not effective (7–8.3.1.M; Accessing Valid Information).

Role-playing and case studies approaches are effective for learning mental health content, as they engage the interest of students and elicit skill application. After learning about warning signs, symptoms, and the stigma surrounding mental health students can determine various solutions to different complex scenarios, such as seeking help or assistance from a trusted adult for someone who is experiencing stress, depression, or is at risk of harming oneself or others.

Responsible decision-making can be applied as real-life situations arise. Students learn that people with mental health disorders often do not seek help due to the stigma associated with mental health, so outreach from concerned friends and teachers is important in caring for others. Technology and social media, and their impacts on one’s mental health, are important topics for discussion. Scenarios can be discussed, such as how one feels if one is not being accepted, respected, or recognized by others on a popular social media site (7–8.3.2-4.M, Accessing Valid Information; 7–8.4.1.M, Interpersonal Communication; 7–8.5.1.M, Decision Making).

An important standard in grade levels seven and eight is for students to identify the signs of various eating disorders (7–8.1.9, Essential Concepts). According to Evans et al., 95 percent of eating disorders are diagnosed beginning at age twelve (2017). The National Eating Disorders Association estimates between 0.9 and 5.2 percent of teens have an eating disorder (2012). Eating disorders do not only affect females—male students are also at an increased risk of body image concerns with the media and social media’s focus on being muscular, fit, and, in many cases, thin (National Eating Disorders Association 2018). If a student discloses an eating disorder, they should be referred to a health center, clinic, or their pediatrician, as eating disorders can become serious medical conditions requiring medical attention. To begin the discussion on eating disorders, students can watch films such as *Perfection* (2011) or *To the Bone* (2017). Following the viewing, students write a self-reflection summary on what they were surprised to discover and whether, and in what ways, they feel pressured by peers, media (including social media), or family, guardians, or caretakers to look a certain way. Additional learning activities are found below.

SNAPSHOT**Mental, Emotional, and Social Health Learning Activities**
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Decision Making: 7–8.5.2.M Monitor personal stressors and assess techniques for managing them.

Goal Setting: 7–8.6.1.M Develop achievable goals for handling stressors in healthy ways.

Practicing Health-Enhancing Behaviors: 7–8.7.1.M Demonstrate effective coping mechanisms and strategies for managing stress.

Resiliency

To begin the conversation, the teacher bounces a small ball on a safe wall in the classroom and catches it. Students then learn the definition of resiliency, “bouncing back.” A story of someone who had to be resilient during a challenging time is then shared by the teacher—for example, Michael Jordan not making his high school varsity basketball team when he was a freshman, or when a student fears deportation or is living in an unsafe neighborhood where shootings and gangs are common. Students reflect on, but do not share unless they volunteer to do so, an example of a tough time in their lives and how they handled the situation to “bounce back.” Students select a biography of a resilient person to read and write a short report on the resiliency of the person.

Practicing Health-Enhancing Behaviors: 7–8.7.1.M Demonstrate effective coping mechanisms and strategies for managing stress.

Two Great Things

Students are encouraged to keep a nightly journal in which they write down or create a visual representation of at least two wonderful things that happened in their day, or two things they are grateful for. This activity promotes well-being and happiness.

Practicing Health-Enhancing Behaviors: 7–8.7.1.M Demonstrate effective coping mechanisms and strategies for managing stress.

Humor Break

The old adage, “Laughter is the best medicine” has merit. Students can create a humorous list of ideas (approved, age-appropriate, culturally appropriate,

tasteful short videos from a movie or website) for the teacher to show whenever a laugh break is necessary. Show the videos after a particularly challenging test, during finals week, or after a serious topic is covered in class.

Health Promotion: 7–8.8.1.M Promote a positive and respectful school environment.

Mental Health Awareness Month

Children’s Mental Health Awareness Month is typically celebrated the first week of May. Consider hosting a campus wide awareness event with a guest speaker or classroom displays to showcase various mental health education materials that students find through their research online or from local community organizations.

Essential Concepts: 7–8.1.10.M Describe signs of depression, potential suicide, and other self-destructive behaviors.

Accessing Valid Information: 7–8.3.2.M Describe situations for which adult help is needed, including intimidating and dangerous situations, and how to access help for oneself and others.

Accessing Valid Information: 7–8.3.3.M Identify trusted adults to report to if people are in danger of hurting themselves or others.

Accessing Valid Information: 7–8.3.4.M Analyze situations to determine whether they call for acts of caring among friends or require getting the help of trusted adults.

Interpersonal Communication: 7–8.4.1.M Seek help from trusted adults for oneself or a friend with an emotional or social health problem.

Friend Card

Students create a small, wallet-sized card or electronic equivalent—or both—with contact information on who to call for assistance in case someone is feeling stressed, depressed, or seems to be at risk for hurting themselves or others. The card or electronic equivalent should include email addresses, websites, phone numbers, or apps of mental health and suicide prevention resources, and contact information. Students are provided with scenarios of when it would be appropriate to share the card or electronic information with others, or use the card or electronic equivalent themselves.

Decision Making: 7–8.5.2.M Monitor personal stressors and assess techniques for managing them.

Lights Out

Students experience a five-minute meditation silence break with the classroom lights dimmed. Students are encouraged to meditate, practice deep breathing, or just unwind before beginning class or anytime they feel stress or anxiety. Invite students to notice sounds, thoughts, and physical sensations as a way of staying grounded in the present moment and notice how sounds and thoughts come and pass by. This activity works well if class follows lunch or if it is a hot day.

Decision Making: 7–8.5.1.M Apply decision-making processes to a variety of situations that impact mental, emotional, and social health.

Decision Tree

Students realize there is usually more than one choice in life by mapping out a challenging situation they are currently experiencing, or have experienced, before using a decision-tree format. The teacher may want to provide an example of common concerns students may be facing. A more active alternative to this activity is to play seated volleyball with a balloon, working as a team to keep the balloon in the air. After students identify the problem (keeping the balloon in the air while seated), they identify any alternative rules or outcomes and possible consequences, action, and evaluation (Shoji quoted in Telljohann et al. 2015).

Decision Making: 7–8.5.2.M Monitor personal stressors and assess techniques for managing them.

Erase Away Stress

Students collectively write their stressors on a whiteboard in class. Examples such as a difficult class, getting along with parents, or making the soccer team are listed. On another whiteboard, students list one thing that they are happy about in their life. There is power in seeing the collective comments displayed in the room. A teacher-facilitated discussion on stress management follows. At the end of the activity, a student volunteer symbolically erases the stressors listed. An extension of this activity can be students develop a stress-relief technology meme (a short repeating video or graphic to be shared online) to be shown at the beginning of each class.

Essential Concepts: 7–8.1.1.M Explain positive social behaviors (e.g., helping others, being respectful to others, cooperation, consideration).

Marshmallow Challenge

Students learn the importance of trust, teamwork, and positive social behaviors, such as helping, cooperation, consideration, and being respectful to others, by mastering the marshmallow challenge. Working in teams, students aim to create the tallest structure using dried spaghetti and one large marshmallow and tape. Find more free information on the marshmallow challenge online.

Essential Concepts: 7–8.1.2.M Identify a variety of nonviolent ways to respond when angry or upset.

Photo Journal

Students share a series of photos of healthy and unhealthy ways anger is expressed. Examples of healthy ways include talking to one another, taking a deep breath or time-out, writing a letter, or exercising. Unhealthy, inappropriate ways include yelling, hitting, violence, or destroying property. Photos can be set to music and played for their peers. The photo journal can be played for other classes or showcased on the school campus.

Goal Setting: 7–8.6.1.M Develop achievable goals for handling stressors in healthy ways.

Star Activity

Prior to the activity, the teacher cuts out large construction paper stars for distribution, one to each student. Students are asked to label the points of the star with the following:

1. Family, guardian, or caretaker
2. Friends, feelings/emotions
3. School
4. Spiritual/soul
5. Thinking

In the center, they write “Physical/body.” Students list what is going well, what they would like to improve, and steps to improve on each star point. Students

use the star as a guide to write personal goals. The personal goals are revisited in a few weeks to see if they are accomplished.

Practicing Health-Enhancing Behaviors: 7–8.7.3.M Participate in clubs, organizations, and activities in the school and community that offer opportunities for student and family involvement.

Book Club

Students form book clubs to read and discuss books they choose from an age-appropriate, culturally relevant list of books related to puberty, stress, self-esteem, eating disorders, substance abuse, depression, or other related topics. This activity can be cross-disciplinary in collaboration with an English language arts teacher or implemented across grades. The teacher librarian can showcase suggested books for the students or provide a list of books the students might enjoy.

Accessing Valid Information: 7–8.3.3.M Identify trusted adults to report to if people are in danger of hurting themselves or others.

Accessing Valid Information: 7–8.3.4.M Analyze situations to determine whether they call for acts of caring among friends or require getting the help of trusted adults.

Interpersonal Communication: 7–8.4.1.M Seek help from trusted adults for oneself or a friend with an emotional or social health problem.

A Friend in Need

Working in small groups, students create scenario-based presentations using an electronic software program on how they would recognize a friend at risk of an eating disorder, substance abuse, depression, or suicide. Students include the symptoms and signs, a demonstration how the friend would be approached, and referrals for the friend, as well as consideration of whether such an approach would be appropriate.

Stress management does not only benefit students. It is also critical for teachers and administrators to maintain awareness of their own stressors and to take care of themselves regarding stress management. Teaching is one of the top professions

for burnout. Being mentally and emotionally available for one's students means being there for oneself as well. Consider connecting with other positive student-centered educators and administrators for peer support or contact human resources for the Employee Assistance Program if available.

An important aspect of emotional and social health is self-discovery (7–8.1.3-4.M, Essential Concepts). Students embark upon an activity in which they complete statements on a worksheet or in a journal, with assurance that their responses are only for them. The prompts below are examples to get students started on their journals, but students should also be encouraged to write about personal concerns.

Examples of Prompts for Self-Discovery Journals

- I hope ...
- I hate ...
- When bullied, I ...
- When I am stressed ...
- I am most cheerful when ...
- I love ...
- I am embarrassed when ...
- I have great respect for ...
- The person I admire most ...
- The person who means the most to me ...
- I wish ...
- The thing I am most afraid of ...
- When I am late, I feel ...
- When I am angry ...
- When I feel awkward, I ...
- When I want to show someone I like them ...

Partnering with Your School

Students can become school advocates for mental, emotional, and social health by promoting a positive and respectful school environment. Outlined in the Core *Social and Emotional Learning* (SEL) Competencies of social and self-awareness

and self-management in actions towards peers and community members that are based on perceived personal characteristics or sexual orientation (7–8.8.1.M, 7–8.8.2.M, Health Promotion; CASEL 2017). Students can create a campus-wide campaign to promote any of the issues covered in this section, such as lessening the stigma linked to mental health issues or awareness of the school’s required suicide prevention policy. Refer to The American Foundation for Suicide Prevention for school-based programs and student training resources. See the [classroom example](#) in the Nutrition and Physical Activity section for more information on campus-wide campaigns. Students can also create a school club on stress management where they not only promote stress prevention at school but also plan and enjoy health-promoting activities together.

Partnering with Your Community

Students create a resource directory of mental health services in the community (7–8.3.1.M, Accessing Valid Information) including immigrant and refugee services, or invite mental health speakers including age-group peers who have struggled with mental health issues. Some community-based organizations have memorandums of understanding or agreements with schools to provide anger management, stress management, or grief counseling services. Teachers are encouraged to check with their school or district regarding the availability of services.

Partnering with the Family

Networking with parents, family members, guardians, caretakers, and friends of the students plays a role in developing an environment that fosters a student’s resiliency and a teacher’s bond with the student. Invite parents, guardians, and caretakers to a presentation on youth mental health issues, such as Walk in Our Shoes, and provide information about community mental health resources to support parents. Mental health notices and resources should be visible in class and readily available for student, parent, guardian, and caretaker access. The *Education Code* requires notification to parents and students twice annually on how to initiate mental health services on campus or in the community (EC Section 49428) (7–8.7.3.M, Practicing Health-Enhancing Behaviors; 7–8.8.1.M, Health Promotion).

Personal and Community Health (P)

Personal and community health practices, coupled with consistent health-enhancing behaviors, are essential in preventing many infectious/communicable and chronic diseases and illnesses. Health education teachers play a pivotal role in supporting students in grade levels seven and eight in developing effective health-enhancing behaviors. These students are typically gaining even more of a sense of independence and autonomy, enjoying more unsupervised time with peers away from home, and making more independent decisions away from their parents. They are generally participating more in active sports and will often “try anything once” at this age, making them more susceptible to injury (Marotz 2015). At the same time, many students this age are becoming more aware of their community beyond home and school, making grade levels seven and eight an important time to analyze health issues that are challenging their greater community, including environmental factors such as those identified in California’s Environmental Principles and Concepts (EP&Cs) (California Education and the Environment Initiative 2019). The health of one’s community is an important influence in one’s overall health.

Health education teachers can work in collaboration with the teacher librarian, school nurse, science teacher, history–social science teacher, or a community health leader to assist students in gathering information about a local environmental challenge (e.g., noise pollution, water pollution, air pollution, or pesticides). Assign half the students to research how the environmental problem affects people’s health and half to research how people have contributed to the problem. Students write a research report to synthesize their findings. As a follow-up activity, students research evidence-based solutions for an environmental problem of interest to them and present their findings creatively (7–8.1.9–10.P, Essential Concepts; this activity also connects to the CA CCSS for ELA/Literacy W.7–8.10).

This classroom example expands on the above activity, involves the students in their community, and supports civic engagement.

VIGNETTE**Classroom Example: Is That in Our Air and Water?**

Purpose of the Lesson: Students gather and analyze information about the pollution (air, water, or noise) in their local community. Using their data, they construct an argument that supports or refutes an explanation of the differential effects of pollution problems on various parts of their local community. Based on their arguments and discussions, the teacher guides a conversation about the topic of environmental justice. Students identify potential solutions to one of their local environmental problems and develop a campaign to inform the community about their environmental concerns and potential solutions.

Standards:

- **7–8.1.9.P** Identify ways that environmental factors, including air quality, affect our health (Essential Concepts).
- **7–8.1.10.P** Identify human activities that contribute to environmental challenges (e.g., air, water, and noise pollution) (Essential Concepts).
- **7–8.1.11.P** Describe global influences on personal and community health (Essential Concepts).
- **7–8.2.2.P** Analyze how environmental pollutants, including noise pollution, affect health (Analyzing Influences).
- **7–8.6.1.P** Establish goals for improving personal and community health (Goal Setting).
- **7–8.6.2.P** Design a plan to minimize environmental pollutants, including noise at home and in the community (Goal Setting).
- **7–8.8.2.P** Demonstrate the ability to be a positive peer role model in the school and community (Health Promotion).
- **Environmental Principle and Concept (EP&C) I:** The continuation and health of individual human lives and of human communities and societies depend on the health of the natural systems that provide essential goods and ecosystem services.
- **EP&C II:** The long-term functioning and health of terrestrial, freshwater, coastal, and marine ecosystems are influenced by their relationships with human societies.
- **EP&C V:** Decisions affecting resources and natural systems are based on a wide range of considerations and decision-making processes.

- **California Next Generation Science Standards MS-ESS3.** Influence of Science, Engineering, and Technology on Society and the Natural World: All human activity draws on natural resources and has both short- and long-term consequences, positive as well as negative, for the health of people and the natural environment (MS-ESS3-1).

Supplies:

- Dependent on the information campaign that students choose to implement

Lesson Narrative:

Students in Mr. T’s class are learning to identify ways that environmental factors, including air quality, affect our health and how human activities contribute to environmental challenges like air, water, and noise pollution. As part of this lesson series, they are also investigating how environmental pollutants, including noise pollution, can affect both their personal and community health. Mr. T teaches in a school with higher-than-average childhood asthma rates, so he wants to introduce students to the topic of environmental justice and give them the opportunity to investigate how pollutants can differentially affect various parts of a community and regions of the state.

To initiate the lesson, Mr. T asks students to recall the word pollution, which means the contamination of the environment (including air, water, and soil) with chemicals or other damaging materials, including noise. As they begin the discussion, several of the students mention that one of their sisters or brothers is suffering from asthma and when they visited a doctor, they heard that asthma can be caused by air pollution. Mr. T asks if the students are aware of any other pollution problems in their local community. A few say that, when they walk home, they walk by a small creek that seems to have water that looks dirty. Mr. T tells students that for a few days, they are going to investigate pollution issues in the local community and gather information about the effects pollution could have on their personal health or the health of others in the community.

After discussing a few of the possible local environmental pollution problems, students divide into teams and begin their research, gathering, reading, and synthesizing information from multiple sources about air, water, or noise pollution in their local community. Mr. T reminds them to use the research skills they have been developing in science and English language arts to

assess the credibility, accuracy, and possible bias of each publication. Students also evaluate the research methods used and describe how the findings are supported or not supported by evidence. Mr. T asks students to take into consideration the differential impacts, if any, on the health of the community where the pollution is taking place, in comparison with other local communities.

When they complete their collection of scientific data and other information, Mr. T reminds students of the practices they have learned about constructing oral and written arguments supported by empirical evidence and scientific reasoning. With these practices in mind, the student teams work together to create arguments that support or refute an explanation of the differential effects of the local pollution problem(s) on various areas in their local community. Based on the arguments they develop and the data they collected and analyzed, Mr. T guides students through a discussion of the concept of environmental justice.

Mr. T has been working closely with Ms. J, the science teacher. Together, they facilitate a class discussion about which local environmental issue(s) the students want to help their community more fully understand. With a focus on their issue(s), students investigate a variety of sources to identify potential solutions to the problem and who in the community might be able to work on the implementation of a solution. Ms. J draws the students' attention to the idea that the byproducts of human activities enter natural systems and move between human social systems and natural systems, sometimes resulting in human health problems (EP&C IV).

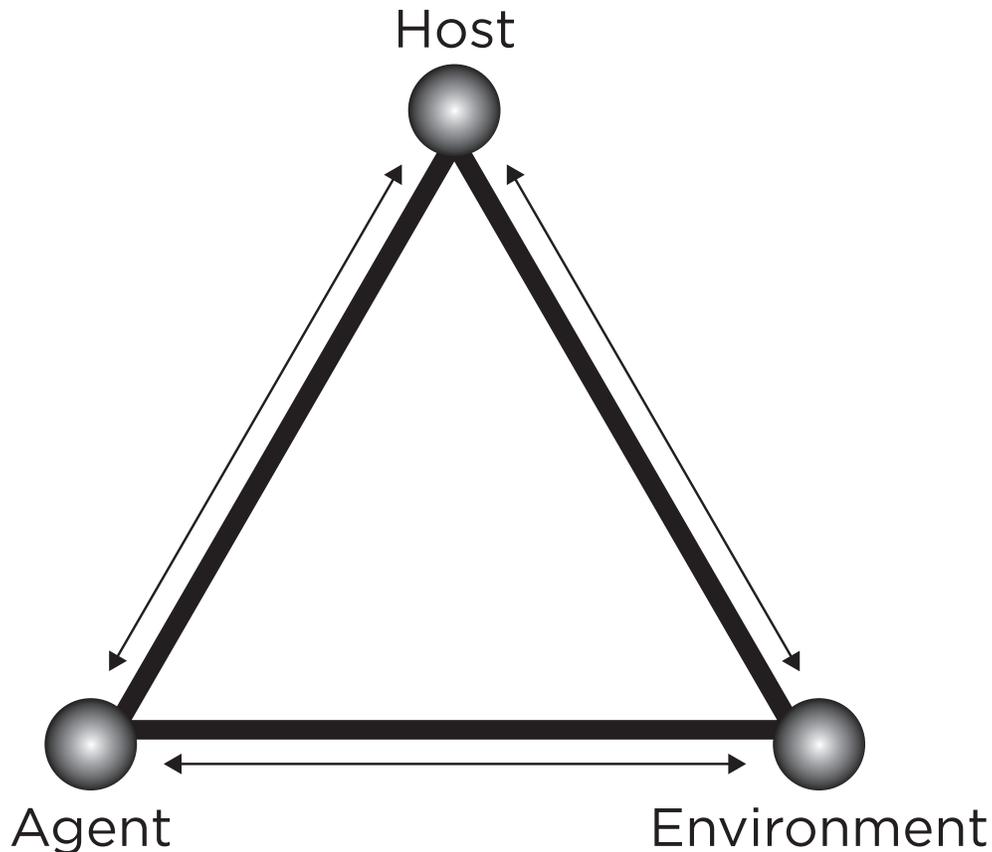
Students decide to develop a campaign to inform community members of their environmental concerns and potential solutions. Mr. T and Ms. J work together to guide students through the process of setting specific action goals including an advocacy plan for the alternative possible resolutions for the problems. Mr. T reminds them that there are many factors that influence decisions about the use of natural resources and how pollutants are handled in different communities (EP&C V).

The students develop a plan for informing people in their community about local environmental problems and how they may be affecting individual and community health. An important aspect of the students' campaign is sharing the possible solutions that they discovered and encouraging their families and other community members to work to promote solutions to the local environmental problems.

Chronic diseases have replaced infectious diseases as the top causes of morbidity and mortality when compared to a century ago (CDC 1999). Despite marked progress with immunizations and improved medical care for children, children's health issues such as obesity, asthma, diabetes, ADHD, autism spectrum disorders, stress related disorders, and trauma continue to be important health considerations in California and across the United States. Many children still experience access-to-care challenges along with myriad health disparities in their everyday life that negatively impact academic performance and success (CDC 2014b). Health education teachers are in powerful positions to empower their students to value and respect their personal health in a manner that positively impacts current and future practices. In grade levels seven and eight, instruction leads to more advanced personal health competencies.

Students access valid information about preventing common communicable diseases by becoming infectious disease investigators. The field of epidemiology (study of causes and patterns of disease) introduces students not only to an intriguing future career to consider, but interesting new terms such as *host* (the who), *agent* (the what), *fomite* (an object that a virus or bacteria can live on), and *environment* (the where). Teachers introduce an epidemiology triangle for the infectious disease E. coli. The triangle depicts E. coli in food as the agent; the host, which includes people who consumed E. coli infected food in a restaurant; and in the environment (in the digestive track of animals and humans) where E. coli bacteria are found and spread (through infected feces).

Working in pairs or small groups, using their epidemiology triangles (image shown below), students label an example of a host, agent, environment, and fomite (if applicable). Various infectious, preventive, or foodborne illnesses can be assigned to each student team to avoid duplication. Using available technology, students can locate and print photos to illustrate their epidemiology triangle and research infectious diseases impacting California through the California Department of Public Health, Center for Infectious Disease website. Triangles are shared and posted in class (7–8.1.4.P, Essential Concepts; 7–8.3.2.M, Accessing Valid Information).

*The Epidemiological Triangle***The Epidemiologic Triangle**

Long Description of The Epidemiological Triangle is available at <https://www.cde.ca.gov/ci/he/cf/ch5longdescriptions.asp#chapter5link5>.

Source: CDC (2012).

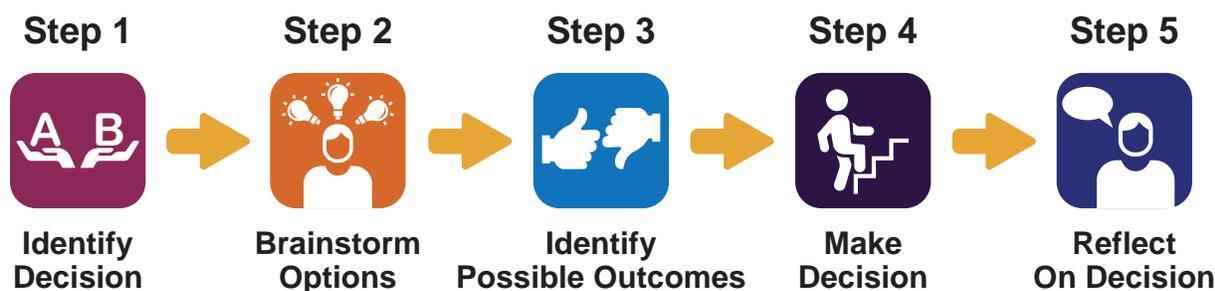
It is important for students to recognize that family members, guardians, and caretakers also greatly impact our health due to shared traits including genetics, the environment, lifestyle, culture, and learned behavior. For example, in some families, everyone is tall, or all members of the family eat a certain food at the holidays. Chronic diseases such as diabetes, cancer, and heart disease can also be present in families. Students create their own customized personal health plan for chronic disease prevention by researching and creating a family health tree, or friend tree for foster or adopted youth, which serves as the basis for a personalized health prevention plan. A student may include in their written plan that they will not smoke and will obtain regular medical exams to lower their personal risk for lung cancer. An alternative activity allows students to map out safe places

for recreation or to find healthy snack options both in and around the school (7–8.1.4.P, Essential Concepts; 7–8.6.1.P, Goal Setting).

Aside from promoting health-enhancing behaviors in students' lives, an important outcome of health education is behavior change. Students research the recommended guidelines for personal health practices and decide on one personal behavior-change goal they would like to accomplish in a semester (the image of a decision-making model is included below). Goals could include establishing wellness through dental care to include proper toothbrushing and flossing, regular physical check-ups, immunizations, getting adequate rest and sleep, washing hands regularly, wearing protective gear for eyes (sunglasses and goggles in some sports), taking preventative measures to reduce sun exposure damage, minimizing exposure to loud noises such as amplified music to prevent permanent hearing loss, and wearing a backpack that is no more than 10 percent of body weight. Another good activity to consider is having students identify at least three ways they will measure their success with their behavior change and the supports they have for making this change (e.g., friends, family), in addition to any barriers. Students also identify how they plan to reward themselves in a healthy manner following the change. At the end of a designated period of time, students write a summary to reflect on the success and positive outcomes of their behavioral change (7–8.1.1.P, Essential Concepts; 7–8.5.1.P, Decision Making; 7–8.6.1.P, 7–8.6.3.P, Goal Setting).

Because students in grade levels seven and eight may have greater self-awareness, they may be beginning to have a deeper understanding that their decisions have subsequent positive or negative outcomes. They may also be making more personal health decisions for themselves and becoming more aware of behavior changes they can make to maintain their well-being. Students create a decision tree that illustrates real-life examples of health decisions they have made and the impact of those decisions. For example, staying up late to watch videos or study for a test leads to poor sleep and feeling tired the next day—the outcome may be poor performance in school, sports, or activities. Another example is not drinking enough water or other fluids while playing sports leads to dehydration. The decision tree can include long-term health effects, such as increasing their risk of disease and chronic health conditions and the societal and personal financial costs of medical treatment. Students analyze the influences of culture, media, social media, and technology on their health decisions (7–8.2.4.P, Analyzing Influences) and the consequences of their decisions. They share with one another what they may do differently if the same situation occurs again.

Decision-Making Model for Grade Levels Six Through Eight



Long Description for Decision-Making Model for Grade Levels Six through Eight <https://www.cde.ca.gov/ci/he/cf/ch5longdescriptions.asp#chapter5link6>.

Source: Colorado Education Initiative (n.d.).

Personal health topics provide an opportunity to invite community experts to be guest speakers for your class or school with administrator or district approval. Subject matter related to injuries, emergency management, and community health is very specific, so certified, trained professionals are best. For example, someone from Donate Life California or someone who works in organ donation for a local hospital can come to your class or school to provide a presentation on organ and tissue donation. A local dental health professional, such as a pediatric dentist, family general dentist, or hygienist can discuss and demonstrate the importance of oral health, dental hygiene, and sports mouth guards (7–8.1.5-6.P, Essential Concepts; 7–8.7.1.P).

Another important area of personal health is sun safety, a concern for many students in California, which has some of the highest skin cancer rates in the nation (National Cancer Institute 2019). Using online resources, students learn about the three types of ultraviolet rays and precautions that reduce the harmful effects of sun exposure. See below for additional learning activities.

Personal and Community Health Learning Activities

Essential Concepts: 7–8.1.1.P Describe the importance of health-management strategies (e.g., those involving adequate sleep, ergonomics, sun safety, hearing protection, and self-examination).

SNAPSHOT

Essential Concepts: 7–8.1.8.P Identify effective protection for teeth, eyes, head, and neck during sports and recreational activities.

Essential Concepts: 7–8.1.7.P Identify ways to prevent vision or hearing damage.

Protective Gear Tips

In pairs, students search online for the equipment needed to stay safe while enjoying sports and recreational activities (examples are a bicycle helmet, skateboarding wrist guards, or a mouth guard). Using valid and reliable websites, students create a tip sheet for the activity that lists the safety equipment. Students present the tip sheets in class.

Essential Concepts: 7–8.1.1.P Describe the importance of health-management strategies (e.g., those involving adequate sleep, ergonomics, sun safety, hearing protection, and self-examination).

Essential Concepts: 7–8.1.12.P Identify ways to reduce exposure to the sun.

Social Media Sun-Safety Campus Campaign

Using approved social media websites, students write and create a sun-safety campaign to educate fellow students on ways to reduce sun exposure and skin cancer risk. Sports-associated dehydration and heat illnesses should be included.

Accessing Valid Information: 7–8.3.1.P Demonstrate the ability to access information about personal health products (e.g., deodorant, shampoo, sunscreen, and dental care products), and evaluate the information's validity.

Decision Making: 7–8.5.2.P Apply a decision-making process when selecting health care products.

Product Analysis

Students are extremely interested in personal health products to use for their appearance. Working in pairs or small groups, students select an advertisement on a personal health product or a product infomercial. Students then research related health information from at least three valid and reliable websites. Students compare and contrast the advertising claims with what the product may actually do. Students should think critically and realize products may not always do what they claim.

Essential Concepts: 7–8.1.3.P Identify Standard (Universal) Precautions and why they are important.

Practicing Health-Enhancing Behaviors: 7–8.7.2.P Describe situations where Standard (Universal) Precautions are appropriate.

Standard Precautions

For activities related to standard precautions (formerly called universal precautions), students use technology to create a meme (a short repeating video or graphic to be shared online) for a standard precaution.

Essential Concepts: 7–8.1.1.P Describe the importance of health-management strategies (e.g., those involving adequate sleep, ergonomics, sun safety, hearing protection, and self-examination).

Goal Setting: 7–8.6.3.P Create a plan to incorporate adequate rest and sleep into daily routines.

Sleep Plan

Students identify healthy and unhealthy sleep habits by locating valid information online. Students then create a personal sleep plan for optimal health and academic performance.

Essential Concepts: 7–8.1.9.P Identify ways that environmental factors, including air quality, affect our health.

Essential Concepts: 7–8.1.10.P Identify human activities that contribute to environmental challenges (e.g., air, water, and noise pollution).

Analyzing Influences: 7–8.2.2.P Analyze how environmental pollutants, including noise pollution, affect health.

Goal Setting: 7–8.6.2.P Design a plan to minimize environmental pollutants, including noise at home and in the community.

My Environmental Health Footprint

Working in teams, students research air, water, or noise pollution to create a photo journal or poster project on their assigned topics. Areas may include how pollution impacts childhood asthma or the amount of lead in water and why this

is important to consumers. Photos or posters are displayed with captions on how these environmental issues impact their community. Students identify an environmental protection issue related to health they would like to advocate for and set an advocacy and action goal they will accomplish.

Partnering with Your School

Working with campus administrators and parent volunteers, students plan, implement, and evaluate a health education fair. Students can host various booths on a variety of personal and community health topics. Fellow students, teachers, parents, administrators, parent-teacher volunteer groups, and school board members are invited to attend the informational event (7–8.8.2.P, Health Promotion).

Partnering with Your Community

Students research the advocacy activities of various local nonprofit chapters, such as the American Cancer Society, American Diabetes Association, Latino Coalition for a Healthy California, and The Nature Conservancy of California (see EarthShare California for a list of other environmental organizations) to organize smaller, scalable school-based events to bring health education awareness to the community. Parents, guardians, caretakers, and students can be informed to contact your local Public Health Child Health and Disability Programs to provide available resources for physicals, dental, and vision services (7–8.8.2.P, Health Promotion).

Partnering with the Family

Students design and create a monthly or quarterly health newsletter or informational email for parents, guardians, caretakers, and families on various personal and community health topics studied in class. The journalism teachers and students can share tips for creating newsletters or informational emails (7–8.1.1.P, Essential Concepts; 7–8.8.2.P, Health Promotion).

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